



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization

SOCIAL VENTURE PARTNERS

Doing Business As

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

220 SECOND AVENUE S NO 300

City or town, state or country, and ZIP + 4

SEATTLE, WA 981042617

F Name and address of principal officer

PAUL SHOEMAKER
220 SECOND AVENUE S NO 300
SEATTLE, WA 981042617

D Employer identification number

91-1894424

E Telephone number

(206) 374-8757

G Gross receipts \$ 2,477,144

H(a) Is this a group return for affiliates?

 Yes NoH(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.SVPSEATTLE.ORG

K Form of organization Corporation Trust Association Other ►

L Year of formation 1998

M State of legal domicile
WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

CULTIVATE PHILANTHROPISTS, STRENGTHEN NONPROFITS, AND INVEST IN COLLABORATIVE SOLUTIONS

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 15

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 14

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 9

6 Total number of volunteers (estimate if necessary)

6 164

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

| Activities & Governance | | | Prior Year | Current Year |
|---|--|--|------------|--------------|
| | | | 3 | 15 |
| 8 Contributions and grants (Part VIII, line 1h) | | | 1,702,611 | 1,975,552 |
| 9 Program service revenue (Part VIII, line 2g) | | | 230 | 35,283 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 28,643 | 42,622 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 18,517 | 19,174 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 1,750,001 | 2,072,631 |

| Revenue | | | Prior Year | Current Year |
|--|--|--|------------|--------------|
| | | | 1,056,000 | 792,500 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | 560,374 | 558,064 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 27,027 | 0 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 415,509 | 595,763 |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 139,951 | | | 2,058,910 | 1,946,327 |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | -308,909 | 126,304 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | | | |
| 19 Revenue less expenses Subtract line 18 from line 12 | | | | |

| Expenses | | | Beginning of Current Year | End of Year |
|--|--|--|---------------------------|-------------|
| | | | 307,138 | 456,666 |
| 20 Total assets (Part X, line 16) | | | 230 | 66,343 |
| 21 Total liabilities (Part X, line 26) | | | 306,908 | 390,323 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | | | | |

Part II Signature Block

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.

| | | |
|-----------|--|--------------------|
| Sign Here | ***** Signature of officer | 2013-05-15 Date |
| | PAUL SHOEMAKER EXECUTIVE CONNECTOR Type or print name and title | |

| | | | | |
|--------------------------|---|-----------------|--------------------------|---|
| Paid Preparer's Use Only | Preparer's signature ► JANE M SEARING | Date 2013-05-15 | Check if self-employed ► | Preparer's taxpayer identification number (see instructions) P00000565 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► CLARK NUBER PS 10900 NE 4TH STREET SUITE 1700 BELLLEVUE, WA 98004 | | EIN ► 91-1194016 | Phone no ► (425) 454-4919 |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

**1 Briefly describe the organization's mission**

SOCIAL VENTURE PARTNERS ADVANCES THE COMMON GOOD BY ENGAGING AND CONNECTING A COMMUNITY OF PHILANTHROPIC LEADERS, STRENGTHENING LOCAL NONPROFITS, AND CATALYZING EFFORTS TO ACCELERATE SYSTEM CHANGE IN 2012, SVP PARTNERS COLLECTIVELY GAVE NEARLY \$1 MILLION IN GRANTS AND MORE THAN 2,000 VOLUNTEER HOURS TO STRENGTHEN LOCAL NONPROFITS. SVP BUILDS OUR COMMUNITY'S CAPACITY FOR POSITIVE CHANGE. WE DO THIS BY AMPLIFYING THE IMPACT OF THOSE OUT TO MAKE A DIFFERENCE IN THREE DISTINCT WAYS 1. CONNECT AND ENGAGE INDIVIDUALS - HELPING THEM MAKE THE GREATEST IMPACT WITH THEIR PHILANTHROPIC GIVING. 2. FUND AND STRENGTHEN NONPROFITS - HELPING THEM TAKE THEIR VITAL WORK FOR KIDS AND THE ENVIRONMENT TO THE NEXT LEVEL. 3. ENRICH THE SOCIAL SECTOR WHERE THESE PEOPLE CONVERGE - CREATING FERTILE SOIL FOR POSITIVE CHANGE. SVP INVESTS IN COLLABORATIVE SOLUTIONS SO THOSE WITH A COMMON CASE CAN ALIGN THEIR EFFORTS AND GO FARTHER, TOGETHER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 373,633 including grants of \$ 2,000) (Revenue \$ 582)

PHILANTHROPY DEVELOPMENT PROVIDE WORKSHOPS, SEMINARS AND EXPERIENTIAL LEARNING OPPORTUNITIES FOR INDIVIDUALS IN ORDER TO A) INCREASE THEIR USE OF STRATEGIC GIVING STRATEGIES, B) INCREASE ENGAGEMENT IN THEIR COMMUNITIES, C) INCREASE THEIR AMOUNT OF GIVING. LEARNING AREAS INCLUDE GRANTMAKING, VOLUNTEERING, CULTURAL COMPETENCY, ISSUES, VALUES AND INTEGRATION, NONPROFIT SECTOR, AND FINANCIAL PLANNING AND GIVING VEHICLES

4b (Code) (Expenses \$ 929,980 including grants of \$ 687,000) (Revenue \$)

CAPACITY BUILDING HELP NON-PROFITS TO BE AS EFFECTIVE AS POSSIBLE IN DELIVERING THEIR PROGRAMS AND SERVICES BY HELPING TO BUILD THEIR ORGANIZATIONAL CAPACITY. SOCIAL VENTURE PARTNERS DEFINES ORGANIZATION CAPACITY BUILDING AS THE DEVELOPMENT OF CORE SKILLS, MANAGEMENT PRACTICES, STRATEGIES AND SYSTEMS TO ENHANCE AN ORGANIZATION'S EFFECTIVENESS, SUSTAINABILITY, AND ABILITY TO FULFILL ITS MISSION. SOCIAL VENTURE PARTNERS SUPPORTS CAPACITY BUILDING FOR ITS INVESTEES BY PROVIDING CASH GRANTS, SKILLED VOLUNTEERS, PROFESSIONAL CONSULTANTS, LEADERSHIP DEVELOPMENT AND MANAGEMENT TRAINING OPPORTUNITIES

4c (Code) (Expenses \$ 157,487 including grants of \$ 100,000) (Revenue \$ 34,701)

SOCIAL INNOVATION FAST PITCH (SIFP) SIFP HELPS INNOVATIVE NON-PROFITS AS WELL AS FOR-PROFIT SOCIAL ENTREPRENEURS MORE EFFECTIVELY SOLVE TODAY'S IMPORTANT SOCIAL AND ENVIRONMENTAL PROBLEMS BY TEACHING FUNDAMENTAL SKILLS AND CONNECTING ORGANIZATIONS WITH THE COMMUNITY THROUGH MENTORING AND WORKSHOPS. SIFP HELPS PARTICIPANTS BUILD AND REFINES THEIR IDEAS INTO ECONOMICALLY SUSTAINABLE BUSINESS MODELS THAT BUILD CAPACITY AND SUSTAINABILITY. SIFP PROVIDES AN EXCELLENT OPPORTUNITY FOR APPLICANTS TO CONNECT WITH INVESTORS, POTENTIAL PARTNERS, AND OTHERS THAT THEY COULDN'T OTHERWISE REACH. FINALLY, SIFP CREATES MULTIPLE OPPORTUNITIES FOR LEADERS THROUGHOUT THE SEATTLE AREA TO COLLABORATE AND INCREASE THE COMMUNITY'S CAPACITY FOR POSITIVE CHANGE

(Code) (Expenses \$ 106,057 including grants of \$ 3,500) (Revenue \$)

FIELD BUILDING AS FUNDERS, SVP'S GRANT MAKING PRACTICES CAN ALSO PLAY AN INTEGRAL ROLE IN WHETHER OR NOT A NONPROFIT DELIVERS ON THEIR MISSION TO THE BEST OF THEIR ABILITY. SVP BELIEVES THAT BY HOLDING THEIR OWN GRANTMAKING PRACTICES AND POLICIES TO HIGH STANDARDS, THEY CAN SUPPORT THEIR GRANTEES MORE EFFECTIVELY. THREE PARTICULARLY IMPORTANT PRACTICES SVP PROMOTES ARE PROVIDING GENERAL OPERATING GRANTS, PROVIDING MULTI-YEAR GRANTS, AND EVALUATING GRANTS BASED ON PROGRAM OUTCOMES. SVP STRIVES TO INFLUENCE THEIR SECTOR IN ENSURING THAT OTHER FUNDERS PROMOTE THE SAME PRACTICES IN ORDER TO MAKE ORGANIZATIONS STRONGER AS THEY DO THEIR WORK IN THE COMMUNITIES

4d Other program services (Describe in Schedule O)

(Expenses \$ 106,057 including grants of \$ 3,500) (Revenue \$)

4e Total program service expenses \$ 1,567,157

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | | No |
| 5 | | No |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | | No |
| 11b | | No |
| 11c | | No |
| 11d | | No |
| 11e | | No |
| 11f | | No |
| 12a | Yes | |
| 12b | | No |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20a | | No |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|--|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | No | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | No | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | No | |
| b | Is the organization 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 | 25b | No | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | No | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | No | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | No | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | No | |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | No | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | No | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | No | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | No | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | No | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | No | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | No | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | No | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | No | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | No | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|---|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 15 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 9 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes |
| <p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | |
| 4a | 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 or securities account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | No |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | No |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | No |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9b | |
| a | Did the organization make any taxable distributions under section 4966? | 10a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 10b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 11a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 11b | |
| 11 | Section 501(c)(12) organizations. Enter | 12a | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12b | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 13a | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13b | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13c | |
| c | Enter the aggregate amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

| | |
|----|----|
| 1a | 15 |
| 1b | 14 |

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

| | Yes | No |
|----|-----|----|
| 2 | | No |
| 3 | | No |
| 4 | Yes | |
| 5 | | No |
| 6 | Yes | |
| 7a | Yes | |
| 7b | | No |
| 8a | Yes | |
| 8b | Yes | |
| 9 | | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review the Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

| | Yes | No |
|-----|-----|----|
| 10a | | No |
| 10b | | |
| 11a | | No |
| 12a | Yes | |
| 12b | Yes | |
| 12c | Yes | |
| 13 | Yes | |
| 14 | Yes | |
| 15a | Yes | |
| 15b | Yes | |
| 16a | | No |
| 16b | | |

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MARLENE T RAPUES
220 SECOND AVENUE S NO 300
SEATTLE, WA 981042617
(206) 374-8757

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|--------------------------|---------|-----------------|---|--|---|
| | | Or Director | Individual trustee | Institutional Trustee | Officer | Key Employee | | | |
| (1) JANET LEVINGER CHAIR | 1 00 | X | | X | | | 0 | 0 | 0 |
| (2) CHRIS ROGERS TREASURER | 1 00 | X | | X | | | 0 | 0 | 0 |
| (3) LISA NORTON VICE CHAIR & SECRETARY | 1 00 | X | | X | | | 0 | 0 | 0 |
| (4) FRASER BLACK PAST CHAIR | 1 00 | X | | X | | | 0 | 0 | 0 |
| (5) LISA WISSNER-SLIVKA PAST SECRETARY | 1 00 | X | | X | | | 0 | 0 | 0 |
| (6) VICTOR ALCANTARA TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (7) EMILY ANTHONY TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (8) BILL HENNINGSGAARD TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (9) AUSTIN MCNAMEE TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (10) LISA MERRILL TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (11) PAM ROBBINS TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (12) MIMI SIEGEL TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (13) TODD VOGEL TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (14) SHERRI WOLSON TRUSTEE | 1 00 | X | | | | | 0 | 0 | 0 |
| (15) PAUL SHOEMAKER EXECUTIVE CONNECTOR | 40 00 | X | | X | | | 96,650 | 0 | 17,378 |
| (16) SOFIA MICHELAKIS DIRECTOR OF PHILANTHROPY DEVELOPMENT | 40 00 | | | X | | | 69,895 | 0 | 16,090 |
| | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | No |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | | |
|---|--|----------------------|---|---|---|--------|--------|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 157,000 | | | | | |
| | b Membership dues | 1b _____ | | | | | |
| | c Fundraising events | 1c _____ | | | | | |
| | d Related organizations | 1d _____ | | | | | |
| | e Government grants (contributions) | 1e _____ | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 1,818,552 | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ 244,014 | | | | | | |
| | h Total. Add lines 1a-1f | ► 1,975,552 | | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | | | 2a FAST PITCH TICKET SALE | 900099 | 34,701 | 34,701 | |
| | | | b EVENT REGISTRATION FEE | 541610 | 582 | 582 | |
| | | | c _____ | | | | |
| | | | d _____ | | | | |
| | | | e _____ | | | | |
| | | | f All other program service revenue | | | | |
| | | | g Total. Add lines 2a-2f | ► 35,283 | | | |
| Other Revenue | | | | | | | |
| | | | 3 Investment income (including dividends, interest and other similar amounts) | ► 8,983 | | | 8,983 |
| | | | 4 Income from investment of tax-exempt bond proceeds | ► | | | |
| | | | 5 Royalties | ► | | | |
| | | | 6a Gross rents | (I) Real 19,174 | | | |
| | | | b Less rental expenses | (II) Personal 0 | | | |
| | | | c Rental income or (loss) | 19,174 | | | |
| | | | d Net rental income or (loss) | ► 19,174 | | | 19,174 |
| 7a | (I) Securities 438,152 | | | | | | |
| | | | b Less cost or other basis and sales expenses | 404,513 | | | |
| | | | c Gain or (loss) | 33,639 | | | |
| | | | d Net gain or (loss) | ► 33,639 | | | 33,639 |
| | | | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | |
| | | | b Less direct expenses | b | | | |
| | | | c Net income or (loss) from fundraising events | ► | | | |
| | | | 9a Gross income from gaming activities See Part IV, line 19 | a | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | ► | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | ► | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | ► | | | | | | |
| 12 Total revenue. See Instructions | ► 2,072,631 | 35,283 | 0 | 61,796 | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 792,500 | 792,500 | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 265,628 | 166,549 | 62,688 | 36,391 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 219,940 | 137,902 | 51,906 | 30,132 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 13,155 | 8,248 | 3,105 | 1,802 |
| 9 Other employee benefits | 23,858 | 14,959 | 5,630 | 3,269 |
| 10 Payroll taxes | 35,483 | 22,248 | 8,374 | 4,861 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 27,241 | 17,080 | 6,429 | 3,732 |
| d Lobbying | | | | |
| e Professional fundraising See Part IV, line 17 | | | | |
| f Investment management fees | 1,893 | 1,187 | 447 | 259 |
| g Other | 49,677 | 31,147 | 11,724 | 6,806 |
| 12 Advertising and promotion | 375 | 235 | 89 | 51 |
| 13 Office expenses | 94,284 | 59,195 | 22,201 | 12,888 |
| 14 Information technology | 19,538 | 12,250 | 4,611 | 2,677 |
| 15 Royalties | | | | |
| 16 Occupancy | 62,497 | 39,186 | 14,749 | 8,562 |
| 17 Travel | 30,277 | 24,530 | 3,007 | 2,740 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 19,460 | 12,201 | 4,593 | 2,666 |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 5,050 | 3,166 | 1,192 | 692 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a PROGRAM CONSULTING | 115,172 | 115,172 | | |
| b PROFESSIONAL SERVICES | 78,651 | 49,314 | 18,562 | 10,775 |
| c PARTNER EVENTS & EDUC | 73,942 | 46,362 | 17,450 | 10,130 |
| d SEC 481(A) ADJUSTMENT | 15,160 | 12,128 | 1,863 | 1,169 |
| e | | | | |
| f All other expenses | 2,546 | 1,598 | 599 | 349 |
| 25 Total functional expenses. Add lines 1 through 24f | 1,946,327 | 1,567,157 | 239,219 | 139,951 |
| 26 Joint costs. Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|---|---------------------------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 54,973 | 1 367,190 |
| | 2 Savings and temporary cash investments | 0 | 2 |
| | 3 Pledges and grants receivable, net | 0 | 3 21,500 |
| | 4 Accounts receivable, net | 0 | 4 9,739 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | 6 | |
| | 7 Notes and loans receivable, net | 7 | |
| | 8 Inventories for sale or use | 8 | |
| | 9 Prepaid expenses and deferred charges | 9 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | |
| | b Less accumulated depreciation | 10b | 10c |
| | 11 Investments—publicly traded securities | 252,165 | 11 58,237 |
| | 12 Investments—other securities See Part IV, line 11 | 0 | 12 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 |
| | 14 Intangible assets | 0 | 14 |
| | 15 Other assets See Part IV, line 11 | 0 | 15 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 307,138 | 16 456,666 |
| Liabilities | 17 Accounts payable and accrued expenses | 0 | 17 46,343 |
| | 18 Grants payable | 0 | 18 20,000 |
| | 19 Deferred revenue | 0 | 19 |
| | 20 Tax-exempt bond liabilities | 0 | 20 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 230 | 25 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 230 | 26 66,343 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 289,609 | 27 364,271 |
| | 28 Temporarily restricted net assets | 17,299 | 28 26,052 |
| | 29 Permanently restricted net assets | 0 | 29 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | 0 | 30 |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | 0 | 31 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 0 | 32 |
| | 33 Total net assets or fund balances | 306,908 | 33 390,323 |
| | 34 Total liabilities and net assets/fund balances | 307,138 | 34 456,666 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,072,631 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,946,327 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 126,304 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 306,908 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -42,889 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 390,323 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

| | Yes | No |
|---|--|--|
| 1 Accounting method used to prepare the Form 990 | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| 2b Were the organization's financial statements audited by an independent accountant? | <input checked="" type="checkbox"/> Yes | |
| 2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | <input type="checkbox"/> | |
| 2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both | <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | <input type="checkbox"/> | <input checked="" type="checkbox"/> No |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <input type="checkbox"/> | |

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service
Name of the organization
SOCIAL VENTURE PARTNERS

Employer identification number

91-1894424

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 **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

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?

(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 the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (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 IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 1,863,599 | 1,543,185 | 1,571,614 | 1,716,111 | 1,975,552 | 8,670,061 |
| 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 | 1,863,599 | 1,543,185 | 1,571,614 | 1,716,111 | 1,975,552 | 8,670,061 |
| 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) | | | | | | 424,993 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 8,245,068 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 | 1,863,599 | 1,543,185 | 1,571,614 | 1,716,111 | 1,975,552 | 8,670,061 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 45,753 | 13,399 | 17,744 | 26,210 | 28,157 | 131,263 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 8,801,324 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | 12 | | 50,397 |

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

| | | |
|--|----|----------|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | 93 680 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | 95 530 % |
| 16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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—2010. 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|---|----|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|---|----|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2011. 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—2010. 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 | |

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2011****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

SOCIAL VENTURE PARTNERS

Employer identification number

91-1894424

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | Held at the End of the Year |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

| | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | Amount |
|-----------|---------------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|-------------------------|-----------------------|---------------------------|-----------------------------|----------------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | |
|--------------|------------|-----------|
| 3a(i) | Yes | No |
|--------------|------------|-----------|

| | | |
|---------------|------------|-----------|
| 3a(ii) | Yes | No |
|---------------|------------|-----------|

| | | |
|-----------|------------|-----------|
| 3b | Yes | No |
|-----------|------------|-----------|

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------|---|--|-------------------------------------|-----------------------|
| 1a Land | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | | | | |
| d Equipment | | | | | |
| e Other | | | | | |

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ► | | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ► | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ► | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of Liability | (b) Amount |
|--|------------|
| Federal Income Taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ► | |

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---|----|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 2,072,631 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,946,327 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 126,304 |
| 4 | Net unrealized gains (losses) on investments | 4 | -42,889 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 15,160 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -27,729 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 98,575 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,029,529 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -42,889 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | -213 |
| e | Add lines 2a through 2d | 2e | -43,102 |
| 3 | Subtract line 2e from line 1 | 3 | 2,072,631 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 2,072,631 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,930,954 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 1,930,954 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 159 |
| b | Other (Describe in Part XIV) | 4b | 15,214 |
| c | Add lines 4a and 4b | 4c | 15,373 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 1,946,327 |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | CUMULATIVE ADJUSTMENTS DUE TO CHANGE IN ACCOUNTING METHOD 15,160 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | INVESTMENT EXPENSES -159 EVENT FEE -54 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | EVENT FEE 54 SECTION 481(A) ADJUSTMENT 15,160 |

**Schedule I
(Form 990)**

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SOCIAL VENTURE PARTNERS

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | PART I, LINE 2 | SCHEDULE I, PART I, LINE 2 SOCIAL VENTURE PARTNERS MAKES INITIAL SINGLE-YEAR GRANTS WITH THE INTENT OF ESTABLISHING LONGER TERM PARTNERSHIPS WITH ITS INVESTEES (TYPICALLY 3-5 YEARS) AT THE END OF THE FIRST YEAR OF FUNDING, THE GRANT OUTCOMES AND RELATIONSHIP POTENTIAL WITH EACH INVESTEE ARE EVALUATED TO DETERMINE FURTHER SUPPORT. PERFORMANCE REPORTS ARE SUBMITTED AT PRE-DETERMINED INTERVALS DURING THE TERM OF THE GRANT TO ASSESS PROGRESS |

Software ID:
Software Version:
EIN: 91-1894424
Name: SOCIAL VENTURE PARTNERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| BOYER CHILDREN'S CLINIC 1850 BOYER AVENUE E SEATTLE, WA 98112 | 91-1316838 | 501(C)(3) | 40,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| COLLEGE ACCESS NOW PO BOX 22999 SEATTLE, WA 98122 | 68-0624494 | 501(C)(3) | 45,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| COMMUNITIES IN SCHOOLS - WASHINGTON1010 S 336TH STREET FEDERAL WAY, WA 98003 | 91-1541026 | 501(C)(3) | 45,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| DENISE LOUIE EDUC CENTER606 MAYNARD AVENUE S 101 SEATTLE, WA 98104 | 91-1016974 | 501(C)(3) | 55,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| DYNAMIC PARTNERS 10811 SE KENT- KANGLEY ROAD KENT, WA 98030 | 91- 1078809 | 501(C)(3) | 40,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| ENVIRONMENTAL COALITION OF SOUTH SEATTLE 10TH AVENUE S 3 SEATTLE, WA 98108 | 91- 1613460 | 501(C)(3) | 40,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| EQUAL OPPORTUNITY SCHOOLS 999 N NORTHLAKE WAY SUITE 268 SEATTLE, WA 98103 | 37-1609659 | 501(C)(3) | 45,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| LEAGUE OF EDUCATION VOTERS FOUNDATION 2734 WESTLAKE AVENUE N SEATTLE, WA 98109 | 91-2141508 | 501(C)(3) | 10,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| MOUNTAINS TO SOUND GREENWAY TRUST 911 WESTERN AVENUE SUITE 203 SEATTLE, WA 98104 | 91-1531234 | 501(C)(3) | 55,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| PEOPLE FOR PUGET SOUND 911 WESTERN AVENUE SUITE 580 SEATTLE, WA 98104 | 91-1518715 | 501(C)(3) | 40,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| PHILANTHROPY NORTHWEST 2101 FOURTH AVENUE SUITE 650 SEATTLE, WA 98121 | 91- 1110995 | 501(C)(3) | 5,500 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| POWERFUL SCHOOLS 3401 RAINIER AVENUE S SUITE C SEATTLE, WA 98144 | 91- 1551141 | 501(C)(3) | 45,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| SUMMER SEARCH 1109 FIRST AVENUE SUITE 205 SEATTLE, WA 98101 | 68- 0200138 | 501(C)(3) | 45,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| TEAM READPO BOX 94042 SEATTLE, WA 98124 | 01- 0852888 | 501(C)(3) | 40,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|---|---------------------------------|--|--|---|---|
| THRIVE BY FIVE 1218 THIRD AVENUE 800 SEATTLE, WA 98101 | 20- 4829769 | 501(C)(3) | 45,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| VIETNAMESE FRIENDSHIP ASSOCIATION 7101 MARTIN LUTHER KING JR WAY S SUITE 212 SEATTLE, WA 98118 | 91- 1122532 | 501(C)(3) | 48,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|--|---|---|
| WASHINGTON ENVIRONMENTAL COUNCIL 615 SECOND AVENUE SUITE 380 SEATTLE, WA 98104 | 91-0839385 | 501(C)(3) | 20,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |
| WHITE CENTER EMERGENCY FOOD ASSOCIATION 10829 8TH AVENUE SW SEATTLE, WA 98146 | 91-1168730 | 501(C)(3) | 7,000 | 0 | N/A | N/A | GENERAL OPERATING SUPPORT |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.Name of the organization
SOCIAL VENTURE PARTNERS

Employer identification number

91-1894424

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 75 | 244,014 | FAIR MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (_____) | | | | |
| 26 Other ► (_____) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (_____) | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | 29 | | 0 |

| | Yes | No |
|---|-----|-----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | Yes |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | 32a | No |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|-------------------------|--|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | PART I, COLUMN (B) | THE AMOUNT IN COLUMN B REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED THROUGHOUT THE YEAR |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**Name of the organization
SOCIAL VENTURE PARTNERS**Employer identification number**

91-1894424

| Identifier | Return Reference | Explanation |
|------------|--------------------------------|--|
| | FORM 990, PART I, LINE 6 | VOLUNTEERS FOR SOCIAL VENTURE PARTNERS HELP IN A VARIETY OF CAPACITIES THROUGHOUT THE YEAR IN ADDITION TO THE 14 VOLUNTEER BOARD MEMBERS, OVER 150 INDIVIDUALS SERVE ON VARIOUS COMMITTEES WITH THE ORGANIZATION VOLUNTEERS ALSO ASSIST WITH THE GRANTEES BY UTILIZING THEIR VARIOUS SKILL AREAS, INCLUDING BUT NOT LIMITED TO MARKETING, HUMAN RESOURCES, LEGAL, STRATEGY, FUND DEVELOPMENT, INFORMATION TECHNOLOGY AND BOARD DEVELOPMENT ADDITIONALLY, SOME VOLUNTEERS ASSIST WITH HANDS-ON PROJECTS WITH NONPROFIT ORGANIZATIONS IN A GROUP SETTING |

| Identifier | Return Reference | Explanation |
|-----------------------------|----------------------------|--|
| CHANGES IN PROGRAM SERVICES | FORM 990, PART III, LINE 3 | ADVOCACY SVP AMPLIFIED ITS STRATEGY IN TACKLING THE DAUNTING CHALLENGES WE FACE IN OUR COMMUNITY BY INVESTING IN COLLABORATIVE SOLUTIONS INSTEAD OF FOCUSING ON ADVOCACY EXAMPLES OF THIS WORK INCLUDE COLLECTIVE ACTION TEAMS IN AREAS OF EDUCATION AND ENVIRONMENT, AND JOINING FORCES TO STRENGTHEN NON-PROFITS ACROSS WASHINGTON STATE |

| Identifier | Return Reference | Explanation |
|------------|--------------------------------------|--|
| | FORM 990, PART VI, SECTION A, LINE 4 | <p>BY-LAWS WERE AMENDED AS OF JANUARY 9, 2012 - PARTNER CATEGORIES UPDATED SECTIONS 2 1 AND 2 2 - UPDATE THE PARTNER ("MEMBERSHIP") QUALIFICATIONS TO REFLECT THE THREE CATEGORIES WE NOW HAVE - MEMBER'S VOTING RIGHTS SECTION 2 3 CLARIFIES THAT MEMBERS HAVE THE RIGHT TO VOTE ONLY ON THOSE MATTERS THAT THE BOARD, IN ITS DISCRETION, PUTS TO A VOTE OF THE MEMBERS THE ONLY EXCEPTION TO THIS IN THE BYLAWS (RETAINED FROM EXISTING BYLAWS) IS THAT THE MEMBERS HAVE THE RIGHT TO VOTE TO REMOVE ONE OR MORE DIRECTORS - MEMBERSHIP QUORUM SECTION 2 3 REDUCES THE MEMBERSHIP QUORUM FROM A SIMPLE MAJORITY TO ONE-THIRD EXCEPT IN THE CASE OF REMOVAL OF A DIRECTOR (ABOVE), A SIMPLE MAJORITY OF THE MEMBERS VOTING IS SUFFICIENT TO TAKE ACTION AS LONG AS A QUORUM (1/3 OF TOTAL MEMBERS) IS PRESENT - REMOVED THE REQUIREMENT THAT BOARD MEMBERS MUST BE PARTNERS SECTION 3 2 - SPECIAL RULE FOR TERM LIMIT OF IMMEDIATE PAST CHAIR SECTION 3 6 WAS REVISED TO PERMIT THE IMMEDIATE PAST CHAIR TO CONTINUE ATTENDING BOARD MEETINGS, WITHOUT A VOTE, IF HIS OR HER SIX-YEAR TERM EXPIRES WHILE HE OR SHE IS STILL IMMEDIATE PAST CHAIR - TERMS OF BOARD MEMBERS ELECTED TO FILL A BOARD MEMBER'S UNEXPIRED TERM SECTION 3 8 CLARIFIES THAT IF A DIRECTOR IS ELECTED TO SUCCEED A PREVIOUS DIRECTOR WHOSE TERM HAS NOT EXPIRED, THE NEW DIRECTOR'S THREE YEAR TERM (AND SIX YEAR TERM LIMIT) IS MEASURED BEGINNING JULY 1 FOLLOWING THE DIRECTOR'S ELECTION (EVEN THOUGH THE NEW DIRECTOR BEGINS SERVING BEFORE JULY 1) - MEMBER VOTE TO REMOVE ONE OR MORE DIRECTORS SECTION 3 10 WAS REVISED TO REQUIRE A 2/3 VOTE OF THE TOTAL MEMBERSHIP TO REMOVE A DIRECTOR CURRENT (PRE-REVISION) BYLAWS PERMIT REMOVAL BY 1/3 OF MEMBERS (2/3 OF A QUORUM, WHICH CURRENTLY IS A MAJORITY) THIS PROVISION APPEARED IN TWO PLACES, HAS BEEN DELETED FROM SECTION 2 3 SO THAT IT NOW APPEARS ONLY ONCE - APPOINTMENT OF BOARD COMMITTEE CHAIRS AND COMMITTEE MEMBERS SECTION 3 12 WAS REVISED TO AUTHORIZE THE BOARD CHAIR TO APPOINT COMMITTEE CHAIRS AND COMMITTEE MEMBERS, RATHER THAN REQUIRING A BOARD VOTE. THE BOARD RETAINS THE RIGHT TO VOTE TO REMOVE A COMMITTEE MEMBER (SECTION 3 12 2) - NON-BOARD MEMBERS ON BOARD COMMITTEES SECTION 3 12 WAS REVISED TO AUTHORIZE APPOINTMENT OF NON-BOARD MEMBERS TO BOARD COMMITTEES OTHER THAN EXECUTIVE COMMITTEE AND BOARD DEVELOPMENT AND NOMINATING COMMITTEE COMMITTEES THAT INCLUDE NON-BOARD MEMBERS MAY NOT HAVE AUTHORITY TO TAKE ACTIONS ON BEHALF OF THE BOARD - ADVISORY BOARD MEMBERS SECTION 3 14 WAS REVISED TO REMOVE THE AUTOMATIC RIGHT OF ADVISORY BOARD MEMBERS TO ATTEND BOARD MEETINGS - CHAIR AND BOARD VICE CHAIR ARE OFFICERS SECTION 6 4 WAS REVISED TO CLARIFY THAT THE BOARD CHAIR AND VICE CHAIR ARE OFFICERS, BUT DO NOT HAVE THE RIGHT TO PARTICIPATE IN DAY-TO-DAY MANAGEMENT UNLESS AUTHORIZED BY THE BOARD IN THE EVENT OF THE PRESIDENT/EXECUTIVE CONNECTOR'S UNAVAILABILITY - PROCEDURE IN CASE OF PRESIDENT/EXECUTIVE CONNECTOR'S INABILITY TO SERVE SECTIONS 6 3 AND 6 4 CLARIFY THAT THE BOARD HAS AUTHORITY, IN THE EVENT THE PRESIDENT/EXECUTIVE CONNECTOR RESIGNS, DIES, IS REMOVED OR OTHERWISE INCAPACITATED (TEMPORARILY OR PERMANENTLY), TO APPOINT THE BOARD CHAIR OR A STAFF VICE PRESIDENT TO ACT IN THE PRESIDENT'S STEAD UNTIL A REPLACEMENT IS APPOINTED - OFFICER TERMS ARTICLE 6 WAS REVISED TO SPECIFY THE TERM OF EACH OFFICER (ONE YEAR FOR TREASURER, SECRETARY AND VICE CHAIR, TWO YEARS FOR BOARD CHAIR, INDEFINITE TERMS FOR PRESIDENT/EXECUTIVE CONNECTOR AND OTHER STAFF OFFICERS) - FISCAL YEAR SECTION 8 2 WAS REVISED TO STATE THE CORRECT FISCAL YEAR JUNE 30</p> |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | FORM 990, PART VI, SECTION A, LINE 6 | SOCIAL VENTURE PARTNERS HAS THREE CLASSES OF MEMBERSHIP REGULAR MEMBERS, AGE 35 AND UNDER MEMBERS AND INVESTEE MEMBERS IN ORDER TO QUALIFY FOR MEMBERSHIP, REGULAR MEMBERS AND AGE 35 AND UNDER MEMBERS MUST AGREE TO MAKE AN ANNUAL MINIMUM FINANCIAL COMMITMENT TO SOCIAL VENTURE PARTNERS AFTER DOING SO, THE PRESIDENT/EXECUTIVE CONNECTOR MAY APPOINT A MEMBER TO MEMBERSHIP. INVESTEE MEMBERS CONSIST OF THE SENIOR EXECUTIVE AND BOARD CHAIR OF EACH ORGANIZATION THAT SOCIAL VENTURE PARTNERS HAS MADE A GRANT TO IN A PARTICULAR YEAR INVESTEE MEMBERS ARE NOT REQUIRED TO MAKE A MINIMUM FINANCIAL CONTRIBUTION, BUT ARE QUALIFIED AS INVESTEE MEMBERS ONLY DURING THE PERIOD IN WHICH THEY HOLD THE REQUISITE POSITION WITH A CURRENT INVESTEE |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|---|
| | FORM 990, PART VI, SECTION A, LINE 7A | MEMBERS HAVE THE AUTHORITY TO REMOVE INDIVIDUALS SERVING ON THE BOARD OF DIRECTORS THROUGH A SIMPLE MAJORITY VOTE |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|---|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE BOARD TREASURER ALONG WITH MEMBERS OF THE FINANCE/AUDIT COMMITTEE REVIEW THE DRAFT AND FINAL FORM 990 BEFORE THE FORM IS FILED WITH THE IRS. THE BOARD TREASURER THEN INCLUDES THE RETURN WITH HIS REPORT TO THE BOARD BUT A COPY IS NOT PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING WITH THE IRS |

| Identifier | Return Reference | Explanation |
|------------|---|--|
| | FORM 990, PART VI, SECTION B, LINE 12C | THE BOARD HAS A CONFLICT OF INTEREST POLICY AND ENGAGES IN NO TRANSACTIONS WHICH PRESENT A CONFLICT OF INTEREST, EITHER IN FACT OR APPEARANCE. EACH BOARD MEMBER AND KEY EMPLOYEE COMPLETE A POLICY FORM ANNUALLY. PER THE CONFLICT OF INTEREST POLICY, ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED TO THE BOARD OF DIRECTORS IN WRITING BY THE INTERESTED PERSON (ANY DIRECTOR OR PRINCIPAL OFFICER WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IN A GIVEN TRANSACTION OR ARRANGEMENT). CONFLICTED PERSONS ARE RECUSED FROM VOTING ON THE MATTER |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE CONNECTOR AND BASES THE COMPENSATION ON COMPARABLE SALARY DATA, PERFORMANCE AND KNOWLEDGE OF MARKET RATES IN THE NONPROFIT SECTOR. THE EXECUTIVE CONNECTOR REVIEWS TOP MANAGEMENT STAFF AND BASES COMPENSATION ON COMPARABLE SALARY DATA, PERFORMANCE AND KNOWLEDGE OF MARKET RATES IN THE NONPROFIT SECTOR. ALL REVIEWS ARE COMPLETED ON AN ANNUAL BASIS. |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST |

| Identifier | Return Reference | Explanation |
|--|---------------------------|--|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -42,889 |

3115Form (Rev. December 2009)
Department of the Treasury
Internal Revenue Service**Application for Change in Accounting Method**

OMB No. 1545-0152

| | |
|--|--|
| Name of filer (name of parent corporation if a consolidated group) (see instructions) | Identification number (see instructions) |
| SOCIAL VENTURE PARTNERS | 91-1894424 |
| Number, street, and room or suite no. If a P.O. box, see the instructions. | Principal business activity code number (see instructions) |
| 220 SECOND AVENUE S, SUITE 300 | 541610 |
| City or town, state, and ZIP code | Tax year of change begins (MM/DD/YYYY) 07/01/2011 |
| SEATTLE, WA 98104-2617 | Tax year of change ends (MM/DD/YYYY) 06/30/2012 |
| Name of applicant(s) (if different than filer) and identification number(s) (see instructions) | Name of contact person (see instructions) |
| | PAUL SHOEMAKER |
| | Contact person's telephone number |
| 206-374-8757 | |
| If the applicant is a member of a consolidated group, check this box ► <input type="checkbox"/> | |
| If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box ► <input checked="" type="checkbox"/> | |
| Check the box to indicate the type of applicant. | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (Sec. 1381) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Controlled foreign corporation (Sec. 957) | <input type="checkbox"/> S corporation |
| <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) | <input type="checkbox"/> Insurance co. (Sec. 816(a)) |
| <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) | <input type="checkbox"/> Insurance co. (Sec. 831) |
| <input checked="" type="checkbox"/> Exempt organization. Enter Code section ► 501(C) (3) | |
| <input type="checkbox"/> Other (specify) ► | |
| Check the appropriate box to indicate the type of accounting method change being requested. (see instructions) | |
| <input type="checkbox"/> Depreciation or Amortization | |
| <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions | |
| <input checked="" type="checkbox"/> Other (specify) ► CHANGE TO AN OVERALL ACCRUAL METHOD | |

Caution. To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.

The taxpayer must attach all applicable supplemental statements requested throughout this form.

Part I Information For Automatic Change Request

1 Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions.

► (a) Change No. 122 (b) Other Description ►

2 Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation.

Note. Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).

Part II Information For All Requests

3 Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If "Yes," the applicant is not eligible to make the change under automatic change request procedures.

4a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If "No," go to line 5.

b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?

Signature (see instructions)

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

Filer

Signature and date

5-15-13

PAUL SHOEMAKER, EXECUTIVE CONNECTOR
Name and title (print or type)

Preparer (other than filer/applicant)

Signature of individual preparing the application and date

JANE M. SEARING

Name of individual preparing the application (print or type)

CLARK NUBER P.S.

Name of firm preparing the application

Part II Information For All Requests (continued)**Yes** **No**

4c Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)? [REDACTED]
d Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)?
 If "Yes," attach the consent statement from the director [REDACTED]
e Is the request to change the method of accounting being filed under the 90-day or 120-day window period? [REDACTED]
 If "Yes," check the box for the applicable window period and attach the required statement (see instructions)
 90 day 120 day Date examination ended ► [REDACTED]
f If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination
 Name ► [REDACTED] Telephone number ► [REDACTED] Tax year(s) ► [REDACTED]
g Has a copy of this Form 3115 been provided to the examining agent identified on line 4f? [REDACTED]
5a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? X
 If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court
 Name ► [REDACTED] Telephone number ► [REDACTED] Tax year(s) ► [REDACTED]
b Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a? [REDACTED]
c Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? X
 If "Yes," attach an explanation [REDACTED]
6 If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's **(a)** name, **(b)** identification number, **(c)** address, and **(d)** tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court [REDACTED]
7 If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? [REDACTED]
 If "Yes," the applicant is **not** eligible to make the change [REDACTED]
8a Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)? X
b If "Yes," attach an explanation [REDACTED]
9a Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)? X
b If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent [REDACTED]
c If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation [REDACTED]
10a Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? X
b If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s) [REDACTED]
11 Is the applicant requesting to change its **overall** method of accounting? X
 If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting Also, complete Schedule A on page 4 of this form **STATEMENT 1** [REDACTED]

Present method: Cash Accrual Hybrid (attach description)

Proposed method: Cash Accrual Hybrid (attach description)

| Part II Information For All Requests (continued) | | Yes | No |
|---|--|---|---|
| 12 | If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following | | |
| a | The item(s) being changed | | |
| b | The applicant's present method for the item(s) being changed | | |
| c | The applicant's proposed method for the item(s) being changed | | |
| d | The applicant's present overall method of accounting (cash, accrual, or hybrid) | | |
| 13 | Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application STATEMENT 2 | | |
| 14 | Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions | X | |
| | If "No," attach an explanation | | |
| 15a | Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)? | | |
| b | If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application | | |
| 16 | Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? | X | |
| 17 | If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change | | |
| | 1st preceding year ended mo 06/30 yr 2011 | 2nd preceding year ended mo 06/30 yr 2010 | 3rd preceding year ended mo 06/30 yr 2009 |
| | \$ 1,972,666 | \$ 1,821,062 | \$ 1,566,519 |
| Part III Information For Advance Consent Request | | Yes | No |
| 18 | Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? | | |
| | If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures | | |
| 19 | Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists | | |
| 20 | Attach a copy of all documents related to the proposed change (see instructions) | | |
| 21 | Attach a statement of the applicant's reasons for the proposed change | | |
| 22 | If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? | | |
| | If "No," attach an explanation | | |
| 23a | Enter the amount of user fee attached to this application (see instructions) ► \$ _____ | | |
| b | If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions) | | |
| Part IV Section 481(a) Adjustment | | Yes | No |
| 24 | Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? | | |
| | If "Yes," do not complete lines 25, 26, and 27 below | | |
| 25 | Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income ► \$ _____ (15,160) Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant STATEMENT 3 | | |

Part IV Section 481(a) Adjustment (continued)

| | Yes | No |
|--|-----|----|
| 26 If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change? | N/A | |
| 27 Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation | N/A | |

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed)**Part I Change in Overall Method (see instructions)**

1 Enter the following amounts as of the close of the tax year preceding the year of change If none, state "None" Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g

| | Amount |
|---|-------------|
| a Income accrued but not received (such as accounts receivable) | \$ 13,727 |
| b Income received or reported before it was earned (such as advanced payments) Attach a description of the income and the legal basis for the proposed method | NONE |
| c Expenses accrued but not paid (such as accounts payable) | (28,887) |
| d Prepaid expenses previously deducted | NONE |
| e Supplies on hand previously deducted and/or not previously reported | NONE |
| f Inventory on hand previously deducted and/or not previously reported Complete Schedule D, Part II | NONE |
| g Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment ► | |
| h Net section 481(a) adjustment (Combine lines 1a–1g) Indicate whether the adjustment is an increase (+) or decrease (-) in income Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25 | \$ (15,160) |

2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes No

3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change Also attach a statement specifying the accounting method used when preparing the balance sheet If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences STATEMENT 4

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 502 of Rev Proc 2004-34, 2004-1 C B 991, attach the following information

a A statement explaining how the advance payments meet the definition in section 401 of Rev Proc 2004-34

b If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 802(3)(a)-(c) of Rev Proc 2004-34

c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 803(2)(a)-(f) of Rev Proc 2004-34

2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5(b)(1)(ii), attach the following

a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)

b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices See Regulations sections 1 451-5(a)(2)(i) and (3)

c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports See Regulations section 1 451-5(b)(1)(ii)

d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Schedule C—Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
 - a Valuing inventory (e.g., unit method or dollar-value method)
 - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
 - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
 - d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
 - a A description of the types of products produced by the applicant. If possible, attach a brochure
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
 - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool
 - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- 2 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3)
- 3 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c)

Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8)

1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities

2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? Yes No

b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? Yes No

If line 2b is "No," attach an explanation

c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1 460-4(b)? Yes No

d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1 460-4(c)(2)? Yes No

If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor

If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use

3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? Yes No

b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts

c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods

4 To determine a contract's completion factor using the percentage-of-completion method

a Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)? Yes No

b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1 460-5(c))? Yes No

5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8)

| | | |
|------------------------------------|---|--|
| 1 | Attach a description of the inventory goods being changed | |
| 2 | Attach a description of the inventory goods (if any) NOT being changed | |
| 3a | Is the applicant subject to section 263A? If "No," go to line 4a | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Check the appropriate boxes below | |
| Identification methods | | |
| Specific identification | | |
| FIFO | | |
| LIFO | | |
| Other (attach explanation) | | |
| Valuation methods | | |
| Cost | | |
| Cost or market, whichever is lower | | |
| Retail cost | | |
| Retail, lower of cost or market | | |
| Other (attach explanation) | | |
| b | Enter the value at the end of the tax year preceding the year of change | |
| 5 | If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions) | |
| a | Copies of Form(s) 970 filed to adopt or expand the use of the method | |
| b | Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method | |
| c | Only for applicants requesting an automatic change. The statement required by section 22 01(5) of the Appendix of Rev Proc 2008-52 (or its successor) | |

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions))

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B—Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked

| | Present method | Proposed method |
|--|----------------|-----------------|
| 1 Direct material | | |
| 2 Direct labor | | |
| 3 Indirect labor | | |
| 4 Officers' compensation (not including selling activities) | | |
| 5 Pension and other related costs | | |
| 6 Employee benefits | | |
| 7 Indirect materials and supplies | | |
| 8 Purchasing costs | | |
| 9 Handling, processing, assembly, and repackaging costs | | |
| 10 Offsite storage and warehousing costs | | |
| 11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle | | |
| 12 Depletion | | |
| 13 Rent | | |
| 14 Taxes other than state, local, and foreign income taxes | | |
| 15 Insurance | | |
| 16 Utilities | | |
| 17 Maintenance and repairs that relate to a production, resale, or long-term contract activity | | |
| 18 Engineering and design costs (not including section 174 research and experimental expenses) | | |
| 19 Rework labor, scrap, and spoilage | | |
| 20 Tools and equipment | | |
| 21 Quality control and inspection | | |
| 22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant | | |
| 23 Licensing and franchise costs | | |
| 24 Capitalizable service costs (including mixed service costs) | | |
| 25 Administrative costs (not including any costs of selling or any return on capital) | | |
| 26 Research and experimental expenses attributable to long-term contracts | | |
| 27 Interest | | |
| 28 Other costs (Attach a list of these costs.) | | |

Part III Method of Cost Allocation (see instructions) (continued)

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

| | Present method | Proposed method |
|---|----------------|-----------------|
| 1 Marketing, selling, advertising, and distribution expenses | | |
| 2 Research and experimental expenses not included in Section B, line 26 | | |
| 3 Bidding expenses not included in Section B, line 22 | | |
| 4 General and administrative costs not included in Section B | | |
| 5 Income taxes | | |
| 6 Cost of strikes | | |
| 7 Warranty and product liability costs | | |
| 8 Section 179 costs | | |
| 9 On-site storage | | |
| 10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11 | | |
| 11 Other costs (Attach a list of these costs) | | |

Schedule E—Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants **must** provide this information for each item or class of property for which a change is requested.

Note. See the *List of Automatic Accounting Method Changes* in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions).

1 Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? Yes No
If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(iii)

2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? Yes No
If "Yes," enter the applicable section ► _____

3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)? Yes No
If "Yes," state the election made ► _____

4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity
b If the property is residential rental property, did the applicant live in the property before renting it? Yes No
c Is the property public utility property? Yes No

5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1 162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.)

6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property

7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods

a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g))

b The applicable asset class from Rev. Proc. 87-56, 1987-2 C B 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev. Proc. 83-35, 1983-1 C B 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant

c The facts to support the asset class for the proposed method

d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))

e The useful life, recovery period, or amortization period of the property

f The applicable convention of the property

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed

**SOCIAL VENTURE PARTNERS
EIN: 91-1894424
FORM 3115, PART II, LINE 11**

PRESENT ACCOUNTING METHOD MODIFIED CASH

STATEMENT 1

SOCIAL VENTURE PARTNERS
EIN: 91-1894424
FORM 3115, PART II, LINE 13

SOCIAL VENTURE PARTNERS IS A NON-PROFIT PUBLIC CHARITY, EXEMPT UNDER IRC §501(C) (3) ITS PRIMARY PURPOSE IS TO ENGAGE INDIVIDUALS WITH PHILANTHROPIC GIVING AS WELL AS FUND AND ASSIST NONPROFITS IN ORDER TO HELP THEM ACHIEVE THEIR GOALS THE ORGANIZATION STRIVES TO ENRICH THE SOCIAL SECTOR BETWEEN PHILANTHROPISTS AND NONPROFITS BY BRINGING THEM TOGETHER AND CREATING A FORUM FOR POSITIVE CHANGE
PRINCIPAL BUSINESS CODE 541610

STATEMENT 2

SOCIAL VENTURE PARTNERS
EIN 91-1894424
FORM 3115, PART IV, LINE 25

INCOME ACCRUED BUT NOT RECEIVED

| | |
|---------------------|--------|
| ACCOUNTS RECEIVABLE | 227 |
| PLEDGES RECEIVABLE | |
| | <hr/> |
| | 13,500 |
| | <hr/> |
| | 13,727 |

EXPENSES ACCRUED BUT NOT PAID

| | |
|---------------------|----------|
| ACCOUNTS PAYABLE | (4,934) |
| PAYROLL LIABILITIES | (6,119) |
| VACATION ACCRUAL | |
| | <hr/> |
| | (17,834) |
| | <hr/> |
| | (28,887) |

NET SECTION 481(A) ADJUSTMENT **(15,160)**

DESCRIPTION OF INCOME:

SOCIAL VENTURE PARTNERS GENERATES REVENUE FROM BOTH CORPORATE AND INDIVIDUAL CONTRIBUTIONS
REVENUES ALSO COME FROM TICKET SALES FROM AN EVENT DESIGNED TO FURTHER SVP'S EXEMPT PURPOSE

SOCIAL VENTURE PARTNERS

EIN 91-1894424

FORM 3115, SCHEDULE A, LINE 1

FORM 3115, SCHEDULE A, LINE 3

BALANCE SHEET:

| | CASH BASIS 6/30/2011 | IRC SECTION 481 ADJUSTMENT | ACCURAL BASIS 6/30/2011 |
|--|-------------------------|-------------------------------|----------------------------|
| CASH, NON-INTEREST BEARING | 54,973 | | 54,973 |
| SAVINGS AND TEMPORARY CASH INVESTMENTS | 252,165 | | 252,165 |
| ACCOUNTS RECEIVABLE | - | 227 | 227 |
| PLEDGES RECEIVABLE | | 13,500 | 13,500 |
| TOTAL ASSETS | <u>307,138</u> | <u>13,727</u> | <u>320,865</u> |
| ACCOUNTS PAYABLE | - | (4,934) | (4,934) |
| OTHER LIABILITIES | (230) | - | (230) |
| PAYROLL LIABILITIES | - | (6,119) | (6,119) |
| VACATION ACCRUAL | | (17,834) | (17,834) |
| TOTAL LIABILITIES | <u>(230)</u> | <u>(28,887)</u> | <u>(29,117)</u> |
| NET ASSETS | (306,908) | 15,160 | (291,748) |
| TOTAL LIABILITIES AND NET ASSETS | <u>(307,138)</u> | <u>(13,727)</u> | <u>(320,865)</u> |

6/30/2011 CASH BASIS INCOME STATEMENT:

REVENUES

| | |
|-------------------------------|-------------------------|
| FEDERATED CAMPAIGN REVENUE | 193,500 |
| CONTRIBUTION REVENUE | 1,509,111 |
| INCOME FROM REGISTRATION FEES | 230 |
| RENTAL INCOME | 18,517 |
| INVESTMENT INCOME | 28,643 |
| TOTAL REVENUES | <u>1,750,001</u> |

EXPENSES

| | |
|--|-------------------------|
| GRANTS | 1,056,000 |
| COMPENSATION | 476,907 |
| PENSION PLAN CONTRIBUTIONS | 13,160 |
| OTHER EMPLOYEE BENEFITS | 35,051 |
| PAYROLL TAXES | 35,256 |
| OFFICE EXPENSES | 85,155 |
| OCCUPANCY | 62,453 |
| TRAVEL | 11,476 |
| CONFERENCES, CONVENTIONS, AND MEETINGS | 6,761 |
| INSURANCE | 5,106 |
| WEBSITE FEES | 31,844 |
| PROFESSIONAL FEES | 58,001 |
| PROGRAM CONSULTING | 96,399 |
| PARTNER EVENTS | 44,429 |
| ASSOCIATIONS AND DUES | 21,614 |
| PARTNER EDUCATION | 14,750 |
| OTHER EXPENSES | 4,548 |
| TOTAL EXPENSES | <u>2,058,910</u> |

CASH BASIS NET INCOME/(LOSS)**(308,909)**

Additional Data

Software ID:
Software Version:
EIN: 91-1894424
Name: SOCIAL VENTURE PARTNERS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

| | | | | | | |
|-------|--------------|---------|------------------------|-------|--------------|---|
| (Code | (Expenses \$ | 106,057 | including grants of \$ | 3,500 |)(Revenue \$ |) |
|-------|--------------|---------|------------------------|-------|--------------|---|

FIELD BUILDING AS FUNDERS, SVP'S GRANT MAKING PRACTICES CAN ALSO PLAY AN INTEGRAL ROLE IN WHETHER OR NOT A NONPROFIT DELIVERS ON THEIR MISSION TO THE BEST OF THEIR ABILITY. SVP BELIEVES THAT BY HOLDING THEIR OWN GRANTMAKING PRACTICES AND POLICIES TO HIGH STANDARDS, THEY CAN SUPPORT THEIR GRANTEES MORE EFFECTIVELY. THREE PARTICULARLY IMPORTANT PRACTICES SVP PROMOTES ARE PROVIDING GENERAL OPERATING GRANTS, PROVIDING MULTI-YEAR GRANTS, AND EVALUATING GRANTS BASED ON PROGRAM OUTCOMES. SVP STRIVES TO INFLUENCE THEIR SECTOR IN ENSURING THAT OTHER FUNDERS PROMOTE THE SAME PRACTICES IN ORDER TO MAKE ORGANIZATIONS STRONGER AS THEY DO THEIR WORK IN THE COMMUNITIES