

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
Open to Public Inspection

## A For the 2016 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PHILANTHROPIC VENTURES FOUNDATION</b>		<b>D</b> Employer identification number <b>94-3136771</b>
	Doing business as		<b>E</b> Telephone number <b>510-645-1890</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1222 PRESERVATION PARK WAY</b>		<b>G</b> Gross receipts \$ <b>13,591,298.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>OAKLAND, CA 94612-1201</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>JAMES HIGA</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>HTTP://WWW.VENTURESFOUNDATION.ORG/</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>CA</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>GRANTMAKING AND CONSULTING ON GRANTMAKING.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>9</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 8,994,814.	<b>Current Year</b> 11,018,027.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,376.	1,429.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,840,062.	244,968.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,836,268.	11,264,424.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,780,829.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		432,503.	456,796.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>66,402.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		223,908.	231,291.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,437,240.	8,074,134.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,600,972.	3,190,290.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 18,510,733.	<b>End of Year</b> 22,082,543.
	<b>21</b> Total liabilities (Part X, line 26)	78,356.	45,014.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,432,377.	22,037,529.

## 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.

<b>Sign Here</b>	▶ <b>PUBLIC DISCLOSURE COPY</b>			
	Signature of officer		Date	
<b>Paid Preparer Use Only</b>	▶ <b>JAMES HIGA, EXECUTIVE DIRECTOR</b>		Type or print name and title	
	Print/Type preparer's name <b>JOUA V. LO</b>		Preparer's signature <b>JOUA V. LO</b>	Date <b>11/14/17</b>
Firm's name ▶ <b>MOSS ADAMS LLP</b>		Firm's EIN ▶ <b>91-0189318</b>		
Firm's address ▶ <b>101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105</b>		Phone no. <b>415-956-1500</b>		

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 or note to any line in this Part III

1 Briefly describe the organization's mission: GRANTMAKING AND CONSULTING ON GRANTMAKING.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,796,083. including grants of \$ 7,386,047. ) (Revenue \$ 0. ) PHILANTHROPIC VENTURES FOUNDATION (PVF) BRINGS A UNIQUE PERSPECTIVE TO PHILANTHROPY AND THE WAY IT IS CARRIED OUT TO MAXIMIZE IMPACT. WE PROVIDE A VALUABLE AND OTHERWISE UNHEARD VOICE TO THE PHILANTHROPIC SECTOR. WE HAVE BUILT UP LONG TERM RELATIONSHIPS WITH DONORS, HELPED SHAPE THEIR CHARITABLE GIVING, AND ARE REGARDED AS TRUSTED PHILANTHROPIC ADVISORS TO MANY. OUR APPROACH AND VISION FOR PHILANTHROPY HAS BEEN BROADCAST THOROUGHLY AND EMBRACED THROUGH OUR RECENT BOOK, GRASSROOTS PHILANTHROPY, PUBLIC SPEAKING ENGAGEMENTS AND TEACHING.

PVF STAFF IS IN CONSTANT COMMUNICATION WITH ITS GRANTEES TO ACT AS AN ADVOCATE IN HELPING THEM SUCCEED IN THEIR WORK.

4b (Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ 1,429. ) PVF STAFF DOES EXTENSIVE CONSULTING WITH OTHER FOUNDATIONS REGARDING THEIR GRANTMAKING. IN TOTAL, WE HAVE CONDUCTED SITE VISITS TO OVER 450 FOUNDATIONS NATIONWIDE, PROVIDING OUR EXPERTISE TO THOUSANDS OF DONORS AND GRANTEES AND AFFECTING COUNTLESS LIVES IN THOUSANDS OF COMMUNITIES.

4c (Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ 0. ) THE FOUNDATION STAFF TEACHES COURSES ON PHILANTHROPY AT STANFORD UNIVERSITY AND UC BERKELEY, AND HAS CREATED PHILANTHROPY FELLOWSHIPS. PVF STAFF ACTS AS MENTORS TO YOUNG PEOPLE WHO REPRESENT THEIR FAMILY FOUNDATIONS. THE STAFF PRODUCES LITERATURE ON EFFECTIVE GRANTMAKING WHICH IS SENT TO OVER 800 FOUNDATIONS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,796,083.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.



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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 9		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 8		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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     Other (explain in Schedule O)
- 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 during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JAMES HIGA - 510-645-1890**  
**1222 PRESERVATION PARK WAY, OAKLAND, CA 94612-1201**

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

Check if Schedule O contains a response or note to any line 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. 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, and 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DUNCAN BEARDSLEY DIRECTOR	2.00	X					0.	0.	0.	
(2) JAMES HIGA TREASURER/EXECUTIVE DIRECTOR	40.00	X		X			0.	0.	0.	
(3) JAMES R. CODY DIRECTOR	2.00	X					0.	0.	0.	
(4) WILLIAM E. GREEN DIRECTOR	2.00	X					0.	0.	0.	
(5) JACKIE SPEIER DIRECTOR	2.00	X					0.	0.	0.	
(6) MOIRA C. WALSH DIRECTOR	2.00	X					0.	0.	0.	
(7) COLBURN S. WILBUR CHAIRMAN	4.00	X		X			0.	0.	0.	
(8) SHERYL YOUNG (THRU 09/31/16) PROGRAM DIRECTOR	2.00	X					0.	0.	0.	
(9) BILL SOMERVILLE PRESIDENT/FOUNDER	40.00	X		X			150,000.	0.	6,736.	
(10) ALICIA AGUIRRE DIRECTOR	0.00	X					0.	0.	0.	
(11) DAWN HAWK COO	40.00					X	128,750.	0.	19,808.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							278,750.	0.	26,544.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							278,750.	0.	26,544.	

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....	X	
<b>5</b> 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> .....		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,035,000.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	8,983,027.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,687,267.			
	<b>h Total.</b> Add lines 1a-1f .....		11,018,027.			
<b>Program Service Revenue</b>	<b>2 a</b> GRANTMAKING CONSULTING	<b>Business Code</b> 900099	1,429.	1,429.		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		1,429.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		164,581.		164,581.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		2,326,874.		
		<b>c</b> Gain or (loss) .....		80,387.		
	<b>d</b> Net gain or (loss) .....		80,387.		80,387.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions. ....		11,264,424.	1,429.	0.	244,968.	

**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).

Check if Schedule O contains a response or note to any line 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,243,843.	6,243,843.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,142,204.	1,142,204.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	156,736.	122,223.	14,681.	19,832.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	237,906.	185,520.	22,283.	30,103.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,723.	16,940.	2,034.	2,749.
<b>9</b> Other employee benefits	12,350.	9,631.	1,156.	1,563.
<b>10</b> Payroll taxes	28,081.	21,898.	2,630.	3,553.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	22,122.		22,122.	
<b>c</b> Accounting	66,830.		66,830.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	51,959.		51,959.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	3,599.			3,599.
<b>13</b> Office expenses	21,265.	11,952.	8,686.	627.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	34,584.	26,968.	3,240.	4,376.
<b>17</b> Travel	13,650.	13,650.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	12,265.		12,265.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PRINTING AND PUBLICATIO	3,329.	832.	2,497.	
<b>b</b> BUSINESS MEALS	1,688.	422.	1,266.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,074,134.	7,796,083.	211,649.	66,402.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	139,629.	<b>1</b>	111,829.
	<b>2</b> Savings and temporary cash investments .....	10,659,785.	<b>2</b>	14,292,954.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,510.	<b>9</b>	3,510.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	7,707,809.	<b>11</b>	7,674,250.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	18,510,733.	<b>16</b>	22,082,543.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	22,585.	<b>17</b>	25,144.
	<b>18</b> Grants payable .....	55,771.	<b>18</b>	19,870.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	78,356.	<b>26</b>	45,014.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	13,592,879.	<b>27</b>	17,034,668.
	<b>28</b> Temporarily restricted net assets .....	189,498.	<b>28</b>	352,861.
	<b>29</b> Permanently restricted net assets .....	4,650,000.	<b>29</b>	4,650,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	18,432,377.	<b>33</b>	22,037,529.	
<b>34</b> Total liabilities and net assets/fund balances .....	18,510,733.	<b>34</b>	22,082,543.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,264,424.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,074,134.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,190,290.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,432,377.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	414,862.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	22,037,529.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 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.
- 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? .....
- b** 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 .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization <b>PHILANTHROPIC VENTURES FOUNDATION</b>	Employer identification number <b>94-3136771</b>
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**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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**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 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13522642.	111172074.	11819080.	8994814.	11018027.	56526637.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13522642.	111172074.	11819080.	8994814.	11018027.	56526637.
<b>5</b> 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) .....						5018350.
<b>6 Public support.</b> Subtract line 5 from line 4.						51508287.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	13522642.	111172074.	11819080.	8994814.	11018027.	56526637.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	294,845.	251,112.	248,963.	220,575.	164,581.	1180076.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				16.		16.
<b>11 Total support.</b> Add lines 7 through 10						57706729.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	14,316.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.26 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	82.98 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2015 AMOUNT: \$ 16.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization  <b>PHILANTHROPIC VENTURES FOUNDATION</b>	Employer identification number  <b>94-3136771</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>2,035,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>730,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>549,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>457,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PHILANTHROPIC VENTURES FOUNDATION</b>	Employer identification number <b>94-3136771</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,895,963.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>487,776.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>753,462.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>PHILANTHROPIC VENTURES FOUNDATION</b>	Employer identification number  <b>94-3136771</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	STOCKS _____ _____ _____	\$ <u>487,776.</u>	<u>12/31/16</u>
9	STOCKS _____ _____ _____	\$ <u>753,462.</u>	<u>12/31/16</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>PHILANTHROPIC VENTURES FOUNDATION</b>	Employer identification number  <b>94-3136771</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**Name of the organization** PHILANTHROPIC VENTURES FOUNDATION **Employer identification number** 94-3136771

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	48	48
2 Aggregate value of contributions to (during year) .....	8,885,741.	1,918,981.
3 Aggregate value of grants from (during year) .....	4,294,743.	1,428,220.
4 Aggregate value at end of year .....	12,549,024.	1,333,840.

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 can 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" on 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 education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	5,783,502.	6,016,959.	5,909,312.	5,344,179.	5,093,691.
b Contributions					
c Net investment earnings, gains, and losses	285,372.	-57,761.	286,049.	755,126.	438,194.
d Grants or scholarships	172,009.	175,696.	178,402.	146,683.	153,768.
e Other expenditures for facilities and programs					
f Administrative expenses				43,310.	33,938.
g End of year balance	5,896,865.	5,783,502.	6,016,959.	5,909,312.	5,344,179.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  16.01 %
  - b Permanent endowment  78.86 %
  - c Temporarily restricted endowment  5.14 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	11,829,286.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	414,862.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	150,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	564,862.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,264,424.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,264,424.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,224,134.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	150,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	150,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,074,134.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,074,134.

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

SAFETY NET/POVERTY COMMUNITY GRANTS AND ADMINISTRATIVE OVERHEAD FOR  
CONVENING, EDUCATION AND PLANNING

**PART X, LINE 2:**

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM FEDERAL  
INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE  
CODE), AND CONTRIBUTIONS TO IT ARE TAX DEDUCTIBLE AS PRESCRIBED BY THE  
CODE. THE FOUNDATION IS ALSO EXEMPT FROM CALIFORNIA INCOME TAX UNDER  
SECTION 23701D OF REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION FOR  
INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS.



**Part XIII** Supplemental Information (continued)

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA  
 REQUIRE THE FOUNDATION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE  
 FOUNDATION AND RECOGNIZE A TAX LIABILITY (OR ASSET), IF THE FOUNDATION HAS  
 TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE  
 SUSTAINED UPON EXAMINATION BY INTERNAL REVENUE SERVICE. THE FOUNDATION HAS  
 ANALYZED ITS TAX POSITIONS AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2016  
 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN  
 THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN  
 THE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization <b>PHILANTHROPIC VENTURES FOUNDATION</b>	Employer identification number <b>94-3136771</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		11,860.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		80,325.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		157,382.
NORTH AMERICA	0	0	GRANTMAKING		498,000.
SOUTH AMERICA	0	0	GRANTMAKING		308,338.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		77,849.
SOUTH ASIA	0	0	GRANTMAKING		8,450.
<b>3 a</b> Sub-total .....	0	0			1,142,204.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1,142,204.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	35,000.		0.		
		SOUTH AMERICA	GENERAL SUPPORT	97,222.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	8,000.		0.		
		SOUTH AMERICA	GENERAL SUPPORT	40,116.		0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	10,738.		0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	39,900.		0.		
		SOUTH AMERICA	DESIGNATED FOR THE POVERTY STOPLIGHT PROGRAM	125,000.		0.		
		SOUTH AMERICA	TO SUPPORT THE SONIDOS DE LA TIERRA MUSIC PROGRAM	41,000.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 19

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	GENERAL SUPPORT	490,000.		0.		
				BATH AND SHOWER ROOM PROJECT AT CHORTEN NEBU MONASTERY AND ORPHANAGE			0.		
			SOUTH ASIA		8,450.		0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	NGOKO VILLAGE SCHOOL PROJECT	35,830.		0.		
			EAST ASIA AND THE PACIFIC	FOR THE PHPT SOCIAL SCIENCE DEPT HIV PREVENTION PROJECTS IN NORTHERN THAILAND	14,800.		0.		
			SUB-SAHARAN AFRICA	TO IMPROVE VILLAGE SCHOOLS IN THE LUANGWA VALLEY, ZAMBIA	10,240.		0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	IN SUPPORT OF THE COLLEGE SCHOLARSHIP FUND FOR UNDERGRADUATES AND	98,852.		0.		
			EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT OF THE RYDALE MUSIC FESTIVAL IN THE UNITED KINGDOM	14,700.		0.		
			EAST ASIA AND THE PACIFIC	TO SUPPORT SAMSARA FDN'S EDUC WORK IN VILLAGE SCHOOLS IN NORTHERN THAILAND	25,625.		0.		
			NORTH AMERICA	TECHNICAL ASSISTANCE FOR 5 VENTURES	8,000.		0.		

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT OF SLCS CONSERVATION WORK IN SURROUNDING S. LUANGWA NAT. PARK	14,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	OPERATIONAL SUPPORT TO CONTINUE TIDE'S CONSERVATION AND SUSTAINABLE	11,860.		0.		





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

WE CONTINUALLY MAKE SITE VISITS TO GRANTEES TO VERIFY THAT FOUNDATION GRANTS ARE USED FOR CHARITABLE PURPOSES; IN SOME CASES WE HAVE VISITED OVER A DOZEN TIMES.

WE RECEIVE WRITTEN REPORTS ABOUT THE PROGRESS OF THE GRANTEE, WITH LOGS DETAILING HOW FUNDS WERE SPENT.

**PART II, COLUMN (D):**

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: IN SUPPORT OF THE COLLEGE SCHOLARSHIP FUND FOR UNDERGRADUATES AND GRADUATE STUDENTS AT ROYAL NORTHERN COLLEGE OF MUSIC

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT TO CONTINUE TIDE'S CONSERVATION AND SUSTAINABLE DEVELOPMENT WORK IN BELIZE

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**PHILANTHROPIC VENTURES FOUNDATION**

Employer identification number  
**94-3136771**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
1951 COFFEE COMPANY 2410 CHANNING WAY BERKELEY, CA 94704	47-4872376	501(C)(3)	10,000.	0.			GENERAL SUPPORT
1ST PRESBYTERIAN CHURCH OF SANTA ROSA - 1550 PACIFIC AVE - SANTA ROSA, CA 95404-3508		CHURCH	14,500.	0.			GENERAL SUPPORT
ABLE WORKS 1836 BAY RD, SUITE B EAST PALO ALTO, CA 94303	20-2175098	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALL FIVE 1391 CHILCO STREET MENLO PARK, CA 94025	45-2334963	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ALL IN ALAMEDA COUNTY 837 E. 28TH STREET OAKLAND, CA 94610	94-3136771	501(C)(3)	106,052.	0.			GENERAL SUPPORT
AMERICAN FRIENDS OF BIRDLIFE INTERNATIONAL INC. - 57 WEST 57TH STREET, 4TH FLOOR - NEW YORK, NY 10019	30-0265343	501(C)(3)	25,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **133.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)

PHILANTHROPIC VENTURES FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASIAN PACIFIC ENVIRONMENTAL NETWORK - 426 17TH STREET, SUITE 500 - OAKLAND, CA 94612	94-3261846	501(C)(3)	6,000.	0.			DESIGNATED FOR AYPAL
AT THE CROSSROADS 38 MASON STREET SAN FRANCISCO, CA 94102	27-2603924	501(C)(3)	75,000.	0.			GENERAL SUPPORT
BAY AREA BLACK UNITED FUND 1212 BROADWAY, SUITE 640 OAKLAND, CA 94612	94-2602958	501(C)(3)	30,375.	0.			AFRICAN AMERICAN STEERING COMMITTEE (AASC)
BELLFLOWER BOYS BASKETBALL 15301 MCNAB AVENUE BELLFLOWER, CA 90706	38-3931231	501(C)(3)	6,000.	0.			TOURNAMENT FEES, GYM RENTAL, UNIFORMS, TRAVEL, FOOD, AND HOTEL ACCOMMODATIONS RELATED TO
BEYOND 12 344 20TH STREET OAKLAND, CA 94612	27-1275246	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BEYOND BARRIERS ATHLETIC FOUNDATION - 50 WOODSIDE PLAZA SUITE 426 - REDWOOD CITY, CA 94061	45-1276113	501(C)(3)	10,000.	0.			BELLE HAVEN YOUTH AQUATICS PROGRAMS
BIG SUR VOLUNTEER FIRE BRIGADE P.O. BOX 520 BIG SUR, CA 93920	94-2840361	501(C)(3)	10,000.	0.			FOR THE SOBERANES FIRE RELIEF EFFORTS, AT THE REQUEST OF JEN PEERY
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 94025	94-1552134	501(C)(3)	7,500.	0.			GENERAL SUPPORT
BUILDING OPPORTUNITIES FOR SELF SUFFICIENCY - 1918 UNIVERSITY AVENUE, SUITE 2A - BERKELEY, CA 94704	51-0173390	501(C)(3)	33,000.	0.			REENTRY NAVIGATORS

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CALIFORNIA FAMILY FOUNDATION 50 TERMINAL AVE. MENLO PARK, CA 94025	77-0035003	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT FOR BEECHWOOD SCHOOL
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS - 2125 19TH STREET, 2ND FLOOR - SACRAMENTO, CA 95818	68-0314970	501(C)(3)	76,500.	0.			MEDI-CAL BILLING READINESS
CAREERVILLAGE 1003 CLARK WAY PALO ALTO, CA 94304	90-0796160	501(C)(3)	10,000.	0.			SAN MATEO COUNTY EXPANSION
CATHOLIC CHARITIES OF SAN FRANCISCO - 990 EDDY STREET - SAN FRANCISCO, CA 94109	94-1498472	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CATHOLIC WORKER HOUSE PO BOX 513 REDWOOD CITY, CA 94064-0513	94-3136771	501(C)(3)	184,540.	0.			GENERAL OPERATING SUPPORT
CENTER FOR EXCELLENCE IN NONPROFITS - 330 TWIN DOLPHIN DRIVE, SUITE 151 - REDWOOD CITY, CA 94065	77-0385218	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CENTERFORCE 1904 FRANKLIN STREET #418 OAKLAND, CA 94612	94-2446248	501(C)(3)	24,466.	0.			INNOVATIONS IN REENTRY
THE CHILDREN OF HOPE ACADEMY 2396 EAST BELLA ROSA CIRCLE SAINT GEORGE, UT 84790	22-2272922	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHILDREN'S HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	20,000.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	41,500.	0.		REDUCING RECIDIVISM THROUGH COMMUNITY IMMERSION	PR SERVICES FOR THE HOUSING BOND DEVELOPMENT RELATING TO THE WORK OF ALL IN ALAMEDA COUNTY
CLIFFORD MOSS LLC 5111 TELEGRAPH, #307 OAKLAND, CA 94609	45-5014824	501(C)(3)	25,000.	0.			
THE COLLEGE OF SAINT ROSE 432 WESTERN AVE ALBANY, NY 12203	14-1338371	501(C)(3)	8,000.	0.			GRACE SCHOLAR 2016-2017
THE COLLEGE OF ST. SCHOLASTICA 1200 KENWOOD AVENUE DULUTH, MN 55811	41-0698301	501(C)(3)	23,000.	0.			GRACE SCHOLAR 2016-2017
COLORADO COLLEGE 14 EAST CACHE LA POUFRE STREET COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	10,000.	0.			FOR THE PRESIDENT'S FUND
COMMUNITY LEGAL SERVICES IN EAST PALO ALTO - 1861 BAY ROAD - EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	73,666.	0.			RESCUE HOUSING FUND
COMPLEAT FIRE OFFICER DEVELOPMENT PROGRAM - 1 LARCH DRIVE - ATHERTON, CA 94027	94-3136771	501(C)(3)	13,000.	0.			SCHOLARSHIPS FOR MENLO PARK FIRE DEPARTMENT PERSONNEL
THE COVENANT PRESBYTERIAN CHURCH 5146 OLD REDWOOD HIGHWAY SANTA ROSA, CA 95403		CHURCH	11,000.	0.			GENERAL SUPPORT
DALY CITY YOUTH HEALTH CENTER 2780 JUNIPERO SERRA BLVD DALY CITY, CA 94015	94-3083772	501(C)(3)	19,900.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DEV COLOR 655 OAK GROVE AVENUE, #1242 MENLO PARK, CA 94026	47-4199476	501(C)(3)	20,000.	0.			GENERAL SUPPORT
E.C. REEMS COMMUNITY SERVICES 8400 MACARTHUR BLVD. OAKLAND, CA 94605	94-3102651	501(C)(3)	18,000.	0.			WOMEN FAR ABOVE RUBIES PROJECT
EARLHAM COLLEGE 801 NATIONAL ROAD WEST RICHMOND, IN 47374	35-0868073	501(C)(3)	8,000.	0.			GRACE SCHOLAR 2016-2017
EAST PALO ALTO ACADEMY 1050 MYRTLE STREET EAST PALO ALTO, CA 94303		SCHOOL	35,000.	0.			GENERAL SUPPORT
EASTSIDE COLLEGE PREPARATORY SCHOOL - 1041 MYRTLE STREET - EAST PALO ALTO, CA 94303	94-3187806	501(C)(3)	19,000.	0.			SCHOLARSHIP FUND
FAMILY TREE HEALTHCARE 5351 S. MILL AVENUE TEMPE, AZ 85283	56-2440799	501(C)(3)	24,000.	0.			FOR THE SURVIVOR UNION NETWORK FUND ADMINISTERED BY VENUS RODRIGUEZ IN SUPPORT OF THE MISSION TO
FOOD SHIFT 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	94-2889684	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE FOUNDATION CENTER 312 SUTTER STREET, SUITE 606 SAN FRANCISCO, CA 94108	13-1837418	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FOUNDATION FOR A COLLEGE EDUCATION P.O. BOX 50518 PALO ALTO, CA 94303	77-0401635	501(C)(3)	6,350.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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FRACTURED ATLAS 248 W. 35TH STREET, 10TH FL. NEW YORK, NY 10001	11-3451703	501(C)(3)	6,000.	0.			'YOUR WORDS MATTER' PROGRAM
FRANKLIN COLLEGE 101 BRANIGIN BOULEVARD FRANKLIN, IN 46131	35-0868086	501(C)(3)	8,000.	0.			GRACE SCHOLAR 2016-2017
FREE AT LAST 1796 BAY ROAD EAST PALO ALTO, CA 94303	94-3193317	501(C)(3)	10,000.	0.			OUTPATIENT DRUG FREE CLINIC PROGRAM
FRESH LIFELINES FOR YOUTH 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)(3)	76,500.	0.			GENERAL SUPPORT
FRIENDS FOR YOUTH 1741 BROADWAY, 1ST FLOOR REDWOOD CITY, CA 94063	94-2961034	501(C)(3)	20,000.	0.			TO SUPPORT CONNECT SHS SERVING 9TH GRADE STUDENTS AT SEQUOIA HIGH SCHOOL
THE GAMBLE INSTITUTE 12500 CAMPUS DRIVE, ROOM P112 OAKLAND, CA 94619	82-0583434	501(C)(3)	9,500.	0.			STREET SCHOLARS PEER MENTORING PROGRAM
GENESIS WORSHIP CENTER 2708 RITCHIE STREET OAKLAND, CA 94605	68-0546328	501(C)(3)	66,000.	0.			THE FRESH START INITIATIVE
THE GLEN PRICE GROUP 719 EL CERRITO PLAZA EL CERRITO, CA 94530	75-3055927	501(C)(3)	8,333.	0.			RESEARCH AND ANALYSIS TO BUILD CONTRA COSTA COUNTY'S EHS
GRACE CATHEDRAL 1100 CALIFORNIA STREET SAN FRANCISCO, CA 94108		CHURCH	25,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GRATEFUL GATHERINGS 5932 BUENA VISTA AVE. OAKLAND, CA 94618	94-3136771	501(C)(3)	40,000.	0.			SAN MATEO COUNTY EXPANSION
GREATNONPROFITS 330 TWIN DOLPHIN DRIVE REDWOOD CITY, CA 94065	20-5061881	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HAAS CENTER FOR PUBLIC SERVICE 562 SALVATERRA STREET STANFORD, CA 94305	94-1156365	501(C)(3)	28,655.	0.			SAND HILL/TOM FORD FELLOWSHIP PROGRAM
HEALTH CONNECTED 480 JAMES AVENUE REDWOOD CITY, CA 94062	94-3227947	501(C)(3)	52,500.	0.			GENERAL SUPPORT
HIP HOUSING 800 S. CLAREMONT STREET, SUITE 210 SAN MATEO, CA 94402	94-2154614	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HOOVER HOUSE CIRCLE 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HOOVER HOUSE CIRCLE 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 27702 CROWN VALLEY PARKWAY, SUITE D4 NO. 336 - LADERA RANCH, CA 92694	13-6271779	501(C)(3)	10,000.	0.			TO SUPPORT THE WORK OF THE HUNTINGTON'S DISEASE SOCIETY OF AMERICA (HDSA) IN HONOR OF CHRISTY
IMAGO GLOBAL GRASSROOTS 1110 VERMONT AVE NW SUITE 500 WASHINGTON, DC 20005	46-5554429	501(C)(3)	50,000.	0.			PROJECT TO SCALE UP THE POVERTY STOPLIGHT PROGRAM OF FUNDACION PARAGUAYA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INSIDE REVOLUTION INC. 1401 N. BUNDY LOS ANGELES, CA 90049	46-0858218	501(C)(3)	48,782.	0.			GLOBAL TECHNOLOGY CHALLENGE
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	18,600.	0.			GENERAL SUPPORT
IRELAND'S POET-PATRIOTS 2114 CLINTON AVE, SUITE C ALAMEDA, CA 94501	94-3136771	501(C)(3)	53,000.	0.			CONCERT EXPENSES
ISEEED 1625 CLAY STREET, SUITE 600 OAKLAND, CA 94612	90-0777307	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR THE TOWN KITCHEN
JASPER RIDGE FARM 2995 WOODSIDE ROAD, #620924 WOODSIDE, CA 94062	27-2304675	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JOBTRAIN 1200 O'BRIEN DRIVE MENLO PARK, CA 94025	94-1712371	501(C)(3)	10,000.	0.			TO CONTINUE THE TOOL SCHOLARSHIP PROGRAM
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVENUE KENTFIELD, CA 94904	94-2665683	501(C)(3)	30,000.	0.			GENERAL SUPPORT
KIEL COLON CANCER FOUNDATION P.O. BOX #270041 AUSTIN, TX 78727	47-2134693	501(C)(3)	7,500.	0.			GENERAL SUPPORT
KOREAN COMMUNITY CENTER OF THE EAST BAY - 1700 BROADWAY, SUITE 400 - OAKLAND, CA 94612	94-2503925	501(C)(3)	29,000.	0.			K-STORIES, OUR STORIES PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

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LAWYERS' COMMITTEE FOR CIVIL RIGHTS (LCCR) - 131 STEUART STREET SUITE 400 - SAN FRANCISCO, CA 94105	94-2581415	501(C)(3)	57,572.	0.			CULTIVATING FAIR CHANCE EMPLOYMENT IN ALAMEDA COUNTY
LEADING 2 PLAY 726 LIVE OAK LANE PINOLE, CA 94564	94-3136771	501(C)(3)	6,700.	0.			TO SUPPORT ORGANIZATIONAL WORK INVOLVING DEVELOPMENT
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DRIVE, SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	75,000.	0.			TO SUPPORT A BILINGUAL PROJECT COORDINATOR HELPING CLIENTS FACING EVICTION
LEVMADE, INC. 900A WILLOW ROAD MENLO PARK, CA 94025	47-2338082	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LIFEMOVES 181 CONSTITUTION AVENUE MENLO PARK, CA 94025	77-0160469	501(C)(3)	5,300.	0.			SUPPORT FOR HAVEN FAMILY HOUSE
LIVE IN PEACE INC. 321 BELL STREET EAST PALO ALTO, CA 94303	45-2301493	501(C)(3)	10,000.	0.			VIRTUAL REALITY TECHNOLOGY TRAINING FOR YOUTH IN EAST PALO ALTO
THE LOWER BOTTOM PLAYAZ, INC. 1540 BROADWAY OAKLAND, CA 94612	45-3745370	501(C)(3)	15,000.	0.			THE CREATION OF THE CEREMONY PROGRAM OF PASSAGE
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVENUE, SUITE 340 - PALO ALTO, CA 94301	77-0440090	501(C)(3)	40,000.	0.			GENERAL SUPPORT OF THE LUCILE PACKARD CHILDREN'S FUND
MADERA GROUP 275 LAKE DRIVE KENSINGTON, CA 94708	33-1210151	501(C)(3)	10,000.	0.			PROFESSIONAL CONSULTING SERVICES FOR TECHNOLOGY FOR GLOBAL SECURITY

Schedule I (Form 990)

PHILANTHROPIC VENTURES FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MARIN GENERAL HOSPITAL FOUNDATION 100 B. DRAKE'S LANDING ROAD SUITE 2 GREENBRAE, CA 94904	94-6127213	501(C)(3)	50,000.	0.			FOR CAPITAL CAMPAIGN
MENLO PARK FIRE PROTECTION DISTRICT - 170 MIDDLEFIELD ROAD - MENLO PARK, CA 94025	94-3136771	501(C)(3)	36,208.	0.			TO SUPPORT TWO SCHOLARSHIPS FOR FIRE DEPARTMENT PERSONNEL
MENTORING CENTER 672 13TH STREET SUITE 200 OAKLAND, CA 94610	94-3167241	501(C)(3)	12,250.	0.			THE TRANSFORMATIVE LEADERSHIP INSTITUTE
MIKE ROSAS MINISTRIES P.O. BOX 751113 HOUSTON, TX 77275	26-4228115	501(C)(3)	48,000.	0.			GENERAL SUPPORT FINAL PAYMENT FOR PRODUCING AND DELIVERING THE 'METAL FROM HELL' VIDEO
MILOMIX PRODUCTIONS 3210 KERNER BLVD. SAN RAFAEL, CA 94901	81-0582477	501(C)(3)	12,500.	0.			FOR CONTINUED SUPPORT OF THE UPCOMING GLOBAL TECHNOLOGY CHALLENGE
MOVEMEANT FOUNDATION 3045 FRANKLIN ST., SUITE 304 SAN FRANCISCO, CA 94123	81-0582477	501(C)(3)	12,500.	0.			TO EXPAND PROGRAM TO LOW-INCOME PUBLIC SCHOOLS IN SAN MATEO COUNTY
MULTICULTURAL INSTITUTE 1920 SEVENTH STREET BERKELEY, CA 94710	45-4407747	501(C)(3)	20,000.	0.			EXPANSION OF THE MENTORING FOR ACADEMIC SUCCESS PROGRAM INTO N. FAIR OAKS
MUSIC IN THE SCHOOLS FOUNDATION P.O. BOX 60012 PALO ALTO, CA 94306	91-1823468	501(C)(3)	10,000.	0.			GENERAL SUPPORT
	91-2152501	501(C)(3)	15,000.	0.			GENERAL SUPPORT



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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NATIONAL AUDUBON SOCIETY 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	13-1624102	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NEW VENTURE FUND 1201 CONNECTICUT AVENUE NW SUITE 30 WASHINGTON, DC 20036	20-5806345	501(C)(3)	20,000.	0.			FOR THE SOULSCHOLARSHIP PROGRAM
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 E. GISH ROAD, SUITE 200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	30,000.	0.			FOR THE DEVELOPMENT OF A NEW HUI OF HAWAII
NPR 9909 JEFFERSON BLVD. CULVER CITY, CA 90232	52-0907625	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OAKLAND CALIFORNIA YOUTH OUTREACH P.O. BOX 19500 OAKLAND, CA 94619	27-4707108	501(C)(3)	33,000.	0.			TRAUMA RECOVERY SPECIALISTS
ONE MONTANA 2066 STADIUM DRIVE #202 BOZEMAN, MT 59715	84-1645549	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ORGANIC FARMING RESEARCH FOUNDATION - P.O. BOX 440 - SANTA CRUZ, CA 95061	77-0252545	501(C)(3)	50,000.	0.			GENERAL SUPPORT
PARTNERS IN EDUCATION P.O. BOX 1557 PALO ALTO, CA 94302	77-0186364	501(C)(3)	10,000.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

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PENINSULA COLLEGE FUND 330 TWIN DOLPHIN DRIVE, SUITE 131 REDWOOD CITY, CA 94065	26-4293269	501(C)(3)	8,000.	0.			FIRST-GENERATION COLLEGE & CAREER SUCCESS PROGRAM
PLANNED PARENTHOOD 1605 THE ALAMEDA SAN JOSE, CA 95126	77-0261817	501(C)(3)	60,700.	0.			GENERAL SUPPORT
POSITIVE COACHING ALLIANCE 1001 N. RENGSTORFF AVENUE, SUITE 10 MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	8,250.	0.			GENERAL SUPPORT
PUENTE DE LA COSTA SUR P.O. BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	76,000.	0.			TO SUPPORT SCHOLARSHIPS FOR 3 STUDENTS IN PUENTE'S COLLEGE SCHOLARSHIP PROG.
RADSEED LLC 151 LEONARD STREET BROOKLYN, NY 11206	86-8646332	501(C)(3)	15,000.	0.			THE SECRET CODE CUSTOMIZABLE CHILDREN'S BOOK PROJECT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-3067788	501(C)(3)	22,012.	0.			THE COMMUNITY DOULA PROJECT
THE RESET FOUNDATION 2407 FOURTH STREET BERKELEY, CA 94710	46-2275654	501(C)(3)	12,000.	0.			PROGRAM OVERSIGHT COMMITTEE
RESOURCE DEVELOPMENT ASSOCIATES 230 4TH SREET OAKLAND, CA 94607	68-0444084	501(C)(3)	27,588.	0.			INNOVATIONS IN CONTINUATION GRANTS REENTRY TECHNICAL ASSISTANCE
ROCCO CHENG AND ASSOCIATES P.O. BOX 660704 ARCADIA, CA 91066	47-5111109	501(C)(3)	13,275.	0.			API UTILIZATION OF MENTAL HEALTH SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BLVD., #5 OAKLAND, CA 94603	26-2583954	501(C)(3)	76,749.	0.			REENTRY ENGAGEMENT FRAMEWORK PROJECT
ROSALIE RENDU CENTER 1760 BAY ROAD APT 24 EAST PALO ALTO, CA 94303-1674	95-4709944	501(C)(3)	156,000.	0.			PARENT INVOLVEMENT WORKER PROGRAM
SAINT FRANCIS CENTER 151 BUCKINGHAM AVENUE REDWOOD CITY, CA 94063	94-3052056	501(C)(3)	27,000.	0.			TO SUPPORT AN INTERN FROM DOMINICAN VOLUNTEERS USA
SAVE THE BAY 1330 BROADWAY, SUITE 1800 OAKLAND, CA 94612-2519	94-6078420	501(C)(3)	125,000.	0.			IN SUPPORT OF SAVE THE BAY'S REDWOOD CITY BAY FILL PREVENTION CAMPAIGN
SEQUOIA ADULT SCHOOL SCHOLARS 3247 MIDDLEFIELD ROAD MENLO PARK, CA 94025	45-4128140	501(C)(3)	12,500.	0.			SCHOLARSHIPS FOR MENLO PARK FIRE DEPARTMENT PERSONNEL
SEQUOIA UNION HIGH SCHOOL DISTRICT 480 JAMES AVENUE REDWOOD CITY, CA 94062		SCHOOL	50,000.	0.			FOR THE TRI-DISTRICT INITIATIVE SUPPORTING STUDENTS FROM THE RAVENSWOOD, SEQUOIA, AND
SMALL SCHOOL FOR EQUITY 15 ONONDAGA AVENUE #12217 SAN FRANCISCO, CA 94112	03-0412252	501(C)(3)	9,500.	0.			LEAD TEACHER STIPENDS, BOOKS, SUPPLIES, AND GIFT CARDS
SOCIAL GOOD FUND 12651 SAN PABLO AVENUE, #5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	6,000.	0.			FOR COMMUNITY WELL FUND'S HOLISTIC HEALTH FOR TEENS AND YOUNG WOMEN
SOCIETY OF ST. VINCENT DE PAUL 50 NORTH B STREET SAN MATEO, CA 94401-3917	90-0768822	501(C)(3)	10,000.	0.			TO SUPPORT CATHERINE'S CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST. ANTHONY'S HIGH SCHOOL 175 EIGHTH STREET JERSEY CITY, NJ 07302	22-3223597	501(C)(3)	7,500.	0.			DESIGNATED FOR THE F.A.N. FUND
ST. JOHN'S COLLEGE 1160 CAMINO CRUZ BLANCA SANTA FE, NM 87505	52-0591421	501(C)(3)	8,000.	0.			GRACE SCHOLAR 2016-2017 TO SUPPORT FATHER RICK FRECHETTE'S WORK IN HAITI FOLLOWING HURRICANE MATTHEW
THE ST. LUKE FOUNDATION FOR HAITI 8980 SW 56TH STREET MIAMI, FL 33165	27-4377746	501(C)(3)	30,000.	0.			
ST. MARY'S CENTER 925 BROCKHURST STREET OAKLAND, CA 94608	68-0172229	501(C)(3)	34,765.	0.			PEP PEER ELDER PROGRAM
STANFORD UNIVERSITY 101 GREEN LIBRARY STANFORD, CA 94305	94-1156365	501(C)(3)	63,500.	0.			FOR THE KENNEDY MEMORIAL BEING PUBLISHED BY THE STANFORD PRESS
STREET LEVEL HEALTH PROJECT 3125 E. 15TH STREET OAKLAND, CA 94601	56-2324355	501(C)(3)	32,000.	0.			OAKLAND WORKERS' COLLECTIVE, A PROJECT OF STREET LEVEL HEALTH
SUMMER SEARCH P.O. BOX 39000 SAN FRANCISCO, CA 94139	68-0200138	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SUNNY HILLS SERVICES/BAYC 22245 MAIN STREET, SUITE 200 HAYWARD, CA 94541	94-1156301	501(C)(3)	5,513.	0.			CRITICAL CONVERSATIONS: TALKING ABOUT LGBTQI2S TRANSITION AGE YOUTH AND MENT
SURFRIDER FOUNDATION USA PO BOX 6010 SAN CLEMENTE, CA 92674-6010	95-3941826	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TECH MUSEUM OF INNOVATION 201 SOUTH MARKET STREET SAN JOSE, CA 95113	94-2864660	501(C)(3)	10,000.	0.			HOST TITLE 1 LOW-INCOME SCHOOL IN SAN MATEO COUNTY IN THIS YEAR'S TECH CHALL
TEEN SUCCESS, INC. 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TERRY'S KIDS 21 ORINDA WAY, SUITE C #321 ORINDA, CA 94563	94-3136771	501(C)(3)	23,407.	0.			MUSICAL INSTRUMENTS AND CLINICS
THE THACHER SCHOOL 5025 THACHER ROAD OJAI, CA 93023	95-1642398	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THAT'S AMORE CHARITABLE FOUNDATION 130 E SAN FERNANDO ST. #318 SAN JOSE, CA 95112	77-0573487	501(C)(3)	15,000.	0.			IN SUPPORT OF THE WHEELS FOR CHAD CAMPAIGN TO HELP PURCHASE A SPECIAL VAN FOR A DISABLED DOWNTOWN
TLC FOR KIDS SPORTS P.O BOX 1070 DANVILLE, CA 94526	94-3136771	501(C)(3)	67,092.	0.			EXPENSES RELATED TO FIELD RENOVATIONS IN REDWOOD CITY
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND - 747 52ND STREET - OAKLAND, CA 94609	94-0382330	501(C)(3)	35,063.	0.			FOOD AS MEDICINE RESEARCH STUDY
UNIVERSITY OF HAWAII FOUNDATION BACHMAN HALL 105 HONOLULU, HI 96822	99-0085260	501(C)(3)	6,000.	0.			DESIGNATED TO SUPPORT THE COLIN C. MCCORRISTON, MD ENDOWED PROFESSORSHIP
UNIVERSITY OF SOUTHERN INDIANA 8600 UNIVERSITY BOULEVARD EVANSVILLE, IN 47712		SCHOOL	8,000.	0.			GRACE SCHOLAR 2016-2017

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
YOUTH UPRISING 8711 MACARTHUR BLVD. OAKLAND, CA 94605	20-3321544	501(C)(3)	27,281.	0.			TAY SERVICE DELIVERY EVALUATION VIDEO PROJECT

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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 noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WE CONTINUALLY MAKE SITE VISITS TO GRANTEES TO VERIFY THAT FOUNDATION GRANTS ARE USED FOR CHARITABLE PURPOSES; IN SOME CASES WE HAVE VISITED OVER A DOZEN TIMES.

WE RECEIVE WRITTEN REPORTS ABOUT THE PROGRESS OF THE GRANTEE, WITH LOGS DETAILING HOW FUNDS WERE SPENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BELLFLOWER BOYS BASKETBALL

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TOURNAMENT FEES, GYM RENTAL, UNIFORMS, TRAVEL, FOOD, AND HOTEL ACCOMODATIONS RELATED TO THE SUMMER BASKETBALL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY TREE HEALTHCARE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SURVIVOR UNION NETWORK FUND ADMINISTERED BY VENUS RODRIGUEZ IN SUPPORT OF THE MISSION TO PROVIDE JOB TRAINING AND DEVELOPMENT FOR SURVIVORS OF HUMAN TRAFFICKING

NAME OF ORGANIZATION OR GOVERNMENT:

HUNTINGTON'S DISEASE SOCIETY OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORK OF THE HUNTINGTON'S DISEASE SOCIETY OF AMERICA (HDSA) IN HONOR OF CHRISTY ERICSON AND HER FAMILY

NAME OF ORGANIZATION OR GOVERNMENT: SEQUOIA UNION HIGH SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE TRI-DISTRICT INITIATIVE SUPPORTING STUDENTS FROM THE RAVENSWOOD, SEQUOIA, AND REDWOOD CITY SCHOOL DISTRICTS

NAME OF ORGANIZATION OR GOVERNMENT: THAT'S AMORE CHARITABLE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE WHEELS FOR CHAD CAMPAIGN TO HELP PURCHASE A SPECIAL VAN FOR A DISABLED DOWNTOWN STREETS TEAM EMPLOYEE



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2016**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**PHILANTHROPIC VENTURES FOUNDATION**

Employer identification number

**94-3136771**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **PHILANTHROPIC VENTURES FOUNDATION** Employer identification number **94-3136771**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	8	1,687,267.	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**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)



**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS VIA EMAIL OR  
SURFACE MAIL AS APPROPRIATE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS  
REGULARLY AND CONSISTENTLY MONITORED. IF A PERSON HAS A CONFLICT WITH  
RESPECT TO A TRANSACTION THEY ARE NOT PERMITTED TO VOTE.

FORM 990, PART VI, SECTION B, LINE 15:

CEO SALARY IS DECIDED ANNUALLY BY A COMPENSATION COMMITTEE COMPRISED OF THE  
CURRENT CHAIRMAN OF THE BOARD OF DIRECTORS AND THE PAST CHAIRMAN OF THE  
BOARD. THE PROCESS IS DOCUMENTED AND WAS LAST PERFORMED IN 2016.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, GOVERNING  
DOCUMENTS, AND AUDITED FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>PHILANTHROPIC VENTURES FOUNDATION</b>	Employer identification number (EIN) or  <b>94-3136771</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1222 PRESERVATION PARK WAY</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OAKLAND, CA 94612-1201</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JAMES HIGA**

• The books are in the care of ▶ **1222 PRESERVATION PARK WAY - OAKLAND, CA 94612-1201**  
Telephone No. ▶ **510-645-1890** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.