

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending

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	C Name of organization PHILANTHROPIC VENTURES FOUNDATION		D Employer identification number 94-3136771
	Doing business as		E Telephone number 510-645-1890
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,671,751.
	1222 PRESERVATION PARK WAY		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612-1201		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JAMES HIGA SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I 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			
J Website: HTTP://WWW.VENTURESFOUNDATION.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1991
			M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GRANTMAKING AND CONSULTING ON GRANTMAKING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	8
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,819,080.	Current Year 8,994,814.
	9 Program service revenue (Part VIII, line 2g)	3,599.	1,376.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	476,176.	1,840,062.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	16.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,298,855.	10,836,268.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,968,819.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		401,403.	432,503.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		77,090.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,911.	223,908.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,609,133.	13,437,240.	
19 Revenue less expenses. Subtract line 18 from line 12	3,689,722.	-2,600,972.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 23,373,360.	End of Year 18,510,733.
	21 Total liabilities (Part X, line 26)	553,109.	78,356.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,820,251.	18,432,377.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	JAMES HIGA, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name LINDSEY PARNELL	Preparer's signature LINDSEY PARNELL	Date 11/11/16	Check if self-employed <input type="checkbox"/> PTIN P00546853
	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318	Phone no. 415-956-1500	
Firm's address 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105				

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 \$ 13,167,833. including grants of \$ 12,780,829.) (Revenue \$) 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 GRANTEEES TO ACT AS AN ADVOCATE IN HELPING THEM SUCCEED IN THEIR WORK.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 1,376.) 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 GRANTEEES AND AFFECTING COUNTLESS LIVES IN THOUSANDS OF COMMUNITIES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 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 13,167,833.

Part IV Checklist of Required Schedules

	Yes	No
1 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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
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>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15 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>	X	
16 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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>		X
19 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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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	
22 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
23 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
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 number, description, sub-column (1a-14b), Yes, and No. Contains questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

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.
[X] Own website [] Another's website [X] 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 CHAIRMAN	4.00	X		X				0.	0.	0.
(2) JAMES HIGA 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 DIRECTOR	2.00	X						0.	0.	0.
(8) JOHN CARVER DIRECTOR (THRU 7/2015)	2.00	X						0.	0.	0.
(9) ALBERT J. HORN DIRECTOR (THRU 12/2015)	2.00	X						0.	0.	0.
(10) SHERYL YOUNG DIRECTOR	2.00	X						0.	0.	0.
(11) BILL SOMERVILLE PRESIDENT/CEO	40.00	X		X				150,000.	0.	0.
(12) DAWN HAWK COO	40.00					X		125,000.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,155,332.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,839,482.				
	g	Noncash contributions included in lines 1a-1f: \$		2,264,501.				
	h	Total. Add lines 1a-1f		8,994,814.				
Program Service Revenue	2 a	GRANTMAKING CONSULTING	Business Code	900099	1,376.	1,376.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,376.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		220,575.			220,575.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses			3,454,970.			
		Gain or (loss)			1,835,483.			
		Net gain or (loss)			1,619,487.			1,619,487.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS REVENUE		900099	16.			16.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			16.				
12	Total revenue. See instructions.			10,836,268.	1,376.	0.	1,840,078.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,390,099.	11,390,099.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,390,730.	1,390,730.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	150,000.	116,970.	14,050.	18,980.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	217,112.	169,305.	20,336.	27,471.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	38,939.	30,365.	3,647.	4,927.
10 Payroll taxes	26,452.	20,627.	2,478.	3,347.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	67,957.		67,957.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,320.		54,320.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,660.		5,660.	
12 Advertising and promotion	17,496.			17,496.
13 Office expenses	12,725.	6,363.	6,362.	
14 Information technology				
15 Royalties				
16 Occupancy	33,600.	26,201.	3,148.	4,251.
17 Travel	11,658.	11,658.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	11,050.		11,050.	
24 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.)				
a POSTAGE AND SHIPPING	3,019.	2,354.	284.	381.
b TELEPHONE	1,875.	1,462.	176.	237.
c PRINTING AND PUBLICATIONS	1,169.	292.	877.	
d DUES AND SUBSCRIPTIONS	750.	750.		
e All other expenses	2,629.	657.	1,972.	
25 Total functional expenses. Add lines 1 through 24e	13,437,240.	13,167,833.	192,317.	77,090.
26 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
Assets	1 Cash - non-interest-bearing	116,339.	1	139,629.
	2 Savings and temporary cash investments	15,951,948.	2	10,659,785.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,510.	9	3,510.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	7,301,563.	11	7,707,809.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,373,360.	16	18,510,733.	
Liabilities	17 Accounts payable and accrued expenses	24,699.	17	22,585.
	18 Grants payable	528,410.	18	55,771.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	553,109.	26	78,356.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,636,949.	27	13,592,879.
	28 Temporarily restricted net assets	533,302.	28	189,498.
	29 Permanently restricted net assets	4,650,000.	29	4,650,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	22,820,251.	33	18,432,377.	
34 Total liabilities and net assets/fund balances	23,373,360.	34	18,510,733.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,836,268.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,437,240.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,600,972.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,820,251.
5	Net unrealized gains (losses) on investments	5	-1,786,902.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,432,377.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2015)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 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		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10866161.	13522642.	11172074.	11819080.	8994814.	56374771.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10866161.	13522642.	11172074.	11819080.	8994814.	56374771.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8625509.
6 Public support. Subtract line 5 from line 4.						47749262.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	10866161.	13522642.	11172074.	11819080.	8994814.	56374771.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	155,574.	294,845.	251,112.	248,963.	220,575.	1171069.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					16.	16.
11 Total support. Add lines 7 through 10						57545856.
12 Gross receipts from related activities, etc. (see instructions)					12	15,269.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	82.98	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	83.17	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c 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
1 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>		
2 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
1 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
1 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?		
2 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>		
3 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI.		
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. 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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Minimum Asset Amount (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	Distributable Amount. 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) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.

OMB No. 1545-0047

2015

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

Name of organization PHILANTHROPIC VENTURES FOUNDATION	Employer identification number 94-3136771
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>2,150,332.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>556,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>436,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>215,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PHILANTHROPIC VENTURES FOUNDATION	Employer identification number 94-3136771
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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>743,275.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>509,391.</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>384,708.</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 PHILANTHROPIC VENTURES FOUNDATION	Employer identification number 94-3136771
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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
7	SECURITIES _____ _____ _____	\$ <u>743,275.</u>	<u>12/31/15</u>
8	SECURITIES _____ _____ _____	\$ <u>509,391.</u>	<u>12/31/15</u>
9	SECURITIES _____ _____ _____	\$ <u>384,708.</u>	<u>12/31/15</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization PHILANTHROPIC VENTURES FOUNDATION	Employer identification number 94-3136771
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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.**

OMB No. 1545-0047

2015
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	46
2 Aggregate value of contributions to (during year)	7,507,422.	1,313,096.
3 Aggregate value of grants from (during year)	9,828,657.	1,411,190.
4 Aggregate value at end of year	11,674,489.	764,785.

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 ▶ \$ _____

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	6,016,959.	5,909,312.	5,344,179.	5,093,691.	5,181,238.
b Contributions					
c Net investment earnings, gains, and losses	-57,761.	286,049.	755,126.	438,194.	79,988.
d Grants or scholarships	175,696.	178,402.	146,683.	153,768.	145,007.
e Other expenditures for facilities and programs					
f Administrative expenses			43,310.	33,938.	22,528.
g End of year balance	5,783,502.	6,016,959.	5,909,312.	5,344,179.	5,093,691.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 16.32 %
- b Permanent endowment 80.40 %
- c Temporarily restricted endowment 3.28 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and sub-rows (A) through (H). Total line at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9). Total line at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9). Total line at the bottom.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes sub-rows (1) Federal income taxes, (2) through (9). Total line at the bottom.

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 [X]

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.

1	Total revenue, gains, and other support per audited financial statements		1	9,199,366.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,786,902.	
b	Donated services and use of facilities	2b	150,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-1,636,902.	
3	Subtract line 2e from line 1	3	10,836,268.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,836,268.	

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.

1	Total expenses and losses per audited financial statements		1	13,587,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	150,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	150,000.	
3	Subtract line 2e from line 1	3	13,437,240.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,437,240.	

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.

**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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization PHILANTHROPIC VENTURES FOUNDATION	Employer identification number 94-3136771
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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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANTMAKING		32,155.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		252,526.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		126,836.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		490,000.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		331,938.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	GRANTMAKING		42,036.
SOUTH ASIA	0	0	GRANTMAKING		76,591.
3 a Sub-total	0	0			1,352,082.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,352,082.

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

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COLLEGE SCHOLARSHIP PROGRAM/KAPANI SCHOOL	20,000.		0.		
		SOUTH AMERICA	HEALTH SERVICES GRANT	76,600.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	5,200.		0.		
		SOUTH AMERICA	PROJECT YANAPANA REFORESTATION	89,338.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BAGNI DI LUCCA ARTS FESTIVAL	6,860.		0.		
		EAST ASIA AND THE PACIFIC	EDUCATION NORTHERN THAILAND	42,300.		0.		
		SOUTH AMERICA	POVERTY STOPLIGHT PROGRAM	125,000.		0.		
		SOUTH AMERICA	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 **26**

3 Enter total number of other organizations or entities **26**

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.		
		EAST ASIA AND THE PACIFIC	NARROW THE GAP PROJECT	150,934.		0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF	14,700.		0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF	9,800.		0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF	14,700.		0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF	14,700.		0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF	9,800.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NGOKO VILLAGE SCHOOL PROJECT	12,260.		0.		
		EAST ASIA AND THE PACIFIC	HIV PREVENTION PROJECTS	20,082.		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	SCHOOL FUND - LUANGWA, ZAMBIA	11,000.		0.		
		SUB-SAHARAN AFRICA	MATERNITY & MEDICAL CLINIC-TOGO	11,036.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COLLEGE SCHOLARSHIP FUND	81,586.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	10,780.		0.		
		SOUTH ASIA	NEPAL WASTE MANAGEMENT PROJECT	12,891.		0.		
		EAST ASIA AND THE PACIFIC	NO. THAILAND VILLAGE SCHOOLS	24,210.		0.		
		EAST ASIA AND THE PACIFIC	NEPAL EARTHQUAKE RELIEF	15,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BIG FALLS PROJECT	32,155.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	C ARM MEDICAL EQUIPMENT	10,150.		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

Schedule F (Form 990) 2015

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.

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.

**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.**

OMB No. 1545-0047

2015

**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
10 BOOKS A HOME 1238 WESTMINSTER AVE. EAST PALO ALTO, CA 94303	35-2348013	501(C)(3)	50,250.	0.			GENERAL SUPPORT
1ST PRESBYTERIAN CHURCH OF SANTA ROSA - 1550 PACIFIC AVE - SANTA ROSA, CA 95404-3508		CHURCH	14,000.	0.			GENERAL SUPPORT
AIM HIGH PO BOX 410715 SAN FRANCISCO, CA 94141	94-3296338	501(C)(3)	75,000.	0.			PENINSULA PROGRAM EXPANSION
ALAS - AYUDANDO LATINOS A SONAR P.O. BOX 2454 EL GRANADA, CA 94018	46-2464722	501(C)(3)	20,000.	0.			SUPPORT FOR DANCE PROGRAM
ALL FIVE 5 REYNA PLACE MENLO PARK, CA 94025	45-2334963	501(C)(3)	8,000.	0.			FIRE SYSTEM UPGRADES TO SCHOOL
ALL STAR CODE 601 W. 26TH STREET, SUITE 325 NEW YORK, NY 10001	90-0954778	501(C)(3)	10,000.	0.			BAY AREA EXPANSION OF PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **145.**
- 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.

Schedule I (Form 990) (2015)

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
ALTERNATIVES IN ACTION 3666 GRAND AVE, SUITE A OAKLAND, CA 94610	94-3210413	501(C)(3)	42,161.	0.			MCCLYMONDS YOUTH AND FAMILY CENTER, AFTER SCHOOL PROGRAM GRANTS
ASIAN COMMUNITY MENTAL HEALTH SERVICES - 310 8TH STREET, STE 201 - OAKLAND, CA 94607	94-2248390	501(C)(3)	49,310.	0.			ALAMEDA INNOVATIONS GRANTS
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607	94-2235908	501(C)(3)	5,500.	0.			BANTEAY SREI, THE SPOT, LISTENING SESSIONS - ALL IN ALAMEDA CO.
AZUSA PACIFIC UNIVERSITY 901 E. ALOSTA AVENUE AZUSA, CA 91702	95-1744369	501(C)(3)	6,500.	0.			PCC FARMHILL SCHOLARSHIP PROGRAM
BAY AREA BLACK UNITED FUND 1212 BROADWAY, SUITE 640 OAKLAND, CA 94612	94-2602958	501(C)(3)	100,000.	0.			AFRICAN AMERICAN STEERING COMMITTEE
BAYSHORE CHRISTIAN MINISTRIES 1001 BEECH STREET EAST PALO ALTO, CA 94303	77-0151434	501(C)(3)	7,500.	0.			CREATE ACADEMY SUMMER CAMP
BEATITUDE HOUSE CATHOLIC WORKER 267 CAMPODONICO AVE GUADALUPE, CA 93434-1336	94-3136771	501(C)(3)	27,000.	0.			GENERAL OPERATING EXPENSES, TO SUPPORT WORK WITH THE POOR
BELLFLOWER BOYS BASKETBALL 15301 MCNAB AVENUE BELLFLOWER, CA 90706	38-3931231	501(C)(3)	26,000.	0.			BASKETBALL TEAM TRAVEL, GENERAL SUPPORT
BENETECH 480 S. CALIFORNIA AVE, SUITE 201 PALO ALTO, CA 94306-1609	77-0555413	501(C)(3)	10,000.	0.			TO SUPPORT THE 3D DESIGN DAY EVENT

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
BERKELEY FOOD & HOUSING PROJECT 1901 FAIRVIEW STREET BERKELEY, CA 94703	94-2979073	501(C)(3)	20,000.	0.			THRIVE: TEAMING HOUSING RESIDENTS
BEYOND 12 901 MISSION STREET SUITE 205 SAN FRANCISCO, CA 94103	27-1275246	501(C)(3)	100,000.	0.			GENERAL SUPPORT
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS - 2125 19TH STREET - SACRAMENTO, CA 95818	68-0314970	501(C)(3)	52,604.	0.			ALAMEDA INNOVATIONS GRANTS
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - 2015 STEINER STREET - SAN FRANCISCO, CA 94115	94-2728423	501(C)(3)	10,000.	0.			PATIENT ASSISTANCE FUND
CAMP UNITY PO BOX 702 DALY CITY, CA 94017-0702		JEFFERSON DIST.	10,000.	0.			GENERAL SUPPORT
CASA DE CLARA CATHOLIC WORKER 318 N 6TH STREET SAN JOSE, CA 95112	26-3837400	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CATHOLIC WORKER HOSPITALITY HOUSE 672 2ND AVE SAN BRUNO, CA 94066-4506	94-3148391	501(C)(3)	25,000.	0.			CRITICAL NEEDS OF CLIENTS
CATHOLIC WORKER HOUSE PO BOX 513 REDWOOD CITY, CA 94064-0513	94-3136771	501(C)(3)	96,200.	0.			SUPPORT FOR WORK WITH THE POOR
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

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
CENTER FOR FAMILY COUNSELING 9925 INTERNATIONAL BLVD., SUITE 6 OAKLAND, CA 94603	94-2494663	501(C)(3)	33,101.	0.			REACHING IN: REDUCING ISOLATION
CENTERFORCE 1904 FRANKLIN STREET SUITE 418 OAKLAND, CA 94612	94-2446248	501(C)(3)	5,302.	0.			THE ACT PROGRAM
CHAPTER 510 2301 TELEGRAPH AVENUE OAKLAND, CA 94612	94-3136771	501(C)(3)	142,029.	0.			GENERAL SUPPORT
CHILDREN'S FAIRYLAND 699 BELLEVUE AVENUE OAKLAND, CA 94610	94-3209054	501(C)(3)	8,000.	0.			TK FIELD TRIPS - 50 SCHOOLS
CHILDREN'S HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CITY OF FREMONT 3300 CAPITOL AVE FREMONT, CA 94537	94-6027361	501(C)(3)	40,000.	0.			PEER MENTAL HEALTH COACH PROGRAM
CLASSROOM CHAMPIONS 4219 PINE NEEDLE LANE JACKSONVILLE, FL 32210	45-1256761	501(C)(3)	20,000.	0.			EXPANDING PROGRAM IN SAN MATEO COUNTY
COMMUNITY HEALTH FOR ASIAN AMERICANS - 268 GRAND AVENUE - OAKLAND, CA 94610	94-3237212	501(C)(3)	64,000.	0.			ALAMEDA INNOVATIONS GRANTS
COMMUNITY LEGAL SERVICES IN EAST PALO ALTO - 1861 BAY RD - EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	118,333.	0.			GENERAL SUPPORT AND RESCUE HOUSING FUND

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
COTTEY COLLEGE 1000 WEST AUSTIN NEVADA, MO 64772	44-0545271	501(C)(3)	8,000.	0.			GRACE SCHOLARSHIP
DALY CITY YOUTH HEALTH CENTER 2780 JUNIPERO SERRA BLVD DALY CITY, CA 94015	94-3083772	501(C)(3)	15,000.	0.			DIRECTOR'S DISCRETIONARY GRANT
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122		ALUM ROCK DIST.	20,000.	0.			CLASSROOM LAPTOPS
DOWNTOWN STREETS TEAM 1671 THE ALAMEDA, SUITE 306 SAN JOSE, CA 95112	20-5242330	501(C)(3)	5,750.	0.			PEERY IMMEDIATE RESPONSE GRANTS
EAST PALO ALTO ACADEMY 1050 MYRTLE ST EAST PALO ALTO, CA 94303		RAVENSWOOD DIST.	26,598.	0.			COLLEGE AND CAREER INITIATIVE, PRINCIPAL'S DISCRETIONARY FUND
EASTSIDE COLLEGE PREPARATORY SCHOOL - 1041 MYRTLE STREET - EAST PALO ALTO, CA 94303	94-3187806	501(C)(3)	19,000.	0.			SCHOLARSHIP FUND
EMBRACE 1440 BROADWAY, SUITE 205 OAKLAND, CA 94612	83-0509261	501(C)(3)	50,000.	0.			GENERAL SUPPORT
EPA YOUTH COURT PO BOX 50878 EAST PALO ALTO, CA 94303	26-3204191	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FAMILY CONNECTIONS P.O. BOX 358 SAN CARLOS, CA 94070	94-3315163	501(C)(3)	5,982.	0.			MATH MATERIALS FOR PRESCHOOL CLASSROOM, PRE-K PROGRAM

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
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129-1680	44-0610626	501(C)(3)	18,300.	0.			SCHOLARSHIPS 2015
FOUNDATION FOR A COLLEGE EDUCATION P.O. BOX 50518 PALO ALTO, CA 94303	77-0401635	501(C)(3)	6,000.	0.			GENERAL SUPPORT, COLLEGE TRANSITION PROGRAM
FRACTURED ATLAS 248 W. 35TH STREET, 10TH FL. NEW YORK, NY 10001	11-3451703	501(C)(3)	10,000.	0.			YOUR WORDS MATTER PROJECT
FRANKLIN COLLEGE 101 BRANIGIN BOULEVARD FRANKLIN, IN 46131	35-0868086	501(C)(3)	7,692.	0.			MUNASHE MUGONDA #000186921
FREE AT LAST 1796 BAY ROAD EAST PALO ALTO, CA 94303	94-3193317	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FRESH LIFELINES FOR YOUTH 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)(3)	75,000.	0.			GENERAL SUPPORT
GRACE CATHEDRAL 1100 CALIFORNIA STREET SAN FRANCISCO, CA 94108		CHURCH	25,000.	0.			2016 CARNIVALE, STEWARDSHIP CAMPAIGN, YOGA FOR CHANGE
GRATEFUL GATHERINGS 5932 BUENA VISTA AVE. OAKLAND, CA 94618	94-3136771	501(C)(3)	121,784.	0.			GENERAL SUPPORT
GRUPO PALO ALTO 555 BRYANT ST. #134 PALO ALTO, CA 94301	45-5303202	501(C)(3)	20,000.	0.			COUNSELING AT EPA PHOENIX ACADEMY

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
HAAS CENTER FOR PUBLIC SERVICE 562 SALVATIERRA STREET STANFORD, CA 94305	94-1156365	501(C)(3)	32,621.	0.			PROGRAM ADMIN FEES - SHF/TFF
HEALTH AND HUMAN RESOURCE EDUCATION CENTER - 1905 SAN PABLO AVENUE - OAKLAND, CA 94612	95-2901569	501(C)(3)	25,000.	0.			FSP CONFERENCE
HEALTH CONNECTED 480 JAMES AVENUE REDWOOD CITY, CA 94062	94-3227947	501(C)(3)	63,000.	0.			GENERAL SUPPORT, BELLE HAVEN REPRODUCTIVE HEALTH EDU.
HOOVER HOUSE CIRCLE 326 GALVEZ STREET STANFORD, CA 94305	94-1156365	501(C)(3)	50,000.	0.			GENERAL SUPPORT
HORIZONS SERVICES, INC. (HSI) 22646 2ND STREET HAYWARD, CA 94541	94-2365021	501(C)(3)	8,228.	0.			LAMBDA YOUTH PROJECT
HOUSING LEADERSHIP COUNCIL OF SAN MATEO COUNTY - 139 MITCHELL AVENUE, SUITE 108 - SOUTH SAN FRANCISCO, CA 94080	94-3395945	501(C)(3)	10,000.	0.			COMMUNITY CONVENES FOR ACTION
HUMAN INVESTMENT PROJECT 364 SOUTH RAILROAD AVENUE SAN MATEO, CA 94401	94-2154614	501(C)(3)	50,000.	0.			GENERAL SUPPORT
INTERNATIONAL DEVELOPMENT EXCHANGE (IDEX) - 333 VALENCIA STREET, SUITE 250 - SAN FRANCISCO, CA 94103	77-0071852	501(C)(3)	10,000.	0.			POWER TO THE PEOPLE PROJECT
INTERNATIONAL DOCUMENTARY ASSOCIATION - 3470 WILSHIRE BLVD., SUITE 980 - LOS ANGELES, CA 90010	95-3911227	501(C)(3)	10,000.	0.			SUPPORT FOR ENDOMETRIOSIS 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.)

(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
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	40,992.	0.			REFUGEE WELL-BEING PROJECT, GENERAL SUPPORT
IRELAND'S POET-PATRIOTS 2114 CLINTON AVE, SUITE C ALAMEDA, CA 94501	94-3136771	501(C)(3)	15,500.	0.			PROGRAM SUPPORT
JEFFERSON UNION HIGH SCHOOL DISTRICT - 699 SERRAMONTE BLVD. STE 100 - DALY CITY, CA 94015-4132		JEFFERSON DIST.	9,500.	0.			WILDERNESS PROGRAM, CEEP - RENO TAINI
JOBTRAIN 1200 O'BRIEN DRIVE MENLO PARK, CA 94025	94-1712371	501(C)(3)	10,000.	0.			RENEWAL OF TOOL SCHOLARSHIP PROGRAM
KELLY AVENUE CATHOLIC WORKER OF HALF MOON BAY - 160 KELLY AVENUE - HALF MOON BAY, CA 94019	94-3136771	501(C)(3)	12,637.	0.			GENERAL SUPPORT
KEUKA COLLEGE PO BOX 68 KEUKA PARK, NY 14478	16-6054295	501(C)(3)	8,000.	0.			GRACE SCHOLARSHIP
LA HONDA ELEMENTARY SCHOOL P.O. BOX 87 LA HONDA, CA 94020		LA HONDA DIST.	5,400.	0.			VARIOUS TEACHER GRANTS
LANEY COLLEGE 900 FALLON STREET OAKLAND, CA 94607		PERALTA DIST.	36,500.	0.			MENG VOCATIONAL SCHOLARSHIPS
LAWYERS' COMMITTEE FOR CIVIL RIGHTS (LCCR) - 131 STEUART STREET SUITE 400 - SAN FRANCISCO, CA 94105	94-2581415	501(C)(3)	38,930.	0.			CULTIVATING FAIR CHANCE EMPLOYMENT

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
LEARNING WITHOUT LIMITS 2035 40TH AVENUE OAKLAND, CA 94601		OAKLAND UNIFIED	5,040.	0.			VARIOUS TEACHER GRANTS
LEGAL AID SOCIETY OF SAN MATEO COUNTY - 330 TWIN DOLPHIN DRIVE, SUITE 123 - REDWOOD CITY, CA 94065	94-1451894	501(C)(3)	20,000.	0.			TITLE/REGISTRATION FOR RESIDENTS
LEWIS & JOAN PLATT EAST PALO ALTO FAMILY YMCA - 550 BELL STREET - EAST PALO ALTO, CA 94303	94-1156318	501(C)(3)	6,500.	0.			TEEN INSTITUTE SUMMER ENRICHMENT PROGRAM
LIFE ELDERCARE 3300 CAPITOL AVE. FREMONT, CA 94538	23-7455567	501(C)(3)	16,667.	0.			ADDRESSING LGBTQI2-S ELDER HEALTHCARE
LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DRIVE NASHVILLE, TN 37204	62-0485733	501(C)(3)	8,000.	0.			DESTINY MHISHI SCHOLARSHIP
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVENUE, SUITE 340 - PALO ALTO, CA 94301	77-0440090	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MARIN GENERAL HOSPITAL FOUNDATION 100 B. DRAKE'S LANDING RD., SUITE # GREENBRAE, CA 94904	94-6127213	501(C)(3)	50,000.	0.			FOR CAPITAL CAMPAIGN
MELANIE MOORE, PH.D 837 E. 28TH STREET OAKLAND, CA 94610	44-0624774	501(C)(3)	42,791.	0.			ALL IN ALAMEDA COUNTY CONSULTING
MENTORING CENTER 672 13TH STREET SUITE 200 OAKLAND, CA 94610	94-3167241	501(C)(3)	20,000.	0.			TRANSFORMATIVE LEADERSHIP INSTITUTE

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
MIDDLE EAST CHILDREN'S INSTITUTE (MECI) - 63 FOREST AVENUE, SUITE 5B - LOCUST VALLEY, NY 11560	20-2512003	501(C)(3)	7,500.	0.			FEMALE UNIVERSITY SCHOLARSHIPS
MIKE ROSAS MINISTRIES P.O. BOX 751113 HOUSTON, TX 77275	26-4228115	501(C)(3)	8,000.	0.			GENERAL SUPPORT
MISSEY 436 14TH ST., STE. 150 OAKLAND, CA 94612	26-4513862	501(C)(3)	15,000.	0.			GENERAL SUPPORT, DIRECTOR'S DISCRETIONARY GRANT
MUSIC IN THE SCHOOLS FOUNDATION P.O. BOX 60012 PALO ALTO, CA 94306	91-2152501	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MZ. SHIRLIZ TRANSITIONAL LIVING PO BOX 408 REDWOOD CITY, CA 94063	27-1103255	501(C)(3)	10,000.	0.			CRITICAL NEEDS OF CLIENTS
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
NORTH STAR ACADEMY 400 DUANE STREET REDWOOD CITY, CA 94062		REDWOOD CITY DIS	7,200.	0.			VARIOUS TEACHER GRANTS
NPR 9909 JEFFERSON BLVD. CULVER CITY, CA 90232	52-0907625	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OAKLAND TRYBE 1341 E. 25TH STREET OAKLAND, CA 94606	26-1185197	501(C)(3)	10,500.	0.			AFTERSCHOOL PROGRAM GRANTS

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
ONE EAST PALO ALTO 763 GREEN ST. EAST PALO ALTO, CA 94303	55-0816618	501(C)(3)	10,800.	0.			YESS COLLABORATIVE
ONE MONTANA 2066 STADIUM DRIVE #202 BOZEMAN, MT 59715	84-1645549	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OREGON SHAKESPEARE FESTIVAL PO BOX 158 ASHLAND, OR 97520	93-0407022	501(C)(3)	25,000.	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
P.E.E.R.S. 333 HEGENBERGER ROAD, SUITE 250 OAKLAND, CA 94612	71-0867031	501(C)(3)	40,000.	0.			SPECIAL MESSAGE PROJECT
PACIFIC CENTER 2712 TELEGRAPH AVE. BERKELEY, CA 94705	94-2287492	501(C)(3)	86,000.	0.			ALAMEDA INNOVATIONS GRANTS
PARTNERS IN EDUCATION P.O. BOX 1557 PALO ALTO, CA 94302	77-0186364	501(C)(3)	10,000.	0.			BACK TO SCHOOL CHALLENGE GRANT
PENINSULA COLLEGE FUND 330 TWIN DOLPHIN DRIVE, SUITE 131 REDWOOD CITY, CA 94065	26-4293269	501(C)(3)	6,000.	0.			SCHOLARSHIPS FOR 7 PCF SCHOLARS
PHILANTHROPIC VENTURES FOUNDATION 875 INDIAN ROCK AVENUE BERKELEY, CA 94707	94-3136771	501(C)(3)	20,000.	0.			BAY AREA INSPIRE AWARDS - SMC

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
PINWOOD SCHOOL 26800 FREMONT ROAD LOS ALTOS, CA 94022	94-1527492	501(C)(3)	25,000.	0.			NEW QUAD PROJECT
PLANNED PARENTHOOD 1605 THE ALAMEDA SAN JOSE, CA 95126	77-0261817	501(C)(4)	15,000.	0.			FOR THE TEEN SUCCESS SCHOLARSHIP PROGRAM
PLANTING JUSTICE 996 B 62ND STREET OAKLAND, CA 94608	27-0334905	501(C)(3)	20,000.	0.			COMMUNITY REGENERATION PROJECT
POSITIVE COACHING ALLIANCE 1001 N. RENGSTORFF AVENUE, SUITE 10 MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	16,000.	0.			GENERAL SUPPORT, GROWTH FUND, FUND A CAUSE PROGRAM
PROJECT WEHOPE PO BOX 50624 PALO ALTO, CA 94303	94-3342713	501(C)(3)	49,000.	0.			TO SUPPORT DIGNITY ON WHEELS, MOBILE SHOWER VAN TO SERVE HOMELESS
PROVIDENCE COLLEGE 549 RIVER AVE. PROVIDENCE, RI 02918	05-0258932	501(C)(3)	8,000.	0.			GRACE SCHOLARSHIP
PUBLIC HEALTH INSTITUTE 555 12TH STREET OAKLAND, CA 94607	94-1646278	501(C)(3)	39,991.	0.			AN SRO CULTURE OF INCLUSION
PUEBLO 3528 FOOTHILL BLVD. OAKLAND, CA 94601	26-0877633	501(C)(3)	61,271.	0.			BIO, LISTENING SESSIONS - ALL IN ALAMEDA CO.
PUENTE DE LA COSTA SUR PO BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	16,000.	0.			MEDICAL AND HEALTHCARE PROGRAMS, CHRISTMAS SEASON WORK

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
REBUILDING TOGETHER P.O. BOX 4031 MENLO PARK, CA 94026	94-3106209	501(C)(3)	60,500.	0.			HEALTHY HOUSING CHALLENGE, GENERAL SUPPORT
RIVER SCHOOL 4880 MACARTHUR BLVD WASHINGTON, DC 20007	52-2172713	501(C)(3)	25,000.	0.			MAKER SPACE PROJECT - LEIGH ROSE
ROCKETSHIP EDUCATION 350 TWIN DOLPHIN DRIVE, SUITE 109 REDWOOD CITY, CA 94065	20-4040597	501(C)(3)	110,000.	0.			SUPPORT HR POSITION
ROSALIE RENDU CENTER 1760 BAY ROAD APT 24 EAST PALO ALTO, CA 94303-1674	95-4709944	501(C)(3)	106,500.	0.			PARENT INVOLVEMENT WORKER PROGRAM
SAINT FRANCIS CENTER 151 BUCKINGHAM AVENUE REDWOOD CITY, CA 94063	94-3052056	501(C)(3)	42,900.	0.			GENERAL SUPPORT FOR LOW-INCOME HOUSING
SAN FRANCISCO AND MARIN FOOD BANKS 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SAN FRANCISCO FRIENDS OF CHAMBER MUSIC - 4124 WILKIE WAY - PALO ALTO, CA 94306	94-3298643	501(C)(3)	15,000.	0.			AFRICAN AMERICAN COMPOSER INITIATIVE
SAN FRANCISCO OPERA 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501(C)(3)	30,000.	0.			GENERAL SUPPORT
SAN FRANCISCO STUDY CENTER 1663 MISSION STREET, SUITE 504 SAN FRANCISCO, CA 94103	94-2168838	501(C)(3)	11,000.	0.			BROTHERS ON THE RISE

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
SAN MATEO COUNTY PARKS FOUNDATION 215 BAY ROAD MENLO PARK, CA 94025	94-3306697	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SAVE THE BAY 1330 BROADWAY, SUITE 1800 OAKLAND, CA 94612-2519	94-6078420	501(C)(3)	125,000.	0.			REDWOOD CITY BAY FILL PREVENTION
SENECA CENTER 6925 CHABOT ROAD OAKLAND, CA 94618	94-2971761	501(C)(3)	19,890.	0.			UNCONDITIONAL PRIDE: CLINICAL FRAMEWORK
SENIOR SUPPORT PROGRAM OF THE TRI VALLEY - 5353 SUNOL BLVD. - PLEASANTON, CA 94566	20-3225569	501(C)(3)	40,000.	0.			STEPPING OUT AND REACHING IN (SOAR)
SEQUOIA ADULT SCHOOL SCHOLARS 3247 MIDDLEFIELD ROAD MENLO PARK, CA 94025	45-4128140	501(C)(3)	10,741.	0.			SCHOLARSHIPS FOR COLLEGE TEXTBOOKS
SEQUOIA UNION HIGH SCHOOL DISTRICT 2021 CARMELITA DRIVE SAN CARLOS, CA 94070		SEQUOIA UNION HS	25,000.	0.			SUPPORT TRI-DISTRICT WORK
SILICON VALLEY COMMUNITY FOUNDATION - 2440 WEST EL CAMINO REAL, SUITE 300 - MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	20,000.	0.			SUPPORT THE BIG LIFT
SONRISAS COMMUNITY DENTAL CLINIC 210 SAN MATEO ROAD, SUITE 104 HALF MOON BAY, CA 94019	94-3390196	501(C)(3)	7,500.	0.			THE SMILE FUND
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	10,000.	0.			BASIC NEEDS AND SERVICES FOR THE POOR

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. JOHN'S COLLEGE 1160 CAMINO CRUZ BLANCA SANTA FE, NM 87505	52-0591421	501(C)(3)	8,000.	0.			GRACE SCHOLARSHIP
ST. MARY'S CENTER 925 BROCKHURST STREET OAKLAND, CA 94608	68-0172229	501(C)(3)	39,065.	0.			PEP PEER ELDER PROGRAM, TOBACCO TREATMENT INTERVENTIONS
STANFORD HOSPITAL PARTNERS P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	25,000.	0.			GENERAL SUPPORT
STANFORD UNIVERSITY 450 SERRA MALL, BLDG 50, RM 51C STANFORD, CA 94305-2034	94-1156365	501(C)(3)	6,832.	0.			DANCE IN PRISONS ASPIRE EPA PHOENIX ACADEMY FIELD TRIP
STREET LIFE MINISTRIES 3560 FARM HILL BLVD REDWOOD CITY, CA 94061	45-3602635	501(C)(3)	6,080.	0.			NEW PERMANENT POP-UP TENT
SUNNY HILLS SERVICES/BAYC 22245 MAIN STREET, SUITE 200 HAYWARD, CA 94541	94-1156301	501(C)(3)	9,999.	0.			CRITICAL CONVERSATIONS PROJECT
TECHNOLOGY FOR GLOBAL SECURITY 501 FOREST AVE #402 PALO ALTO, CA 94301	47-5677755	501(C)(3)	17,374.	0.			GENERAL SUPPORT
TEEN SUCCESS, INC. 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	20,000.	0.			SUPPORT WORK AT REDWOOD CITY SITES
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION - 201 EDDY STREET - SAN FRANCISCO, CA 94102	94-2761808	501(C)(3)	11,250.	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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TERRY'S KIDS 21 ORINDA WAY, SUITE C #321 ORINDA, CA 94563	94-3136771	501(C)(3)	15,365.	0.			GENERAL OPERATING EXPENSES, PERFORMERS FOR MUSIC CLINIC
THE CHILDREN OF HOPE ACADEMY 2396 EAST BELLA ROSA CIRCLE SAINT GEORGE, UT 84790	22-2272922	501(C)(3)	9,000.	0.			GENERAL SUPPORT
THE COLLEGE OF ST. SCHOLASTICA 1200 KENWOOD AVENUE DULUTH, MN 55811	41-0698301	501(C)(3)	32,000.	0.			GRACE SCHOLARSHIPS
THE COVENANT PRESBYTERIAN CHURCH 5146 OLD REDWOOD HIGHWAY SANTA ROSA, CA 95403		CHURCH	10,000.	0.			GENERAL SUPPORT
THE DAY WORKER CENTER OF MOUNTAIN VIEW - 113 ESCUELA AVE - MOUNTAIN VIEW, CA 94040	20-2874108	501(C)(3)	8,000.	0.			ROOF WORK FOR AIR CONDITIONING UNIT
THE GAMBLE INSTITUTE 12500 CAMPUS DRIVE ROOM P112 OAKLAND, CA 94619	82-0583434	501(C)(3)	12,998.	0.			STREET SCHOLARS PEER MENTORING PROGRAM
THE MICHAEL J. FOX FOUNDATION P.O. BOX 5014 HAGERSTOWN, MD 21741	13-4141945	501(C)(3)	5,500.	0.			GENERAL SUPPORT
THE RESET FOUNDATION 1500 MISSION STREET SAN FRANCISCO, CA 94103	46-2275654	501(C)(3)	15,000.	0.			ON-CAMPUS WORK STIPENDS
TLC FOR KIDS SPORTS P.O BOX 1070 DANVILLE, CA 94526	94-3136771	501(C)(3)	20,728.	0.			RENOVATION OF BASEBALL FIELD AT JFK PARK

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
UNAMESA ASSOCIATION 14 S. ELDORADO STREET SAN MATEO, CA 94401	20-5643483	501(C)(3)	20,000.	0.			PILOT PARTNERSHIP WITH FREMONT USD
UNITED RELIGIONS INITIATIVE P.O. BOX 29242 SAN FRANCISCO, CA 94129	68-0369482	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YCORE NETWORK 685 SAN JUAN STREET STANFORD, CA 94305	94-3136771	501(C)(3)	27,513.	0.			GENERAL SUPPORT, WORKSHOP EXPENSES
YOUTH UPRISING 8711 MACARTHUR BLVD OAKLAND, CA 94605	20-3321544	501(C)(3)	105,000.	0.			YU ADVANCE

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 non-cash 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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.**

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	15	2,264,501.	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 is not 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 non-standard 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 did not 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) (2015)

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

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

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 2015.

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.

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

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

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

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.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

5 For calendar year **2015**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a 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.	8a	\$ 0.
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 and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

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

Signature Title Date