

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** 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	
	1222 PRESERVATION PARK WAY		G Gross receipts \$ 45,545,614.
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612-1201		
F Name and address of principal officer: JAMES HIGA SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.VENTURESFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1991** **M** State of legal domicile: **CA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENGAGE CREATIVE DONORS AND COMMUNITY PARTNERS IN GRASSROOTS PHILANTHROPY VIA RADICAL		
	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 2020 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	8
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	13,702,918.	15,249,587.
	9 Program service revenue (Part VIII, line 2g)	0.	25,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	723,093.	862,683.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	23.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,426,011.	16,137,293.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,762,593.	12,724,605.
	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)	496,758.	516,739.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 81,438.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	260,557.	328,477.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,519,908.	13,569,821.	
19 Revenue less expenses. Subtract line 18 from line 12	3,906,103.	2,567,472.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 26,415,593.	End of Year 31,645,319.
	21 Total liabilities (Part X, line 26)	642,284.	858,505.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,773,309.	30,786,814.

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 REBECCA CHRISTIANSEN	Preparer's signature REBECCA CHRISTIANSEN	Date 11/09/21	Check if self-employed <input type="checkbox"/>	PTIN P01219191
	Firm's name ▶ EVERGREEN ALLIANCE PROFESSIONAL CORP.	Firm's EIN ▶ 86-1400078			
	Firm's address ▶ 4332 CERRITOS AVE, SUITE A105 LOS ALAMITOS, CA 90720	Phone no. 714-372-8110			

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: TO ENGAGE CREATIVE DONORS AND COMMUNITY PARTNERS IN GRASSROOTS PHILANTHROPY VIA RADICAL COLLABORATION.

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 \$ 13,164,097. including grants of \$ 12,724,605.) (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 GRANTEES TO ACT AS AN ADVOCATE IN HELPING THEM SUCCEED IN THEIR WORK.

4b (Code:) (Expenses \$ 25,000. including grants of \$) (Revenue \$ 25,000.) PVF STAFF DOES EXTENSIVE CONSULTING WITH OTHER FOUNDATIONS REGARDING THEIR GRANTMAKING. IN TOTAL, WE HAVE CONDUCTED SITE VISITS TO OVER 450 FOUNDATIONS NATIONWIDE, PROVIDING OUR EXPERTISE TO THOUSANDS OF DONORS AND GRANTEES AND AFFECTING COUNTLESS LIVES IN THOUSANDS OF COMMUNITIES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 13,189,097.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 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>	3	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>	4	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>	5	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>	6 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>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a	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>	11b	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>	11c	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>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15 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>	16	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>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections 2a-16 regarding employee reporting, tax shelter transactions, contributions, and organizational compliance.

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 on 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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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

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. See instructions for the order in which to list the persons above.

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) DAWN HAWK COO	40.00			X			145,343.	0.	21,842.	
(2) BILL SOMERVILLE PRESIDENT/FOUNDER	24.00	X		X			125,000.	0.	8,681.	
(3) COLBURN S. WILBUR CHAIRMAN	4.00	X		X			0.	0.	0.	
(4) JAMES HIGA TREASURER/EXECUTIVE DIRECTOR	32.00	X		X			0.	0.	0.	
(5) DUNCAN BEARDSLEY DIRECTOR	2.00	X					0.	0.	0.	
(6) JAMES R. CODY DIRECTOR	2.00	X					0.	0.	0.	
(7) ADRIENNE TISSIER DIRECTOR	2.00	X					0.	0.	0.	
(8) JACKIE SPEIER DIRECTOR	2.00	X					0.	0.	0.	
(9) MOIRA C. WALSH DIRECTOR	2.00	X					0.	0.	0.	
(10) ALICIA AGUIRRE DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							270,343.	0.	30,523.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							270,343.	0.	30,523.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A)	(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						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,249,587.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 582,645.					
	h Total. Add lines 1a-1f			15,249,587.				
Program Service Revenue	2 a CONSULTING/TRAINING	Business Code	900099	25,000.	25,000.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			25,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			304,354.			304,354.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			29,966,650.					
	b Less: cost or other basis and sales expenses	7b	29,408,321.					
	c Gain or (loss)	7c	558,329.					
	d Net gain or (loss)				558,329.		558,329.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	23.			23.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				23.			
12 Total revenue. See instructions				16,137,293.	25,000.	0.	862,706.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	9,209,977.	9,209,977.		
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	3,514,628.	3,514,628.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	300,866.	234,615.	28,191.	38,060.
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	165,817.	129,304.	15,537.	20,976.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,190.	7,167.	861.	1,162.
9 Other employee benefits	7,200.	5,614.	674.	912.
10 Payroll taxes	33,666.	26,253.	3,155.	4,258.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,530.		5,530.	
c Accounting	87,230.		87,230.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	126,313.		126,313.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	9,092.			9,092.
13 Office expenses	35,836.	17,701.	17,192.	943.
14 Information technology				
15 Royalties				
16 Occupancy	47,706.	37,201.	4,470.	6,035.
17 Travel	6,820.	6,637.	183.	
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	9,950.		9,950.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	13,569,821.	13,189,097.	299,286.	81,438.
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 <input type="checkbox"/> 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	831,521.	1	727,816.
	2 Savings and temporary cash investments	2,502,431.	2	4,604,807.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,935.	9	5,935.
	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	23,075,706.	11	26,306,761.
	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 33)	26,415,593.	16	31,645,319.	
Liabilities	17 Accounts payable and accrued expenses	28,743.	17	42,159.
	18 Grants payable	613,541.	18	816,346.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	642,284.	26	858,505.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,881,112.	27	24,133,969.
	28 Net assets with donor restrictions	5,892,197.	28	6,652,845.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,773,309.	32	30,786,814.
33 Total liabilities and net assets/fund balances	26,415,593.	33	31,645,319.	

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	16,137,293.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,569,821.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,567,472.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,773,309.
5	Net unrealized gains (losses) on investments	5	2,446,033.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,786,814.

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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 on Schedule O and describe any steps taken to undergo such audits		

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,018,027.	8,264,889.	8,850,632.	13,702,918.	15,249,587.	57,086,053.
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	11,018,027.	8,264,889.	8,850,632.	13,702,918.	15,249,587.	57,086,053.
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)						7,172,210.
6 Public support. Subtract line 5 from line 4.						49,913,843.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11,018,027.	8,264,889.	8,850,632.	13,702,918.	15,249,587.	57,086,053.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	164,581.	196,107.	253,093.	322,987.	304,354.	1,241,122.
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.)					23.	23.
11 Total support. Add lines 7 through 10						58,327,198.
12 Gross receipts from related activities, etc. (see instructions)					12	25,000.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	85.58 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	83.12 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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? 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.		
1		
2		

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)? 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).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? 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.	Yes	No	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" 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? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Horizontal lines for supplemental information.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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
1	_____ _____ _____	\$ <u>5,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,125,189.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,013,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>501,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>360,968.</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 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
5	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 210,562.	11/17/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including checkboxes and dollar amount fields.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,892,197.	5,081,363.	5,495,605.	4,952,861.	4,839,498.
b Contributions					
c Net investment earnings, gains, and losses	812,316.	997,792.	-22,677.	724,493.	285,372.
d Grants or scholarships	51,668.	186,958.	191,565.	181,749.	172,009.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,652,845.	5,892,197.	5,081,363.	5,495,605.	4,952,861.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 78.9200 %
 - c Term endowment 21.0800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| 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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,457,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,446,033.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,446,033.
3	Subtract line 2e from line 1		3	16,010,980.
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	126,313.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	126,313.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	16,137,293.

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	13,443,508.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	13,443,508.
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	126,313.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	126,313.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	13,569,821.

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:

ENDOWMENT FUNDS ARE UTILIZED AS A SAFETY NET FOR POVERTY COMMUNITY GRANTS, AS WELL AS FOR ADMINISTRATIVE OVERHEAD FOR CONVENING, EDUCATION, AND PLANNING.

PART X, LINE 2:

THE FOUNDATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

SINCE THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX

Part XIII Supplemental Information (continued)

LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE FOUNDATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT FOUNDATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE FOUNDATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		72,390.
EAST ASIA & THE PACIFIC	0	0	GRANTMAKING		84,700.
EUROPE	0	0	GRANTMAKING		862,900.
MIDDLE EAST	0	0	GRANTMAKING		130,000.
NORTH AMERICA	0	0	GRANTMAKING		414,370.
SOUTH AMERICA	0	0	GRANTMAKING		639,244.
SOUTH ASIA	0	0	GRANTMAKING		372,160.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		938,865.
3 a Subtotal	0	0			3,514,629.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,514,629.

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIB	GENERAL SUPPORT	72,390.	WIRE	0.		
		EAST ASIA	GENERAL SUPPORT	75,000.	WIRE	0.		
		EAST ASIA	GENERAL SUPPORT	9,700.	WIRE	0.		
		EUROPE	CORONAVIRUS RESPONSE IN MARE, RIO DE JANEIRO, BRAZIL	25,000.	WIRE	0.		
		EUROPE	GENERAL SUPPORT	10,900.	WIRE	0.		
		EUROPE	TASKRABBIT FOR GOOD COMMUNITY GRANT FOR SPRING 2020	8,000.	WIRE	0.		
		EUROPE	GENERAL SUPPORT	8,000.	WIRE	0.		
		EUROPE	LESEDI SCHOOL AND CLINIC	263,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **39**

3 Enter total number of other organizations or entities **39**

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)
		EUROPE	COLLEGE SCHOLARSHIP FUND FOR UNDERGRADUATES AND GRADUATE STUDENTS	140,000.	WIRE	0.		
		EUROPE	GENERAL SUPPORT	30,000.	WIRE	0.		
		EUROPE	GENERAL SUPPORT	350,000.	WIRE	0.		
		EUROPE	TO SUPPORT THE WILDLIFE RANGER CHALLENGE	28,000.	WIRE	0.		
		MIDDLE EAST	GENERAL SUPPORT AND CAPACITY BUILDING	130,000.	WIRE	0.		
		NORTH AMERICA	GENERAL OPERATING SUPPORT	364,370.	WIRE	0.		
		NORTH AMERICA	DANDO ACCESO AL ABORTO SEGURO EN MEXICO	50,000.	WIRE	0.		
		SOUTH AMERICA	SALUD SEXUAL REPRODUCTIVA Y PLANIFICACION FAMILIAR	70,000.	WIRE	0.		
		SOUTH AMERICA	GENERAL SUPPORT	30,000.	WIRE	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)
		SOUTH AMERICA	LEADERSHIP TRAINING FOR TEACHER FELLOWS	100,000.	WIRE	0.		
		SOUTH AMERICA	GENERAL SUPPORT	5,000.	WIRE	0.		
		SOUTH AMERICA	GENERAL SUPPORT OF THE POVERTY STOPLIGHT PROGRAM	352,000.	WIRE	0.		
		SOUTH AMERICA	SONIDOS DE LA TIERRA AND INTERNATIONAL HARP FESTIVAL	47,000.	WIRE	0.		
		SOUTH AMERICA	GENERAL SUPPORT	35,244.	WIRE	0.		
		SOUTH ASIA	CHORTEN NEBU PROJECT AND FOR THE GIRLS TOO PROJECT	9,150.	WIRE	0.		
		SOUTH ASIA	GENERAL SUPPORT	5,840.	WIRE	0.		
		SOUTH ASIA	GENERAL SUPPORT AND COVID-19 RELIEF	255,000.	WIRE	0.		
		SOUTH ASIA	GENERAL SUPPORT	102,170.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT AND CAPACITY BUILDING	300,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT OF TIME + TIDE'S PROGRAMS IN ZAMBIA	76,575.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	17,390.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	157,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TREAT & TEACH OUTREACH CLINICS, ON-THE-JOB HEALTH WORKER TRAINING	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	125,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	9,300.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	70,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE VILLAGE SCHOOLS IN THE LUANGWA VALLEY, ZAMBIA	14,990.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT AND SCIENCE LAB PROJECT	68,610.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT	25,000.	WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PVF CONTINUALLY MAKES SITE VISITS TO GRANTEES TO VERIFY THE FOUNDATION GRANTS ARE USED FOR CHARITABLE PURPOSES; IN SOME CASES WE HAVE VISITED OVER A DOZEN TIMES. IN ADDITION, PVF RECEIVES 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**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 noncash assistance	(h) Purpose of grant or assistance
COMMUNITY LEGAL SERVICES IN EAST PALO ALTO - 1861 BAY ROAD - EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	205,000.	0.			GENERAL SUPPORT & RESCUE HOUSING FUND
AT THE CROSSROADS 167 JESSIE STREET SAN FRANCISCO, CA 94105	27-2603924	501(C)(3)	203,079.	0.			GENERAL SUPPORT
UCSF FOUNDATION P.O. BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	200,000.	0.			TELEHEALTH STUDY
EPA CAN DO 2369 UNIVERSITY AVENUE EAST PALO ALTO, CA 94303	94-3145270	501(C)(3)	125,000.	0.			OPTIONS TO PRESERVE LOW-INCOME HOUSING
TURIMIQUIRE FOUNDATION 16 CRESCENT STREET CAMBRIDGE, MA 02138	04-3286660	501(C)(3)	100,000.	0.			FAMILY PLANNING IN VENEZUELA
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	80,000.	0.			HAWAII PHILANTHROPY; OCEAN RISING

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 **▶ 1.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE CHILDREN OF HOPE ACADEMY (THE NACD FOUNDATION) - 1008 EAST 200 SOUTH - SAINT GEORGE, UT 84790	22-2272922	501(C)(3)	60,000.	0.			GENERAL SUPPORT
CANARY FOUNDATION 3155 PORTER DRIVE PALO ALTO, CA 94304	65-1230251	501(C)(3)	50,000.	0.			TO SUPPORT THE DR. GAMBHIR FUND
THE LAPACHO FUND 125 W. MAIN ST. #1131 MIDWAY, UT 84049	85-0776852	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CATHOLIC WORKER HOUSE PO BOX 513 REDWOOD CITY, CA 94064-0513	94-3136771		35,000.	0.			GENERAL SUPPORT & COVID-19 RELIEF
GRACE CATHEDRAL 1100 CALIFORNIA STREET SAN FRANCISCO, CA 94108	94-1156846	501(C)(3)	35,000.	0.			GENERAL SUPPORT
HOOVER COMMUNITY SCHOOL 701 CHARTER STREET REDWOOD CITY, CA 94063		170(C)(1)	31,000.	0.			90 IPADS, CASES, AIRPODS FOR STUDENTS
ALL STUDENTS MATTER 965 LINCOLN AVENUE PALO ALTO, CA 94301	47-1582614	501(C)(3)	30,000.	0.			GENERAL SUPPORT & VIRTUAL TUTORING PROGRAM
UPRISING SOCIETY P.O. BOX 751113 HOUSTON, TX 77275	26-4228115	501(C)(3)	30,000.	0.			GENERAL SUPPORT
PUENTE DE LA COSTA SUR P.O. BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	27,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GLOBAL FUND FOR WOMEN 800 MARKET STREET SAN FRANCISCO, CA 94102	77-0155782	501(C)(3)	25,319.	0.			GENERAL SUPPORT
DEV COLOR 460 BRANNAN ST., #77844 SAN FRANCISCO, CA 94107	47-4199476	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GATEPATH 350 TWIN DOLPHIN DRIVE SUITE 123 REDWOOD CITY, CA 94065	94-1156502	501(C)(3)	25,000.	0.			GENERAL SUPPORT
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
NUESTRA CASA 2396 UNIVERSITY AVENUE EAST PALO ALTO, CA 94303	46-4040538	501(C)(3)	25,000.	0.			GENERAL SUPPORT
TURN2U 548 MARKET STREET, PMB 60414 SAN FRANCISCO, CA 94104	46-2899930	501(C)(3)	25,000.	0.			GENERAL SUPPORT FOR THE LAST MILE
WORLD VASECTOMY DAY 341 WEST 24TH STREET, 21J NEW YORK, NY 10011	47-3178528	501(C)(3)	25,000.	0.			VASECTOMY WITHOUT BORDERS 2020 PROJECT
EASTSIDE COLLEGE PREPARATORY SCHOOL - 1041 MYRTLE STREET - EAST PALO ALTO, CA 94303	94-3187806	501(C)(3)	21,000.	0.			GENERAL SUPPORT
FOUNDATION FOR A COLLEGE EDUCATION P.O. BOX 50518 PALO ALTO, CA 94303	77-0401635	501(C)(3)	20,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COLORADO COLLEGE 14 EAST CACHE LA POUDE STREET COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	20,000.	0.			GENERAL SUPPORT & CORONAVIRUS EMERGENCY FUND
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVENUE KENTFIELD, CA 94904	94-2665683	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MUJERES UNIDAS Y ACTIVAS 3543 18TH STREET, #23 SAN FRANCISCO, CA 94110	20-2986926	501(C)(3)	20,000.	0.			COMMUNITY NAVIGATION SERVICES
ONE LIFE COUNSELING CENTER 1303 SAN CARLOS AVENUE SAN CARLOS, CA 94070	81-0919786	501(C)(3)	20,000.	0.			SERVICES FOR 120 UNACCOMPANIED YOUTH
SOCIETY OF ST. VINCENT DE PAUL 50 NORTH B STREET SAN MATEO, CA 94401	90-0768822	501(C)(3)	20,000.	0.			DESIGNATED FOR THE CATHERINE CENTER
STANFORD LAW SCHOOL P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	20,000.	0.			OPPORTUNITY FUND; HORN-HOPKINS
OPERATION SMILE 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453	54-1460147	501(C)(3)	18,081.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129-1680	44-0610626	501(C)(3)	18,000.	0.			SCHOLARSHIPS
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVENUE, SUITE 340 - PALO ALTO, CA 94301	77-0440090	501(C)(3)	17,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE FIRST PLACE FOR YOUTH 426 17TH STREET, SUITE 100 OAKLAND, CA 94612	94-3341034	501(C)(3)	17,500.	0.			GENERAL SUPPORT
ALAS - AYUDANDO LATINOS A SOAR P.O. BOX 2454 EL GRANADA, CA 94018	46-2464722	501(C)(3)	17,000.	0.			GENERAL SUPPORT & COVID-19 NEEDS
BEATITUDE HOUSE CATHOLIC WORKER 121 W. FESLER ST SANTA MARIA, CA 93458	94-3136771	501(C)(3)	16,000.	0.			GENERAL SUPPORT
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT (AACI) - 2400 MOORPARK AVE, SUITE 300 - SAN JOSE, CA 95128	94-2292491	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY, SUITE 100 ALAMEDA, CA 94502	94-1551410	501(C)(3)	15,000.	0.			GENERAL SUPPORT
IGNITE 510 16TH STREET OAKLAND, CA 94612	36-2867274	501(C)(3)	15,000.	0.			GENERAL SUPPORT
IVY AND PEARLS FOUNDATION P.O. BOX 50054 PALO ALTO, CA 94303	04-3832212	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MAITRI P.O. BOX 697 SANTA CLARA, CA 95052	94-3189198	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MARIN HUMANE 171 BEL MARIN KEYS BLVD NOVATO, CA 94949	94-1156562	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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PLANNED PARENTHOOD MAR MONTE 1650 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE ART OF YOGA PROJECT 555 BRYAN STREET, #232 PALO ALTO, CA 94301	20-2448697	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YWCA OF BERKELEY AND OAKLAND 2600 BANCROFT WAY BERKELEY, CA 94704	94-1156363	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YWCA OF SONOMA COUNTY 811 3RD STREET SANTA ROSA, CA 95404	94-2347428	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YWCA SILICON VALLEY 375 S. THIRD STREET SAN JOSE, CA 95112	94-1186196	501(C)(3)	15,000.	0.			GENERAL SUPPORT
1ST PRESBYTERIAN CHURCH OF SANTA ROSA - 1550 PACIFIC AVENUE - SANTA ROSA, CA 95404		501(C)(3)	14,000.	0.			GENERAL SUPPORT
THE COMMONWEALTH CLUB 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	94-0399260	501(C)(3)	13,500.	0.			GENERAL SUPPORT
CREATIVE MONTESSORI LEARNING CENTER - 1421 BAY ROAD - EAST PALO ALTO, CA 94303	94-2347442	501(C)(3)	13,000.	0.			EMERGENCY SEWER REPAIR
POSITIVE COACHING ALLIANCE 1001 N. RENGSTORFF AVE., SUITE 100 MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	13,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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VOTERIDERS 171 PIER AVENUE, #313 SANTA MONICA, CA 90405	45-5081831	501(C)(3)	13,000.	0.			INDIVISIBLE PORTOLA VALLEY
HIDDEN GENIUS PROJECT 2934 TELEGRAPH AVENUE OAKLAND, CA 94609	46-0689949	501(C)(3)	11,422.	0.			GENERAL SUPPORT
ALL STARS HELPING KIDS 4675 STEVENS CREEK BLVD STE 125 SANTA CLARA, CA 95051	77-0325111	501(C)(3)	11,357.	0.			GENERAL SUPPORT
SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)(3)	11,216.	0.			MULATTO MEADOWS; HOMIES EMPOWERMENT
OREGON SHAKESPEARE FESTIVAL 15 S. PIONEER STREET ASHLAND, OR 97520	93-0407022	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SAINT FRANCIS CENTER 151 BUCKINGHAM AVENUE REDWOOD CITY, CA 94063	94-3052056	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SONRISAS COMMUNITY DENTAL CLINIC 430 N. EL CAMINO REAL SAN MATEO, CA 94401	94-3390196	501(C)(3)	10,882.	0.			GENERAL SUPPORT
MISSION GRADUATES 3040 16TH STREET SAN FRANCISCO, CA 94103	23-7172909	501(C)(3)	10,500.	0.			GENERAL SUPPORT
THE HEALING WELL/COMMUNITY INITIATIVES - 476 EDDY ST. - SAN FRANCISCO, CA 94109	94-3255070	501(C)(3)	10,500.	0.			GIFT CARDS TO RESPOND TO FOOD INSECURITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ABLE WORKS 1836 BAY RD, SUITE B EAST PALO ALTO, CA 94303	20-2175098	501(C)(3)	10,000.	0.			GENERAL SUPPORT & COVID-19 RELIEF
ADOLESCENT COUNSELING SERVICES 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	51-0192551	501(C)(3)	10,000.	0.			YOUTH MENTAL HEALTH ACCESS DURING COVID-19
ART IN ACTION 3925 BOHANNON DRIVE, SUITE 300 MENLO PARK, CA 94025	94-3342383	501(C)(3)	10,000.	0.			TECHNOLOGY PLATFORMS FOR DISTANCE LEARNING
BAYSHORE CHRISTIAN MINISTRIES 1001 BEECH STREET EAST PALO ALTO, CA 94303	77-0151434	501(C)(3)	10,000.	0.			KIDSMART SUMMER BRIDGE
CANOPY 3921 EAST BAYSHORE ROAD PALO ALTO, CA 94303	01-0565752	501(C)(3)	10,000.	0.			GENERAL SUPPORT & ENVIRONMENTAL EDUCATION
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
EAST PALO ALTO CENTER FOR COMMUNITY MEDIA - P.O. BOX 50274 - EAST PALO ALTO, CA 94303	20-1415500	501(C)(3)	10,000.	0.			TO COMBAT COVID-19 IN THE COMMUNITY
EAST PALO ALTO KIDS FOUNDATION P.O. BOX 50542 PALO ALTO, CA 94303	77-0359913	501(C)(3)	10,000.	0.			AN EDUCATOR MICRO GRANT PROGRAM
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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ENVIRONMENTAL VOLUNTEERS 2560 EMBARCADERO ROAD PALO ALTO, CA 94303	94-2550385	501(C)(3)	10,000.	0.			DISTANCE & ON-SITE LEARNING RESOURCES
ETERNAL LIFE CHURCH 965 OBRIEN DRIVE MENLO PARK, CA 94025	55-0846684	501(C)(3)	10,000.	0.			HELPING YOUR COMMUNITY DURING COVID-19
GIRLS TO WOMEN P.O. BOX 50368 EAST PALO ALTO, CA 94303	20-8766348	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT DURING COVID-19
HEALTH CONNECTED 763 GREEN ST. EAST PALO ALTO, CA 94303	94-3227947	501(C)(3)	10,000.	0.			RAVENSWOOD SEXUAL HEALTH EDUCATION
KEPLER'S LITERARY FOUNDATION 1047 EL CAMINO REAL, SUITE 201 MENLO PARK, CA 94025	20-5205488	501(C)(3)	10,000.	0.			RAVENSWOOD LITERACY ENGAGEMENT PROJECT
LEWIS & JOAN PLATT EAST PALO ALTO FAMILY YMCA - 550 BELL STREET - EAST PALO ALTO, CA 94303	94-1156318	501(C)(3)	10,000.	0.			DAYCAMP & USDA SUMMER FOOD SERVICE
LOS ANGELES OPERA COMPANY 135 NORTH GRAND AVENUE LOS ANGELES, CA 90012	95-2096402	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MY NEW RED SHOES 330 TWIN DOLPHIN DRIVE, SUITE 135 REDWOOD CITY, CA 94065	20-4683289	501(C)(3)	10,000.	0.			A COVID-19 RELIEF PROGRAM
ROSALIE RENDU CENTER 2345 PULGAS AVENUE EAST PALO ALTO, CA 94303	95-4709944	501(C)(3)	10,000.	0.			MANAGING EFFECTS OF COVID-19

Schedule I (Form 990)

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SAINT MARK AME ZION CHURCH 1794 BAY ROAD EAST PALO ALTO, CA 94303	81-4137820	501(C)(3)	10,000.	0.			A TUTORING PROGRAM DURING COVID-19
SILICON VALLEY COMMUNITY FOUNDATION - 2440 WEST EL CAMINO REAL, SUITE 300 - MOUNTAIN VIEW, CA 94040	20-5205488	501(C)(3)	10,000.	0.			EXECUTIVE COACHING
STREET LEVEL HEALTH PROJECT 3125 E. 15TH STREET OAKLAND, CA 94601	56-2324355	501(C)(3)	10,000.	0.			EMERGENCY NEEDS DURING PANDEMIC
TEEN SUCCESS, INC. 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE INTERPRETER FOUNDATION P.O. BOX 970542 OREM, UT 84097	46-0869962	501(C)(3)	10,000.	0.			WITNESSES FILM PROJECT
THE SAMBURU PROJECT 8800 VENICE BLVD., SUITE 208 LOS ANGELES, CA 90034	20-3541982	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED RELIGIONS INITIATIVE P.O. BOX 29242 SAN FRANCISCO, CA 94129	68-0369482	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAN FRANCISCO AND MARIN FOOD BANKS 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	8,575.	0.			GENERAL SUPPORT
B.A.R.E. TRUTH, INC 175 RUBY CT. GARDENA, CA 90248	82-3285537	501(C)(3)	8,000.	0.			TASKRABBIT FOR GOOD COMMUNITY GRANT

Schedule I (Form 990)

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FAMILY PROMISE OF GREATER ORLANDO 1000 CLAY STREET WINTER PARK, FL 32789	59-3679904	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FLORIDA COUNCIL FOR ECONOMIC EDUCATION - 501 S. DAKOTA AVE. STE. 1 - TAMPA, FL 33606	59-1643458	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HEARTS AND HOMES FOR REFUGEES P.O. BOX 8558 PELHAM, NY 10803	81-3361872	501(C)(3)	8,000.	0.			GENERAL SUPPORT
NEW WOMEN, NEW YORKERS, INC. 315 GATES AVENUE APT. 2P BROOKLYN, NY 11216	47-1784843	501(C)(3)	8,000.	0.			TASKRABBIT FOR GOOD COMMUNITY GRANT
SOLUTIONS IN HOMETOWN CONNECTIONS 2335 BLAINE DRIVE CHEVY CHASE, MD 20815	82-1942936	501(C)(3)	8,000.	0.			TASKRABBIT FOR GOOD COMMUNITY GRANT
STANFORD UNIVERSITY P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	8,000.	0.			MEN'S BASKETBALL TEAM
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501(C)(3)	7,736.	0.			GENERAL SUPPORT
PASADENA RUGBY FOOTBALL CLUB 3551 LAS PALMAS GLENDALE, CA 91208	20-4136374	501(C)(3)	7,000.	0.			TO SUPPORT COMMUNITY OUTREACH
SECOND HARVEST FOOD BANK 750 CURTNER AVE SAN JOSE, CA 95125-2118	94-2614101	501(C)(3)	6,925.	0.			GENERAL SUPPORT

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ROTARY CLUB OF SEBASTOPOL P.O. BOX 213 SEBASTOPOL, CA 95473	47-4312102	501(C)(3)	6,600.	0.			EDUCATION FOUNDATION
THE CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR. SACRAMENTO, CA 95833	68-0118991	501(C)(3)	6,391.	0.			GENERAL SUPPORT
LOS ANGELES FIRE DEPARTMENT FOUNDATION - 1700 STADIUM WAY, SUITE 100 - LOS ANGELES, CA 90012	27-2007326	501(C)(3)	6,384.	0.			GENERAL SUPPORT
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET, STE 260 CHICO, CA 95928	68-0161455	501(C)(3)	6,383.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DR. , BLDG. B REDDING, CA 96003	94-1251675	501(C)(3)	6,383.	0.			GENERAL SUPPORT
WILDFIRE RELIEF FUND 221 S. FIGUEROA STREET, SUITE 400 LOS ANGELES, CA 90012	95-3510055	501(C)(3)	6,382.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF VENTURA COUNTY PO BOX 297 OJAI, CA 93024	95-2272598	501(C)(3)	6,382.	0.			GENERAL SUPPORT
ABILITYPATH 350 TWIN DOLPHIN DRIVE, SUITE 123 REDWOOD CITY, CA 94065	94-1156502	501(C)(3)	6,280.	0.			GENERAL SUPPORT
ALL FIVE P.O. BOX 22 MENLO PARK, CA 94026	45-2334963	501(C)(3)	6,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BRING ME A BOOK FOUNDATION 330 TWIN DOLPHIN DRIVE, SUITE 101 REDWOOD CITY, CA 94065	77-0481924	501(C)(3)	6,000.	0.			GIVE ME CHOICE AND I WILL READ PROJECT
EVERYCHILD FOUNDATION P.O. BOX 1808 PACIFIC PALISADES, CA 90272	31-1693985	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FAMILY CONNECTIONS 1215 O'BRIEN DRIVE MENLO PARK, CA 94025	94-3315163	501(C)(3)	6,000.	0.			EDUCATION AND FAMILY NEEDS FOR CHILDREN
STREETCODE ACADEMY P.O. BOX 51867 EAST PALO ALTO, CA 94303	81-4041822	501(C)(3)	6,000.	0.			FEEDING THE COMMUNITY DURING COVID-19
YOUTH COMMUNITY SERVICE PO BOX 61000 PALO ALTO, CA 94306	20-8099150	501(C)(3)	6,000.	0.			PEER LEADER PROJECTS DURING COVID-19
FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE. - CONCORD, CA 94520	94-2418054	501(C)(3)	5,925.	0.			GENERAL SUPPORT
HESPERIAN HEALTH GUIDES 1919 ADDISON STREET, #304 BERKELEY, CA 94704	94-6109093	501(C)(3)	5,887.	0.			FAMILY PLANNING CHOICES MOBILE APP
CYRUS T ELK FOUNDATION FOR THE PROMULGATION OF YOUTH MUSIC EDUCAT - 218 MOUNT VERNON AVE, - SAN FRANCISCO, CA 94112	46-3546124	501(C)(3)	5,826.	0.			GENERAL SUPPORT
PROJECT WEHOPE 1836 BAY ROAD PALO ALTO, CA 94303	94-3342713	501(C)(3)	5,500.	0.			GENERAL SUPPORT& COVID-19 RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	5,399.	0.			GENERAL SUPPORT
STREET BUSINESS SCHOOL 6796 WINCHESTER CIRCLE, SUITE 200 BOULDER, CO 80301	83-1055723	501(C)(3)	5,200.	0.			FOR IMPACT BOOT CAMP FEE
COMMUNITY HOUSING PARTNERSHIP 20 JONES STREET, SUITE 200 SAN FRANCISCO, CA 94102	94-3112338	501(C)(3)	5,097.	0.			GENERAL SUPPORT
TRUCKEE DONNER LAND TRUST P.O. BOX 8816 TRUCKEE, CA 96162	68-0245327	501(C)(3)	5,055.	0.			GENERAL SUPPORT
ANNUAL REVIEWS P.O. BOX 10139 PALO ALTO, CA 94303	94-1156476	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BABY BASICS OF THE PENINSULA, INC. 1848 BAY RD. EAST PALO ALTO, CA 94303	20-5122740	501(C)(3)	5,000.	0.			EMERGENCY DIAPER DISTRIBUTION
BEAM - BLACK EMOTIONAL MENTAL HEALTH COLLECTIVE - PO BOX #27945 - LOS ANGELES, CA 90027	81-3138233	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BEN LOMOND AND BOULDER CREEK FIRE DISTRICTS SUPPORT FUND - 170 MIDDLEFIELD ROAD - MENLO PARK, CA 94025	94-3136771	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CHAMPIONS OF THE COMMUNITY 6189 MEMORIAL DRIVE DUBLIN, OH 43017	20-8630362	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
COMMUNITY FOUNDATION SANTA CRUZ COUNTY - 7807 SOQUEL DRIVE - APTOS, CA 95003	94-2808039	501(C)(3)	5,000.	0.			FIRE RESPONSE FUND
EAST PALO ALTO POLICE ACTIVITIES LEAGUE - 141 DEMETER STREET - EAST PALO ALTO, CA 94303	77-0157339	501(C)(3)	5,000.	0.			HOLIDAY TOY DRIVE
EAST PALO ALTO TENNIS & TUTORING P.O BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	5,000.	0.			DISTANCE LEARNING READING REMEDIATION
EMBER RIDGE HORSE PROJECT 331 MAIN STREET HALF MOON BAY, CA 94019	82-4537943	501(C)(3)	5,000.	0.			EMBER RIDGE RANCH SUMMER CAMP
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	5,000.	0.			2020 VISION VENTURES RESILIENT DEMOCRACY
GET INVOLVED FOUNDATION P.O. BOX 60822 PALO ALTO, CA 94306	47-5203795	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GLOBAL CHARITABLE FUND P.O. BOX 617703 CHICAGO, IL 60661	46-4499862	501(C)(3)	5,000.	0.			PUERTO RICO DISASTER RELIEF
JOBTRAIN 1200 O'BRIEN DRIVE MENLO PARK, CA 94025	94-1712371	501(C)(3)	5,000.	0.			TOOL SCHOLARSHIPS PROGRAM
LAUGHING AT MY NIGHTMARE PO BOX 3398 BETHLEHEM, PA 18017	45-4553464	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MARIN GENERAL HOSPITAL FOUNDATION 100 B. DRAKE'S LANDING ROAD SUITE 2 GREENBRAE, CA 94904	94-6127213	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NORTH PENINSULA FOOD PANTRY & DINING CENTER OF DALY CITY - PO BOX 280 - DALY CITY, CA 94016	94-3164510	501(C)(3)	5,000.	0.			INCREASED DEMAND FOR FOOD
PACIFIC BALLROOM DANCE 1604 15TH STREET SW #109 AUBURN, WA 98001	33-1076075	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PALO ALTO HUMANE SOCIETY P.O. BOX 60715 PALO ALTO, CA 94306	94-1358297	501(C)(3)	5,000.	0.			SPONSORSHIP FOR DAISYS DAY
PARKVIEW FOUNDATION 10622 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845	23-7220589	501(C)(3)	5,000.	0.			MICHAEL A. MIRRO NEUROSCIENCE FUND
PAXTON SPORTS ACADEMY 2773 ILLINOIS STREET EAST PALO ALTO, CA 94303	46-2914627	501(C)(3)	5,000.	0.			BRIDGING THE GAP DURING COVID-19
PETS IN NEED 871 5TH AVE REDWOOD CITY, CA 94063	94-6139667	501(C)(3)	5,000.	0.			TEMPORARY EMERGENCY ASSISTANCE PROGRAM
ROOT CHANGE 610 8TH STREET, NE WASHINGTON, DC 20002	26-4385733	501(C)(3)	5,000.	0.			FAMILY MICRO-ENTERPRISE REBUILDING
SEMPERVIRENS FUND 419 S. SAN ANTONIA RD SUITE 211 LOS ALTOS, CA 94022	94-2155097	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SILICON VALLEY URBAN DEBATE LEAGUE 502 VALLEY WAY MILPITAS, CA 95035	47-1097110	501(C)(3)	5,000.	0.			SPEECH & DEBATE PROGRAMS
THE THACHER SCHOOL 5025 THACHER ROAD OJAI, CA 93023	95-1642398	501(C)(3)	5,000.	0.			IN MEMORY OF JOHN LEWIS
UNIVERSAL GIVING PO BOX 1012 MENLO PARK, CA 94026	73-1662480	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WASATCH EDUCATION FOUNDATION 101 E. 200 NORTH HEBER CITY, UT 84032	87-0471352	501(C)(3)	5,000.	0.			OPERATION HOPE FUNDRAISER
YOUNG LIFE OF SONOMA COUNTY P.O. BOX 14062 SANTA ROSA, CA 95402	84-0385934	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

PVF 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. IN ADDITION, PVF RECEIVES WRITTEN REPORTS ABOUT THE PROGRESS OF THE GRANTEE, WITH LOGS DETAILING HOW FUNDS WERE SPENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAWN HAWK COO	(i)	145,343.	0.	0.	14,534.	7,308.	167,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	7	582,645.FMV	
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 V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED
(DEFINED AS EACH SEPARATE DONOR) IN SCHEDULE M, PART I, COLUMN B.

Multiple horizontal lines for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COLLABORATION

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

A DRAFT FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE ORGANIZATION'S CHIEF OPERATING OFFICER; ADJUSTMENTS ARE MADE, AS NECESSARY. A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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 IN THE DECISION-MAKING PROCESS.

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

COMPENSATION FOR ALL OFFICERS AND KEY EMPLOYEES 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 2020.

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.

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.