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CHANGE OF ACCOUNTING PERIOD

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JAN 1, 2009 and ending JUN 30, 2009

B Check if applicable: ☐ Address change ☒ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instruc-tions

C Name of organization
SILICON VALLEY SOCIAL VENTURE FUND

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P.O. BOX 1792

City or town, state or country, and ZIP + 4
LOS ALTOS, CA 94023

D Employer identification number
51-0644783

E Telephone number
(650)454-6264

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website ▶ WWW.SV2.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 169,958.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	141,707.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2,714.
	5a	Gross amount from sale of assets other than inventory STMT 4	5a 25,537.		
	b	Less cost or other basis and sales expenses	5b 25,644.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-107.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	144,314.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5		10	265,000.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	69,000.
	13	Professional fees and other payments to independent contractors		13	182.
	14	Occupancy, rent, utilities, and maintenance		14	2,856.
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	33,481.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	370,519.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-226,205.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	1,030,200.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	803,995.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	1,229,023.	22	1,099,525.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	19,077.	24	5,737.
25	**Total assets**	1,248,100.	25	1,105,262.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	217,900.	26	301,267.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	1,030,200.	27	803,995.

SCANNED JUL 09 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 10

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 7

(Grants $ 265,000.) If this amount includes foreign grants, check here ▶ ☐ 28a 290,188.

29 SEE STATEMENT 8

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 5,038.

30 SEE STATEMENT 9

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 20,151.

31 Other program services (attach schedule) SEE STATEMENT 11

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 315,377.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LINDSAY AUSTIN LOUIE P.O. BOX 1792, LOS ALTOS, CA 94023	EXECUTIVE DIRECTOR 60.00	45,000.	0.	0.
LANCE FORS P.O. BOX 1792, LOS ALTOS, CA 94023	CHAIRMAN 4.00	0.	0.	0.
LAURA ARRILLAGA-ANDREESSEN P.O. BOX 1792, LOS ALTOS, CA 94023	CHAIRMAN EMERITUS 4.00	0.	0.	0.
MARK PARNES P.O. BOX 1792, LOS ALTOS, CA 94023	SECRETARY 1.00	0.	0.	0.
JOON YUN P.O. BOX 1792, LOS ALTOS, CA 94023	VICE CHAIRMAN 1.00	0.	0.	0.
TED JANUS P.O. BOX 1792, LOS ALTOS, CA 94023	TREASURER 1.00	0.	0.	0.
DEDE BARSOTTI P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
VICTORIA PENFIELD P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
PETER HERO P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
BARBARA LARSON P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
KAREN APPLETON P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
DAVE MEADER P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
LAURA LAUDER P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
NANCY CANNON-O'CONNELL P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.
BETH STEINBERG P.O. BOX 1792, LOS ALTOS, CA 94023	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ CA			
42a	The organization's books are in care of ▶ LINDSAY AUSTIN LOUIE Telephone no ▶ (650)454-6264 Located at ▶ P.O. BOX 1792, LOS ALTOS, CA ZIP + 4 ▶ 94023			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ X [signature] Signature of officer — X 5/11/10 Date

▶ LINDSAY AUSTIN LOUIE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr)
[signature]	3/25/10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BROWN ADAMS LLP
2600 EL CAMINO REAL, SUITE 600
PALO ALTO, CA 94306

EIN ▶

Phone no ▶ (650) 857-1655

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Form **990-EZ** (2009)

932174
02-08-10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
SILICON VALLEY SOCIAL VENTURE FUND	51-0644783

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				1549116.	141,707.	1690823.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3				1549116.	141,707.	1690823.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						163,816.
6 **Public support.** Subtract line 5 from line 4						1527007.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				1549116.	141,707.	1690823.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				11,055.	2,714.	13,769.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						1704592.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 89.58 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
PAYROLL TAXES	6,283.
EMPLOYEE BENEFITS	6,488.
TRAVEL	2,027.
OFFICE EXPENSE	4,211.
INSURANCE	288.
PARTNER RETENTION & EDUCATION	8,348.
RECRUITMENT AND OUTREACH	5,836.
TOTAL TO FORM 990-EZ, LINE 16	33,481.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	1,015.	5,737.
PLEDGE AND OTHER RECEIVABLES	18,062.	0.
TOTAL TO FORM 990-EZ, LINE 24	19,077.	5,737.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
GRANTS PAYABLE	217,900.	292,900.
OTHER CURRENT LIABILITIES	0.	8,367.
TOTAL TO FORM 990-EZ, LINE 26	217,900.	301,267.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
115 SHS BAIDU, INC.	25,537.	25,644.	0.	-107.
TO FORM 990-EZ, LINE 5	25,537.	25,644.	0.	-107.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
IMPROVE YOUTH EDUCATION AND OUTCOMES SILICON VALLEY CHILDREN'S FUND 4525 UNION AVENUE SAN JOSE, CA 95124-3530	NONE	10,000.
DEVELOP TEACHERS AND EDUCATIONAL LEADERS ON THE MOVE 780 LINCOLN AVENUE NAPA, CA 94558	NONE	150,000.
TRAINS FOSTER CARE YOUTH LEADERS NATIONAL FOSTER YOUTH ACTION NETWORK 500 WASHINGTON STREET, 8TH FLOOR SAN FRANCISCO, CA 94126-6690	NONE	100,000.
FUNDS THE AWASOMAN ACADEMY INTERNATIONAL AWASO HOPE FOUNDATION P.O. BOX 53844 SAN JOSE, CA 95153	NONE	5,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		265,000.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

GRANTMAKING - SV2 DONORS POOL CHARITABLE CONTRIBUTIONS TOGETHER AND THEN GET ACTIVELY INVOLVED IN GRANTING THE MONEY TO LOCAL NONPROFIT ORGANIZATIONS FOR INFRASTRUCTURE/CAPACITY-BUILDING PROJECTS. IN 2009 WE HAD FOUR GRANTMAKING AREAS (SELECTED BY OUR DONOR-PARTNERS): EDUCATION, ENVIRONMENT, INTERNATIONAL DEVELOPMENT, AND SELF-RELIANCE/FOSTER YOUTH.

GRANTEE CONSULTING PROJECTS:

GRANTEE WORKSHOPS - WE OFFER PERIODIC WORKSHOPS ON CAPACITY-BUILDING TOPICS (I.E. MARKETING AND COMMUNICATIONS, PROJECT MANAGEMENT, VOLUNTEER MANAGEMENT, ETC.). THESE WORKSHOPS ARE TYPICALLY LED BY SV2 DONOR-PARTNERS WITH SPECIFIC AREAS OF EXPERTISE. ALL GRANTEES ARE INVITED TO COME LEARN AND DISCUSS TOGETHER, AND WE SEE THAT IN ADDITION TO THE LEARNING FROM THE PRESENTER, THEY LEARN A GREAT DEAL FROM TALKING AND COLLABORATING WITH ONE ANOTHER.

VOLUNTEER CONSULTING - SV2 PARTNERS COLLABORATE WITH GRANTEE ORGANIZATIONS AS "VOLUNTEER CONSULTANTS" TO OFFER THEIR TIME AND EXPERTISE TO SUPPORT CAPACITY-BUILDING AS WELL. AREAS OF VOLUNTEER CONSULTING WORK INCLUDE MISSION/VISION/STRATEGIC PLANNING, PROGRAM DEVELOPMENT, HR, STAFF LEADERSHIP DEVELOPMENT, IT, FINANCIAL MANAGEMENT, FUND DEVELOPMENT, BOARD LEADERSHIP, LEGAL, AND MARKETING/COMMUNICATIONS.

COMMUNITY BUILDING AND EDUCATIONAL EVENTS - A KEY PART OF BUILDING THE PHILANTHROPIC CAPACITY OF OUR DONOR-PARTNERS IS HOLDING EDUCATIONAL EVENTS WITH SPEAKERS/PANELS ON DIFFERENT TOPICS SO THAT PARTNERS LEARN IN-DEPTH ABOUT ISSUES FACING OUR COMMUNITIES AND HAVE THE CHANCE TO ASK QUESTIONS AND ENGAGE IN DIALOG WITH THE LEADERS WORKING TO SOLVE THESE ISSUES.

THE SILICON VALLEY SOCIAL VENTURE FUND'S MISSION IS TO BUILD THE PHILANTHROPIC CAPACITY OF OUR DONORS (CALLED "PARTNERS") AND THE ORGANIZATIONAL CAPACITY OF OUR GRANTEES. SV2 DOES THIS THROUGH ENGAGED GRANTMAKING IN A NUMBER OF ISSUE AREAS (WITH FUNDS CONTRIBUTED BY OUR DONOR-PARTNERS), CONTRIBUTION OF TIME AND EXPERTISE BY DONOR-PARTNERS TO GRANTEES IN ADDITION TO FUNDS, AND RIGOROUS ASSESSMENT AND ACCOUNTABILITY OF SOCIAL CHANGE METRICS AND OUTCOMES.

FORM 990-EZ OTHER PROGRAM SERVICES STATEMENT 11

DESCRIPTION	GRANTS	EXPENSES
NO EXPENDITURES IN 2009		
TOTAL TO FORM 990-EZ, LINE 31		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	SILICON VALLEY SOCIAL VENTURE FUND		51-0644783
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1792		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. LOS ALTOS, CA 94023		

Check type of return to be filed (File a separate application for each return):

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LINDSAY AUSTIN LOUIE P.O. BOX 1792 - LOS ALTOS, CA 94023
  Telephone No. ▶ (650)454-6264 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010

5 For calendar year _____, or other tax year beginning JAN 1, 2009, and ending JUN 30, 2009

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [X] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE RECORDS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ CPA Date ▶