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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

C

Please use IRS label or print or type. See Specific Instructions.

Rebuilding Together Albany-Berkeley-
Emeryville
3318 Adeline Street
Berkeley, CA 94703-2709

D Employer identification number
94-3238591

E Telephone number
(510) 644-8979

F Group Exemption Number

G Accounting method: Cash Accrual
Other (specify)

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

I Website: www.rebuildingtogetherabe.org

J Organization type (check only one) - 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$35,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 242,630.

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

1	Contributions, gifts, grants, and similar amounts received	1	242,189.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	441.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	274.
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-274.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	242,356.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	188,690.
13	Professional fees and other payments to independent contractors	13	4,676.
14	Occupancy, rent, utilities, and maintenance	14	16,561.
15	Printing, publications, postage, and shipping	15	894.
16	Other expenses (describe <u>See Statement 2</u>)	16	66,306.
17	Total expenses (add lines 10 through 16)	17	277,127.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-34,771.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	70,395.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	35,624.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	55,864.	20,965.
23	Land and buildings		
24	Other assets (describe <u>See Statement 3</u>)	30,029.	19,754.
25	Total assets	85,893.	40,719.
26	Total liabilities (describe <u>See Statement 4</u>)	15,498.	5,095.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,395.	35,624.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

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

Expenses

What is the organization's primary exempt purpose? See Statement 5

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

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

28	Volunteers renovated and added safety modifications to homes of low-income seniors and disabled residents, and to community facilities that serve low-income populations.		
	(Grants \$ 33,139 .) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	168,331.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	168,331.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
David Gyorke 3318 Adeline Street Berkeley, CA 94703-2709	President 0.50	0.	0.	0.
Tessa Graham 3318 Adeline Street Berkeley, CA 94703-2709	Treasurer 0.50	0.	0.	0.
Rachel Kasa 3318 Adeline Street Berkeley, CA 94703-2709	Secretary 0.50	0.	0.	0.
Bill Cain 3318 Adeline Street Berkeley, CA 94703-2709	Director 0	0.	0.	0.
Matt Cantor 3318 Adeline Street Berkeley, CA 94703-2709	Director 0.50	0.	0.	0.
John Hurston 3318 Adeline Street Berkeley, CA 94703-2709	Director 0.50	0.	0.	0.
Michael McDowell 3318 Adeline Street Berkeley, CA 94703-2709	Director 0.50	0.	0.	0.
Janice Mason 3318 Adeline Street Berkeley, CA 94703-2709	Director 0.50	0.	0.	0.
Rick Zarlow 3318 Adeline Street Berkeley, CA 94703-2709	Director 0.50	0.	0.	0.
John Stevens 3318 Adeline Street Berkeley, CA 94703-2709	Executive Direc 40.00	75,000.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	b Did the organization file Form 1120-POL for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39	39 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a	40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.	40b	X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
40d	d Enter amount of tax on line 40c reimbursed by the organization.		0.
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41	41 List the states with which a copy of this return is filed ▶ CA		

42a The books are in care of ▶ Rebuilding Together - ABE Telephone no. ▶ (510) 644-8979
 Located at ▶ 3318 Adeline Street Berkeley CA ZIP + 4 ▶ 94703-2709

	Yes	No
42b		X
42c		X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44		X
45		X

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..	281,208.	184,943.	274,547.	201,346.	242,189.	1,184,233.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf ..						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ..						0.
4 Total. Add lines 1-3.	281,208.	184,943.	274,547.	201,346.	242,189.	1,184,233.
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) ..						0.
6 Public support. Subtract line 5 from line 4.						1,184,233.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	281,208.	184,943.	274,547.	201,346.	242,189.	1,184,233.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..	547.	269.	489.	278.	441.	2,024.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ..						0.
11 Total support. Add lines 7 through 10 ..						1,186,257.
12 Gross receipts from related activities, etc. (see instructions) ..					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..	14	99.8%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f ..	15	99.9%

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

17a 10%-facts-and-circumstances test – 2008. 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 – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ..						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000..						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 lns 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).....	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).....	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Form **8302**

(Rev. December 2009)
Department of the Treasury
Internal Revenue Service

Electronic Deposit of Tax Refund of \$1 Million or More

▶ Attach to your income tax return (other than Forms 1040, 1120, or 1120S), Form 1045, or Form 1139.

OMB No. 1545-1783

Name(s) shown on income tax return SILICON IMAGE, INC. & SUBSIDIARIES		Identifying number 77-0396307
Name and location (City, State) of bank WELLS FARGO BANK PALO ALTO, CA		Taxpayer's phone number 408-616-4000
1 Method of deposit (one box must be checked) <input checked="" type="checkbox"/> Direct Deposit <input type="checkbox"/> Fedwire		
2 Routing number (must be nine digits). The first two digits must be between 01 and 12 or 21 through 32. 121000248		
3 Account number (include hyphens but omit spaces and special symbols): 4121218366		4 Type of account (one box must be checked): <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

File Form 8302 to request that the IRS electronically deposit a tax refund of \$1 million or more directly into an account at any U.S. bank or other financial institution (such as a mutual fund, credit union, or brokerage firm) that accepts electronic deposits.

The benefits of an electronic deposit include a faster refund, the added security of a paperless payment, and the savings of tax dollars associated with the reduced processing costs.

Who May File

Form 8302 may be filed with any tax return other than Form 1040, 1120, or 1120S to request an electronic deposit of a refund of \$1 million or more. You are not eligible to request an electronic deposit if:

- The receiving financial institution is a foreign bank or a foreign branch of a U.S. bank or
- You have applied for an employer identification number but are filing your tax return before receiving one.

If Form 8302 is filed with Form 1045, Application for Tentative Refund, or Form 1139, Corporation Application for Tentative Refund, both of which allow for more than one year's reporting, electronic deposits may be made only for a year for which the refund is at least \$1 million.

Note. Filers of Form 1040 must request a direct deposit of refund by completing the account information on that form. Filers of Forms 1120, or 1120S must request a direct deposit of a refund using Form 8050, Direct Deposit of Corporate Tax Refund. This includes a request for a refund of \$1 million or more.

Conditions Resulting in a Refund by Check

If the IRS is unable to process this request for an electronic deposit, a refund by check will be generated. Reasons for not processing a request include:

- The name on the tax return does not match the name on the account.
- You fail to indicate the method of deposit to be used (i.e., direct deposit or Fedwire).
- The financial institution rejects the electronic deposit because of an incorrect routing or account number.
- You fail to indicate the type of account the deposit is to be made to (i.e., checking or savings).
- There is an outstanding liability the offset of which reduces the refund to less than \$1 million.

How To File

Attach Form 8302 to the applicable return or application for refund. To ensure that your tax return is correctly processed, see *Assembling the Return*

in the instructions for the form with which the Form 8302 is filed. For Forms 1045 or 1139, attach a separate Form 8302 for each carryback year.

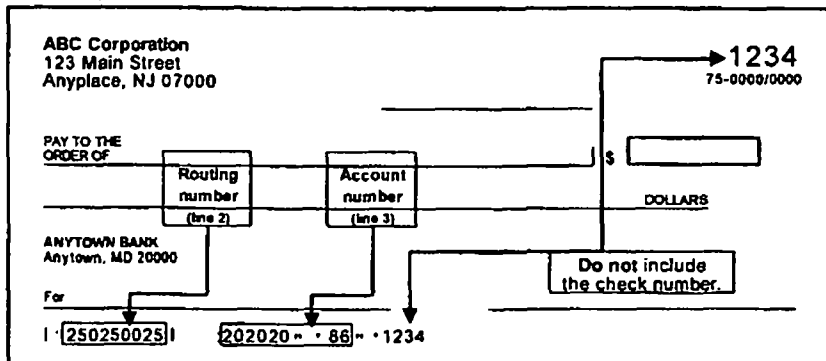
Specific Instructions

Identifying number. Enter the employer identification number or social security number shown on the tax return to which Form 8302 is attached. **Line 1.** Direct deposit is an electronic payment alternative that uses the Automated Clearing House (ACH) system. Fedwire is a transaction-by-transaction processing system designed for items that must be received by payees the same day as originated by the IRS. **Line 2.** Enter the financial institution's routing number and verify that the institution will accept the type of electronic deposit requested. See the *Sample Check* below for an example of where the routing number may be shown.



Check with your financial institution, if necessary, to verify the routing number entered on line 2 is correct.

Sample Check



Note: The routing and account numbers may be in different places on your check.

Form 8302 (Rev. 12-2009)

JSA

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89820Z 1555 02/17/2010 13:32:58 V09-3.3

77-0396307

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200 000

2008 Federal Book Depreciation Schedule
Rebuilding Together Albany-Berkeley-
Emeryville

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Class
Form 990/990-PF																
Machinery and Equipment																
1	Furniture & Equipment	6/30/99	7/01/08	3,988							3,988		S/L	5		0
2	Furniture & Equipment	6/30/01	7/01/08	1,440							1,440		S/L	5		0
3	Office Equipment	3/08/02	7/01/08	389							389		S/L	7		0
4	Computer	5/24/02	7/01/08	1,054							1,054		S/L	5		0
5	Phone	4/01/03	7/01/08	223							223		S/L	7		0
6	Laser Printer	2/02/05	7/01/08	511							511		S/L	5		0
7	HP Color Printer	11/20/07		543							543		S/L	3		181
8	Projector	12/03/07		633							633		S/L	3		211
9	Dell Computers	12/01/07		4,278							4,278		S/L	3		1,426
10	Laptop for Office	11/04/08		1,587							1,587		S/L	3		353
11	Copier for Office	11/17/08		704							704		S/L	3		137
12	Monitors	2/01/09		687							687		S/L	3		95
Total Machinery and Equipment				16,037		0	0	0	0	0	16,037					2,403
Miscellaneous																
13	Software	7/25/02	7/01/08	493							493		S/L	3		0
14	Software	9/10/02	7/01/08	255							255		S/L	3		0
Total Miscellaneous				748		0	0	0	0	0	748					0
Total Depreciation				16,785		0	0	0	0	0	16,785					2,403

2008 Federal Book Depreciation Schedule
 Rebuilding Together Albany-Berkeley-
 Emeryville

94-3238591

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Prior Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Grand Total Depreciation			<u>16,785</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>16,785</u>	<u>9,140</u>				<u>2,403</u>
	Depreciation Assets Sold			8,353		0	0	0	0	0	8,353	8,079				0
	Depr Remaining Assets			<u>8,432</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>8,432</u>	<u>1,061</u>				<u>2,403</u>

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	Furniture & Equipment		
Date Acquired:	6/30/1999		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		3,988.	
Basis Method:	Cost		
Depreciation:		3,988.	
			Gain (Loss) 0.

Description:	Furniture & Equipment		
Date Acquired:	6/30/2001		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		1,440.	
Basis Method:	Cost		
Depreciation:		1,440.	
			Gain (Loss) 0.

Description:	Office Equipment		
Date Acquired:	3/08/2002		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		389.	
Basis Method:	Cost		
Depreciation:		349.	
			Gain (Loss) -40.

Description:	Computer		
Date Acquired:	5/24/2002		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		1,054.	
Basis Method:	Cost		
Depreciation:		1,054.	
			Gain (Loss) 0.

Description:	Phone		
Date Acquired:	4/01/2003		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		223.	
Basis Method:	Cost		
Depreciation:		168.	
			Gain (Loss) -55.

Description:	Laser Printer		
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Statement 1 (continued)
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Date Acquired:	2/02/2005		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		511.	
Basis Method:	Cost		
Depreciation:		332.	
			Gain (Loss) -179.

Description:	Software		
Date Acquired:	7/25/2002		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		493.	
Basis Method:	Cost		
Depreciation:		493.	
			Gain (Loss) 0.

Description:	Software		
Date Acquired:	9/10/2002		
How Acquired:	Purchase		
Date Sold:	7/01/2008		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		255.	
Basis Method:	Cost		
Depreciation:		255.	
			Gain (Loss) 0.

Total Gain (Loss) Other Assets \$ -274.

Total Net Gain (Loss) From Noninventory Sales \$ -274.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bank Service Charges.....	\$ 547.
Building - Other.....	1,881.
Building - Subcontract Labor	4,055.
Building Equipment Rental	1,192.
Building Materials	20,906.
Depreciation.....	2,403.
Dues	4,476.
Insurance	4,938.
Interest	69.
Marketing & Promotions	2,383.
Office Expenses.....	5,104.
Other Expense.....	677.
Other Professional Services.....	1,669.
Payroll Fees	1,885.

Statement 2 (continued)
Form 990-EZ, Part I, Line 16
Other Expenses

Permits & Licenses.....	\$	80.
Travel.....		2,031.
Vounteer Support.....		12,010.
Total	\$	66,306.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 533.	\$ 10,864.
Deposits.....	1,181.	1,021.
Gift Cards.....	27.	0.
Machinery and Equipment.....	4,667.	4,968.
Pledges and Grants Receivable.....	23,077.	0.
Prepaid-Expenses and Deferred Charges.....	544.	2,901.
Total	\$ 30,029.	\$ 19,754.

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 9,559.	\$ 1,056.
Accrued Paid Time Off.....	0.	4,039.
Deferred Revenue.....	5,939.	0.
Total	\$ 15,498.	\$ 5,095.

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Repair / improve disadvantaged persons' homes

Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

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Form **1139**

Corporation Application for Tentative Refund

(Rev August 2006)
Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

OMB No 1545-0582

▶ Do not file with the corporation's income tax return—file separately.

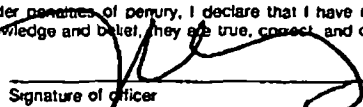
Name SILICON IMAGE, INC. & SUBSIDIARIES		Employer identification number 77: 0396307
Number, street, and room or suite no. If a P.O. box, see instructions. 1060 EAST ARQUES AVENUE		Date of incorporation 02/01/1999
City or town, state, and ZIP code SUNNYVALE, CA 94085		Daytime phone number ()

1 Reason(s) for filing. See instructions—attach computation	a Net operating loss (NOL)	\$ 80,949,471	c Unused general business credit	\$
	b Net capital loss	\$	d Other	\$
2 Return for year of loss, unused credit, or overpayment under section 1341(b)(1)	a Tax year ended 12/31/2009	b Date tax return filed 02/16/2010	c Service center where filed OGDEN, UT	

- 3 If this application is for an unused credit created by another carryback, enter ending date for the tax year of the first carryback. ▶
- 4 Did a loss result in the release of a foreign tax credit, or is the corporation carrying back a general business credit that was released because of the release of a foreign tax credit (see instructions)? If "Yes," the corporation must file an amended return to carry back the released credits. **FTC Carried Forward** Yes No
- 5a Was a consolidated return filed for any carryback year or did the corporation join a consolidated group (see instructions)? Yes No
- b If "Yes," enter the tax year ending date and the name of the common parent and its EIN, if different from above (see instructions) ▶
- 6a If Form 1138 has been filed, was an extension of time granted for filing the return for the tax year of the NOL? Yes No
- b If "Yes," enter the date to which extension was granted ▶
- c Enter the date Form 1138 was filed ▶
- d Unpaid tax for which Form 1138 is in effect ▶ \$
- 7 If the corporation changed its accounting period, enter the date permission to change was granted. ▶
- 8 If this is an application for a dissolved corporation, enter date of dissolution. ▶
- 9 Has the corporation filed a petition in Tax Court for the year or years to which the carryback is to be applied? Yes No
- 10 Does this application include a loss or credit from a tax shelter required to be registered? If "Yes," attach Form(s) 8271 Yes No

Computation of Decrease in Tax See instructions	4th tax year ended ▶ 2005		3rd tax year ended ▶ 2006		2nd tax year ended ▶ 2007	
	(a) Before carryback	(b) After carryback	(c) Before carryback	(d) After carryback	(e) Before carryback	(f) After carryback
11 Total tax liability (see instructions)	NONE	NONE	65,516,300	65,516,300	52,224,360	52,224,360
12 Capital loss carryback (see instructions)						
13 Subtract line 12 from line 11		NONE		65,516,300		52,224,360
14 NOL deduction (see instructions)		NONE		65,516,300		15,433,171
15 Taxable income (see instructions)		NONE		NONE		36,791,189
16 Income tax	NONE	NONE	22,930,705	NONE	18,278,526	12,876,916
17 Alternative minimum tax	653,027					
18 Add lines 16 and 17	653,027		22,930,705	NONE	18,278,526	12,876,916
19 General business credit (see instructions)		NONE	10,721,798	NONE	1,330,925	5,941,498
20 Other credits (see instructions)		NONE	1,240,815	NONE	2,487,862	3,038,039
21 Total credits. Add lines 19 and 20		NONE	11,962,613	NONE	3,818,787	8,979,537
22 Subtract line 21 from line 18	653,027	NONE	10,968,092	NONE	14,459,739	3,897,379
23 Personal holding company tax (Sec. 1120)						
24 Other taxes (see instructions)						
25 Total tax liability. Add lines 22 through 24	653,027	NONE	10,968,092	NONE	14,459,739	3,897,379
26 Enter amount from "After carryback" column on line 25 for each year	NONE		NONE		3,897,379	
27 Decrease in tax. Subtract line 26 from line 25	653,027		10,968,092		10,562,360	
28 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation)						

Sign Here Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of officer:  Date: **2/19/10** Title: **CAO**

Keep a copy of this application for your records.

Preparer Other Than Taxpayer Name ▶ **ERNST & YOUNG, LLP** Date **2/19/10**
Address ▶ **303 ALMADEN BLVD, SAN JOSE, CA 95110**