

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 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 Doing business as		D Employer identification number 94-3136771
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1222 PRESERVATION PARK WAY		E Telephone number 510-645-1890
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612-1201		G Gross receipts \$ 32,721,625.
	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
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶

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

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 2021 (Part V, line 2a) 5 8
	6	Total number of volunteers (estimate if necessary) 6 8
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 15,249,587. 18,598,101.
	9	Program service revenue (Part VIII, line 2g) 25,000. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 862,683. 1,570,980.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23. 22.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,137,293. 20,169,103.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,724,605. 16,568,863.
	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) 516,739. 561,025.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 88,463.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 328,477. 341,379.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,569,821. 17,471,267.
19	Revenue less expenses. Subtract line 18 from line 12 2,567,472. 2,697,836.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 31,645,319. 36,414,979.
	21	Total liabilities (Part X, line 26) 858,505. 998,653.
	22	Net assets or fund balances. Subtract line 21 from line 20 30,786,814. 35,416,326.

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	Preparer's signature	Date
	REBECCA CHRISTIANSEN	REBECCA CHRISTIANSEN	11/14/22
	Firm's name ▶ EVERGREEN ALLIANCE PROFESSIONAL CORP.	Firm's EIN ▶ 86-1400078	Check <input type="checkbox"/> if self-employed PTIN P01219191
	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 \$ 17,070,272. including grants of \$ 16,568,863.) (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 \$ including grants of \$) (Revenue \$)

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 17,070,272.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 number, Yes, No. Rows 1a, 1b, 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 columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, CO, CT, DC, FL, GA, HI, IL, KS
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. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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 JAMES HIGA - 510-645-1890 1222 PRESERVATION PARK WAY, OAKLAND, CA 94612

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				149,703.	0.	22,278.
(2) BILL SOMERVILLE PRESIDENT/FOUNDER	24.00	X		X				125,000.	0.	10,032.
(3) MOIRA C. WALSH CHAIRMAN	4.00	X		X				0.	0.	0.
(4) JAMES HIGA TREASURER/EXECUTIVE DIRECT	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) COLBURN S. WILBUR 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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal and total rows.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and unrelated organizations.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row for '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	18,598,101.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,347,229.				
	h Total. Add lines 1a-1f		18,598,101.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		353,618.			353,618.	
	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	13,769,884.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	12,552,522.				
	c Gain or (loss)	7c	1,217,362.				
	d Net gain or (loss)		1,217,362.			1,217,362.	
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	22.		22.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			22.			
12 Total revenue. See instructions			20,169,103.	0.	0.	1,571,002.	

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	12,686,972.	12,686,972.		
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	3,881,891.	3,881,891.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	307,014.	239,409.	28,768.	38,837.
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	199,963.	156,026.	16,980.	26,957.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,335.	8,065.	875.	1,395.
9 Other employee benefits	7,200.	5,619.	584.	997.
10 Payroll taxes	36,513.	28,480.	3,286.	4,747.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,366.		21,366.	
c Accounting	75,373.		75,373.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	136,785.		136,785.	
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	7,930.			7,930.
13 Office expenses	30,911.	16,551.	13,371.	989.
14 Information technology				
15 Royalties				
16 Occupancy	50,862.	39,673.	4,578.	6,611.
17 Travel	7,876.	7,586.	290.	
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	10,276.		10,276.	
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	17,471,267.	17,070,272.	312,532.	88,463.
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	727,816.	1	1,442,717.
	2 Savings and temporary cash investments	4,604,807.	2	8,304,958.
	3 Pledges and grants receivable, net		3	375,203.
	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	26,306,761.	11	26,286,166.
	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)	31,645,319.	16	36,414,979.	
Liabilities	17 Accounts payable and accrued expenses	42,159.	17	45,018.
	18 Grants payable	816,346.	18	953,635.
	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	858,505.	26	998,653.
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	24,133,969.	27	28,002,833.
	28 Net assets with donor restrictions	6,652,845.	28	7,413,493.
	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	30,786,814.	32	35,416,326.
33 Total liabilities and net assets/fund balances	31,645,319.	33	36,414,979.	

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	20,169,103.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,471,267.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,697,836.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,786,814.
5	Net unrealized gains (losses) on investments	5	1,931,676.
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	35,416,326.

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 on 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		

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,264,889.	8,850,632.	13,702,918.	15,249,587.	18,598,101.	64,666,127.
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	8,264,889.	8,850,632.	13,702,918.	15,249,587.	18,598,101.	64,666,127.
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)						8,178,279.
6 Public support. Subtract line 5 from line 4.						56,487,848.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8,264,889.	8,850,632.	13,702,918.	15,249,587.	18,598,101.	64,666,127.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	196,107.	253,093.	322,987.	304,354.	353,618.	1,430,159.
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.	22.	45.
11 Total support. Add lines 7 through 10						66,096,331.
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 2021 (line 6, column (f), divided by line 11, column (f)).....	14	85.46 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.58 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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 on 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.		Yes	No
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.			
b Did the activities described on 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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), 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).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>2,013,094.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,799,268.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>759,798.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>535,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>492,684.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
6	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 492,684.	12/31/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization
PHILANTHROPIC VENTURES FOUNDATION

Employer identification number
94-3136771

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

2021

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	59	66
2 Aggregate value of contributions to (during year)	5,906,217.	12,069,666.
3 Aggregate value of grants from (during year)	6,110,218.	7,569,567.
4 Aggregate value at end of year	20,567,828.	6,419,160.

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

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

Schedule D (Form 990) 2021

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	6,652,845.	5,892,197.	5,081,363.	5,495,605.	4,952,861.
b Contributions					
c Net investment earnings, gains, and losses	812,316.	812,316.	997,792.	-22,677.	724,493.
d Grants or scholarships	51,668.	51,668.	186,958.	191,565.	181,749.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,413,493.	6,652,845.	5,892,197.	5,081,363.	5,495,605.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 62.7200 %
 - c Term endowment 37.2800 %
- 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	21,963,994.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,931,676.
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	1,931,676.
3	Subtract line 2e from line 1	3	20,032,318.
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	136,785.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	136,785.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,169,103.

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	17,334,482.
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	17,334,482.
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	136,785.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	136,785.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,471,267.

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

2021

Open to Public Inspection

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

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		70,151.
EAST ASIA & THE PACIFIC	0	0	GRANTMAKING		40,000.
EUROPE	0	0	GRANTMAKING		814,100.
MIDDLE EAST	0	0	GRANTMAKING		100,000.
NORTH AMERICA	0	0	GRANTMAKING		963,679.
SOUTH AMERICA	0	0	GRANTMAKING		516,714.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,377,247.
3 a Subtotal	0	0			3,881,891.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,881,891.

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

Schedule F (Form 990) 2021

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	ENVIRONMENTAL PRESERVATION IN BELIZE	70,151.	WIRE	0.		
		EAST ASIA	TO SUPPORT MARGINALIZED CHILDREN IN NORTHERN THAILAND	40,000.	WIRE	0.		
		EUROPE	SUPPORT FOR MODEL HIGH SCHOOL	11,100.	WIRE	0.		
		EUROPE	FOR LESEDI SCHOOL AND CLINIC	238,000.	WIRE	0.		
		EUROPE	IN SUPPORT OF THE COLLEGE SCHOLARSHIP	150,000.	WIRE	0.		
		EUROPE	SUPPORT OF THE RYDALE MUSIC FESTIVAL	165,000.	WIRE	0.		
		EUROPE	TO SUPPORT TEACHER DEVELOPMENT IN INDIA	250,000.	WIRE	0.		
		MIDDLE EAST	SUPPORT FOR REFUGEES IN LEBANON	100,000.	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 **37**

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO SUPPORT VENTURES WORKING ON THE WORLD'S TO DO LIST	284,981.	WIRE	0.		
		NORTH AMERICA	REPRODUCTIVE HEALTH IN MEXICO	35,000.	WIRE	0.		
		NORTH AMERICA	COCOKIND AWARD TO ALLEVIATE ENDOMETRIOSIS SYMPTOMS	7,500.	WIRE	0.		
		NORTH AMERICA	LIVEABLE CITIES PROGRAM	499,917.	WIRE	0.		
		NORTH AMERICA	HATE IS A VIRUS EVENT MANAGEMENT	18,531.	WIRE	0.		
		NORTH AMERICA	SUPPORT FOR LAST-MILE RURAL COMMUNITIES IN UGANDA	105,000.	WIRE	0.		
		NORTH AMERICA	FOR THE 2021 CHANGEMAKERS SUMMIT	12,750.	WIRE	0.		
		SOUTH AMERICA	MARTIAL ARTS AND EDUCATION FOR YOUTH IN VIOLENCE IMPACTED AREAS	10,000.	WIRE	0.		
		SOUTH AMERICA	SALUD SEXUAL REPRODUCTIVA Y PLANIFICACION FAMILIAR	47,714.	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	FOR THE PROJECT TITLED AMA 2021 PROJECT	7,000.	WIRE	0.		
		SOUTH AMERICA	SOCIAL WELFARE INITIATIVES IN PARAGUAY	52,000.	WIRE	0.		
		SOUTH AMERICA	LEADERSHIP TRAINING FOR TEACHER FELLOWS	50,000.	WIRE	0.		
		SOUTH AMERICA	TO SUPPORT FACES OF THE RIVER PRODUCTION	275,000.	WIRE	0.		
		SOUTH AMERICA	TO SUPPORT THE SONIDOS DE LA TIERRA	45,000.	WIRE	0.		
		SOUTH AMERICA	TO SUPPORT THE DESIGN OF 3-D PRINTED PROSTHETICS	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	WOMEN'S VOCATIONAL TRAINING IN BUILDING TRADES	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	IN SUPPORT OF THE KAPANI SCHOOL PROJECT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT FOR GIRLS CENTER IN NIGERIA	56,967.	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	DESIGNATED TO SUPPORT THE CLINIC IN LOME, TOGO	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	HOLISTIC APPROACH FAMILY PLANNING	407,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOR THE PROJECT TITLED, TREAT & TEACH	135,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT VOCATIONAL TRAINING IN UGANDA	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT WILDLIFE CONSERVATION IN ZAMBIA	8,140.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT OF SLCS CONSERVATION WORK	249,200.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT OF CLINIC, SCHOOL	105,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT THE ZAMBIAN VILLAGE WATER SUPPLY	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT VILLAGE SCHOOLS	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)
		SUB-SAHARAN AFRICA	TO SUPPORT VILLAGE PRESCHOOLS	15,940.	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.

PART I, LINE 3:

EXPENDITURES ARE REPORTED ON THE ACCRUAL METHOD OF ACCOUNTING.

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1ST PRESBYTERIAN CHURCH OF SANTA ROSA - 1550 PACIFIC AVENUE - SANTA ROSA, CA 95404		170(C)(1)	14,000.	0.			GENERAL SUPPORT
A NEW WAY OF LIFE REENTRY PROJECT 9512 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90003	95-4782503	501(C)(3)	14,880.	0.			DIGITAL COMMUNICATIONS SUPPORT
ABILITYPATH 350 TWIN DOLPHIN DRIVE, SUITE 123 REDWOOD CITY, CA 94065	94-1156502	501(C)(3)	11,700.	0.			GENERAL SUPPORT
ABLE WORKS 1836 BAY RD, SUITE B EAST PALO ALTO, CA 94303	20-2175098	501(C)(3)	55,000.	0.			GENERAL SUPPORT
ACADIA CENTER PO BOX 583 ROCKPORT, ME 04856	01-0518193	501(C)(3)	7,500.	0.			EXPANDING ONLINE COMMUNICATIONS
ADOLESCENT COUNSELING SERVICES 643 BAIR ISLAND ROAD, SUITE 301 REDWOOD CITY, CA 94063	51-0192551	501(C)(3)	10,000.	0.			MENTAL HEALTH ACCESS FOR YOUTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **253.**

3 Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCEMENT PROJECT CALIFORNIA 1910 W. SUNSET BLVD. SUITE 500 LOS ANGELES, CA 90026	95-4835230	501(C)(3)	7,000.	0.			THE TRANSLATION OF PRINT AND VIRTUAL DOCUMENTS
ALAS - AYUDANDO LATINOS A SOAR P.O. BOX 2454 EL GRANADA, CA 94018	46-2464722	501(C)(3)	53,000.	0.			GENERAL SUPPORT
ALESSANDRA SANTOS PYE, LLC 2339 CRANE AVENUE KALAMAZOO, MI 49001	46-3661646	501(C)(3)	10,700.	0.			CONFLICT TRANSFORMATION FUND
ALL FIVE P.O. BOX 22 MENLO PARK, CA 94026	45-2334963	501(C)(3)	35,000.	0.			FOR MENTAL HEALTH AND WELLNESS
ALL STUDENTS MATTER P.O. BOX 384 MENLO PARK, CA 94026	47-1582614	501(C)(3)	30,000.	0.			A NEW HIGH-DOSAGE TUTORING PROGRAM
AMERICAN COUNCIL FOR AN ENERGY-EFFICIENT ECONOMY (ACEEE) - 529 14TH STREET, NW #600 - WASHINGTON, DC 20045	94-2711707	501(C)(3)	7,500.	0.			PRODUCTION OF ANIMATED VIDEOS
AMERICAN FRIENDS OF BIRDLIFE INTERNATIONAL INC. - 155 EAST 44TH STREET, 6TH FL. STE. 34 - NEW YORK, NY 10017	30-0265343	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ANAMATANGI POLYNESIAN VOICES 152 DAPHNE WAY EAST PALO ALTO, CA 94303	84-3568185	501(C)(3)	10,000.	0.			COVID RELIEF EFFORTS
ARIELLE LOREN AGENCY LLC 645 NE 70TH STREET MIAMI, FL 33138	82-1785876	501(C)(3)	95,000.	0.			TO SUPPORT EARLY STAGE WOMEN ENTREPRENEURS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHOKA 1700 NORTH MOORE ST., SUITE 2000 (2) ARLINGTON, VA 22209	51-0255908	501(C)(3)	10,000.	0.			TO SUPPORT WORK IN PARAGUAY
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT - 749 STORY ROAD, SUITE 50 - SAN JOSE, CA 95122	94-2292491	501(C)(3)	20,000.	0.			GENERAL SUPPORT
AT THE CROSSROADS 167 JESSIE STREET SAN FRANCISCO, CA 94105	27-2603924	501(C)(3)	70,000.	0.			FOR MENTAL HEALTH AND WELLNESS SERVICES
BAYSHORE CHRISTIAN MINISTRIES 1001 BEECH STREET EAST PALO ALTO, CA 94303	77-0151434	501(C)(3)	7,500.	0.			KIDSMART ACADEMIC ENRICHMENT PROGRAM
BEN LOMOND FIRE PROTECTION DISTRICT - 9430 HIGHWAY 9 - BEN LOMOND, CA 95005	94-2715975	501(C)(3)	15,832.	0.			GENERAL SUPPORT RELATED TO THE CZU FIRE
BERLINROSEN 15 MAIDEN LANE, SUITE 1600 NEW YORK, NY 10038	84-1685253	501(C)(3)	122,780.	0.			PUBLIC RELATIONS 15 PERCENT PLEDGE
BILL, HILLARY & CHELSEA CLINTON FOUNDATION - 1200 PRESIDENT CLINTON AVENUE - LITTLE ROCK, AR 72201	31-1580204	501(C)(3)	14,500.	0.			A HEISING-SIMONS FOUNDATION LANGUAGE ACCESS FUND
BOULDER CREEK FIRE PROTECTION DISTRICT - 13230 CENTRAL AVENUE - BOULDER CREEK, CA 95006	94-6106801	501(C)(3)	6,044.	0.			GENERAL SUPPORT RELATED TO THE CZU FIRE
BRAZELTON TOUCHPOINTS CENTER 1295 BOYLSTON STREET, SUITE 320 BOSTON, MA 02215	04-3327682	501(C)(3)	7,000.	0.			SPANISH LANGUAGE VERSION OF THE WEBSITE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGID ALLIANCE PO BOX 58 PLANETARIUM STATION NEW YORK, NY 10024	82-3843989	501(C)(3)	34,000.	0.			TO SUPPORT WOMENS HEALTH SERVICES
BROOKLYN ARTS COUNCIL 20 JAY STREET NO. 616 BROOKLYN, NY 11201	23-7072915	501(C)(3)	7,500.	0.			GRANTEE COMMUNICATIONS GRANT FOR TRANSLASH MEDIA
BROWN TOY BOX 504 FAIR STREET ATLANTA, GA 30312	87-3542312	501(C)(3)	95,000.	0.			TO SUPPORT BLACK CHILDREN THROUGH STEAM
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	14,475.	0.			SUBSCRIPTIONS TO PROJECT MANAGEMENT PLATFORMS
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA AVE, MC 5-32 PASADENA, CA 91125	95-1643307	501(C)(3)	7,500.	0.			WEBPAGE ADVERTISING THE HSF COLLABORATION
CALIFORNIANS DEDICATED TO EDUCATION FOUNDATION - 655 MONTGOMERY STREET, SUITE 490 DPT# 17092 - SAN FRANCISCO, CA 94111	45-0676449	501(C)(3)	7,500.	0.			HIRING A COMMUNICATIONS CONSULTANT
CALIFORNIANS TOGETHER 525 E. 7TH STREET, SUITE C203 LONG BEACH, CA 90813	31-1746604	501(C)(3)	7,000.	0.			DOCUMENT AND WEBSITE TRANSLATION SERVICES
CANOPY 3921 EAST BAYSHORE ROAD PALO ALTO, CA 94303	01-0565752	501(C)(3)	18,000.	0.			ENVIRONMENTAL EDUCATION FOR EAST PALO ALTO STUDENTS
CATHOLIC WORKER HOSPITALITY HOUSE 672 2ND AVE SAN BRUNO, CA 94066	94-3148391	501(C)(3)	95,000.	0.			TO SUPPORT PEOPLE EXITING JAIL IN SAN MATEO COUNTY

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
CDE FOUNDATION 260 MAIN STREET SUITE 200 REDWOOD CITY, CA 94063	45-0676449	501(C)(3)	7,000.	0.			PURCHASING REAL-TIME TRANSLATION SOFTWARE
CENTER FOR EMPOWERING REFUGEES & IMMIGRANTS - 544 INTERNATIONAL BLVD #9 - OAKLAND, CA 94606	76-0822958	501(C)(3)	5,720.	0.			INN TA/CONSULTATION PROJECT
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
CENTER FOR POLITICAL ACCOUNTABILITY - 1233 20TH STREET, NW, SUITE 205 - WASHINGTON, DC 20036	20-0385691	501(C)(3)	7,000.	0.			TO SUPPORT THE PUBLICATION OF ZICKLIN INDEX
CHILD CARE AWARE OF AMERICA 1515 N. COURTHOUSE RD. - 3RD FLOOR ARLINGTON, VA 22201	94-3060756	501(C)(3)	7,000.	0.			HIRING AN ENGLISH-TO-SPANISH TRANSLATOR
CHILD CARE LAW CENTER 1832 SECOND STREET, SUITE K BERKELEY, CA 94710	94-2959973	501(C)(3)	7,000.	0.			INTERPRETING SERVICES
CHILDREN'S NETWORK OF SOLANO COUNTY - 827 MISSOURI STREET, SUITE 5 - FAIRFIELD, CA 94533	68-0014506	501(C)(3)	7,000.	0.			TRANSLATION SERVICES-PARENT LEADERSHIP TRAINING INSTITUTE
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U. LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	7,500.	0.			FOR THE ASIAN PRISONER SUPPORT COMMITTEE
CUB CONSUMER EDUCATION AND RESEARCH FUND - 309 W. WASHINGTON STREET, SUITE 800 - CHICAGO, IL 60606	20-4904719	501(C)(3)	7,500.	0.			DEVELOPING A RENTERS UTILITY GUIDE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY SYSTEMS 1075 MARKET STREET, APT 202 SAN FRANCISCO, CA 94103	82-0626190	501(C)(3)	200,000.	0.			TO SUPPORT AN OPEN SOURCE PUBLIC GOOD PROJECT
CLIMATE CENTRAL 1 PALMER SQUARE, SUITE 402 PRINCETON, NJ 08542	26-1797336	501(C)(3)	7,500.	0.			TO CONDUCT A TRAINING FOR CLIMATE CENTRAL
COASTSIDE HOPE 99 AVE ALHAMBRA, #1089 EL GRANADA, CA 94018	51-0199747	501(C)(3)	9,000.	0.			RENTAL ASSISTANCE PROGRAM
COI ENERGY SERVICES INC. 3802 SPECTRUM BLVD, SUITE 151 TAMPA, FL 33612	82-4176260	501(C)(3)	95,000.	0.			TO SUPPORT ENERGY EFFICIENCY A
COLLEGE TRACK 1877 BAY RD EAST PALO ALTO, CA 94303	94-3279613	501(C)(3)	35,000.	0.			FOR WELLNESS SERVICES FOR YOUR STAFF
COLORADO COLLEGE 14 EAST CACHE LA POUDE STREET COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	30,000.	0.			GENERAL SUPPORT
COMMON JUSTICE 540 ATLANTIC AVENUE BROOKLYN, NY 11217	82-0993366	501(C)(3)	7,500.	0.			DIGITAL SECURITY AUDIT CONSULTANT
COMMONWEALTH CLUB OF CALIFORNIA P.O. BOX 194210 SAN FRANCISCO, CA 94119	94-0399260	501(C)(3)	20,000.	0.			2021 DISTINGUISHED CITIZEN AWARD GALA
COMMUNITY ASSET DEVELOPMENT RE-DEFINING EDUCATION - 8410 SOUTH BROADWAY - LOS ANGELES, CA 90003	26-4753821	501(C)(3)	7,000.	0.			TRANSLATION SERVICES FOR SPANISH WEBSITE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	7,000.	0.			TRANSLATION SERVICES
COMMUNITY JUSTICE EXCHANGE 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	7,000.	0.			EXPANDING COMMUNICATIONS
COMMUNITY LEGAL SERVICES IN EAST PALO ALTO - 1861 BAY ROAD - EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	42,500.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14853	15-0532082	501(C)(3)	5,175.	0.			TO COMMISSION DIGITAL ART
COUNTY OF ALAMEDA 1221 OAK ST, 5TH FL SUITE 555 OAKLAND, CA 94612		170(C)(1)	188,982.	0.			FOR WORK RELATED TO ALL IN ALAMEDA COUNTY
DALY CITY PUBLIC LIBRARY ASSOCIATES - PO BOX 3283 - DALY CITY, CA 94014	27-3262898	501(C)(3)	10,000.	0.			DALY CITY YOUTH POET LAUREATE PROGRAM
DERRIS LLC 48 W 25TH ST, FLOOR 11 NEW YORK, NY 10010	46-1328937	501(C)(3)	76,169.	0.			FOR 15 PERCENT PLEDGE PUBLIC RELATIONS
DEV COLOR 655 OAK GROVE AVENUE, #1242 MENLO PARK, CA 94026	47-4199476	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DONOR EVER GIVE UP, INC. 14600 WESTON PARKWAY CARY, NC 27513	47-5304184	501(C)(3)	11,500.	0.			FOR THE V FOUNDATION'S FUND IN NEED

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST PALO ALTO ACADEMY FOUNDATION P.O. BOX 50803 EAST PALO ALTO, CA 94303	20-2699147	501(C)(3)	21,500.	0.			TO SUPPORT STUDENT AND TEACHER NEEDS AT THE SCHOOL
EAST PALO ALTO CENTER FOR COMMUNITY MEDIA - P.O. BOX 50274 - EAST PALO ALTO, CA 94303	20-1415500	501(C)(3)	10,000.	0.			BRIDGING THE COVID INFORMATION GAP
EAST PALO ALTO CHARTER SCHOOL P.O. BOX 51717 EAST PALO ALTO, CA 94303	26-0624532	501(C)(3)	35,000.	0.			WELLNESS SERVICES FOR YOUR STAFF
EAST PALO ALTO TENNIS & TUTORING P.O BOX 60597 PALO ALTO, CA 94306	26-3316879	501(C)(3)	7,500.	0.			SKILLS & DRILLS: TEACHING TENNIS IN PHYS ED
EASTSIDE COLLEGE PREPARATORY SCHOOL - 1041 MYRTLE STREET - EAST PALO ALTO, CA 94303	94-3187806	501(C)(3)	21,500.	0.			GENERAL SUPPORT
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	9,000.	0.			EHP'S 2021 BACK-TO-SCHOOL PROGRAM
EDSOURCE 436 14TH STREET, SUITE 1005 OAKLAND, CA 94612	94-2434900	501(C)(3)	7,000.	0.			TO HIRE THIRD PARTY TRANSLATION SERVICES
EDUCARE CALIFORNIA AT SILICON VALLEY (ECSV) - 1399 SANTEE DRIVE - SAN JOSE, CA 95122	45-5147937	501(C)(3)	14,500.	0.			COMMUNICATIONS AND TRANSLATION SUPPORT
EM CONSULTING 2909 OMEGA WAY MODESTO, CA 95355	83-1077870	501(C)(3)	11,700.	0.			DEVELOPING PLAN FOR IBH COLLABORATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPA CAN DO 2369 UNIVERSITY AVENUE EAST PALO ALTO, CA 94303	94-3308385	501(C)(3)	125,000.	0.			TO SUPPORT STABILIZATION PROJECT
ERIKSON INSTITUTE 451 N. LASALLE STREET CHICAGO, IL 60654	36-2593545	501(C)(3)	7,000.	0.			TO CREATE SPANISH WEBSITE
EVERYCHILD FOUNDATION P.O. BOX 1808 PACIFIC PALISADES, CA 90272	31-1693985	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FACING HISTORY AND OURSELVES PO BOX 30368 OAKLAND, CA 94604	04-2761636	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FAMILIA TRANS QUEER LIBERATION MOVEMENT - 634 S. SPRING STREET, 11TH FLOOR - LOS ANGELES, CA 90014	74-1563270	501(C)(3)	7,500.	0.			INCREASING COMMUNICATIONS DURING COVID-19 PANDEMIC
FAMILY CONNECTIONS 3460 W. BAYSHORE ROAD EAST PALO ALTO, CA 94303	94-3315163	501(C)(3)	10,000.	0.			YOUNG SCHOLARS - THRIVING KIDS
FAMILY VALUES AT WORK A MULTI-STATE CONSORTIUM INC - 207 E BUFFALO STREET STE 211 - MILWAUKEE, WI 53202	27-0321696	501(C)(3)	7,000.	0.			SIGN LANGUAGE INTERPRETER ACCESS TO FV@W STAKEHOLDERS
FOOD FOR PEOPLE PO BOX 4922 EUREKA, CA 95502	94-2772549	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FORTH MOBILITY FUND 2035 NW FRONT AVE #101 PORTLAND, OR 97209	45-4726335	501(C)(3)	7,500.	0.			THE COST OF SWAPCARD

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES - 1102 Q STREET, SUITE 3500 - SACRAMENTO, CA 95811	68-0412350	501(C)(3)	7,000.	0.			EARLY CARE & EDUCATION PATHWAYS TO SUCCESS
FREEDOM INC. 2110 LUANN LANE MADISON, WI 53711	43-2023570	501(C)(3)	20,000.	0.			GENERAL SUPPORT FOR HATE IS A VIRUS
FRESH LIFELINES FOR YOUTH 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)(3)	10,250.	0.			GENERAL SUPPORT
FUND FOR GUARANTEED INCOME 568 BROADWAY, SUITE 601 NEW YORK, NY 10012	47-4407203	501(C)(3)	25,000.	0.			IN SUPPORT OF THE COMPTON PLEDGE
FUTURO MEDIA GROUP, THE 361 W. 125TH ST. 6TH FLOOR NEW YORK, NY 10027	27-2077349	501(C)(3)	7,500.	0.			DEVELOPING AND INTEGRATING FUTURO STUDIO'S WEBSITE
GENTE ORGANIZADA 2121 ARROYO DRIVE POMONA, CA 91768	27-2352500	501(C)(3)	7,000.	0.			TRANSLATION SERVICES
GEORGIA LATINO ALLIANCE FOR HUMAN RIGHTS - 7 DUNWOODY PARK, SUITE 110 - ATLANTA, GA 30338	76-0809155	501(C)(3)	6,000.	0.			RENEWING AND UPGRADING COMMUNICATION SUBSCRIPTIONS
GIRLS TO WOMEN 1070 BEECH STREET PALO ALTO, CA 94303	20-8766348	501(C)(3)	10,000.	0.			COVID-SAFE ARTS FOR OUR COMMUNITY'S GIRLS
GLIDE FOUNDATION 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	15,000.	0.			GENERAL SUPPORT IN HONOR OF PHILLIP ZACKLER

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE CATHEDRAL 1100 CALIFORNIA STREET SAN FRANCISCO, CA 94108	94-1156846	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GRAIL FAMILY SERVICES 2003 E. SAN ANTONIO STREET SAN JOSE, CA 95116	77-0397354	501(C)(3)	7,000.	0.			WEBSITE REDESIGN TO PROVIDE SPANISH TRANSLATION
GRASS VALLEY ELEMENTARY SCHOOL 4720 DUNKIRK AVENUE OAKLAND, CA 94605		170(C)(1)	29,700.	0.			TO SUPPORT AGENCY BY DESIGN OAKLAND INSTRUCTOR
GROWING GIVING, LLC 146 MEHEU CIRCLE KAHULUI, HI 96732	83-2726344	501(C)(3)	73,950.	0.			CONFLICT TRANSFORMATION FUND
GROWTH PHILANTHROPY NETWORK 575 LEXINGTON AVE, FL 4 NEW YORK, NY 10022	42-1625224	501(C)(3)	7,500.	0.			RETAINING A PUBLIC RELATIONS PROFESSIONAL
HAITIAN BRIDGE ALLLIANCE, INC 4265 FAIRMOUNT AVENUE, #280 SAN DIEGO, CA 92105	87-2511865	501(C)(3)	25,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
HAWAII PEOPLE'S FUND PO BOX 4163 HONOLULU, HI 96812	23-7250803	501(C)(3)	35,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
HEALTH CONNECTED P.O. BOX 51984 EAST PALO ALTO, CA 94303	94-3227947	501(C)(3)	10,000.	0.			RAVENSWOOD SEXUAL HEALTH EDUCATION PROJECT
HEALTH FEDERATION OF PHILADELPHIA 123 S BROAD ST, SUITE 650 PHILADELPHIA, PA 19109	23-2244355	501(C)(3)	6,700.	0.			TO TRANSLATE MATERIALS AND OUTREACH INTO SPANISH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART WOMEN & GIRLS 3473 S MARTIN LUTHER KING DR, #192 CHICAGO, IL 60616	27-3625796	501(C)(3)	15,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
HESPERIAN HEALTH GUIDES 1919 ADDISON STREET, #304 BERKELEY, CA 94704	94-6109093	501(C)(3)	10,000.	0.			PROMOTION OF HESPERIAN'S FAMILY PLANNING APP IN LATIN AMERICA
HIP HOUSING 800 S. CLAREMONT STREET, #210 SAN MATEO, CA 94402	94-2154614	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HMONG AMERICAN WOMEN'S ASSOCIATION 3727 WEST NATIONAL AVENUE MILWAUKEE, WI 53215	39-1791168	501(C)(3)	15,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
HOMERISE 20 JONES STREET, SUITE 200 SAN FRANCISCO, CA 94102	94-3112338	501(C)(3)	14,800.	0.			FOR SPONSORSHIP OF RE-BECOMING FILM PREMIER
HOMEWORK CENTRAL P.O. BOX 6687 SAN MATEO, CA 94403	94-3368576	501(C)(3)	5,357.	0.			HOMEWORK CENTRAL'S SECOND GRADE LITERACY PROGRAM
HUMBOLDT AREA FOUNDATION 363 INDIANOLA ROAD BAYSIDE, CA 95524	23-7310660	501(C)(3)	20,000.	0.			ANGEL FUND AND THE WOMEN AND CHILDREN FUND
IGNITE 510 16TH STREET OAKLAND, CA 94612	36-2867274	501(C)(3)	20,000.	0.			GENERAL SUPPORT
IMPACT JUSTICE 2930 LAKESHORE AVENUE, SUITE 300 OAKLAND, CA 94610	47-3363891	501(C)(3)	7,500.	0.			NATIONAL TRAINING AND INNOVATION CENTER DIGITAL PRESENCE

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
INADVANCE 900 ALICE STREET, SUITE 400 OAKLAND, CA 94607	26-0728941	501(C)(3)	13,709.	0.			POLICY LAB
INSTITUTE FOR ASIAN PACIFIC AMERICAN LEADERSHIP AND ADVANCEMENT - 815 16TH ST. NW, 2ND FLOOR - WASHINGTON, DC 20006	27-4284628	501(C)(3)	25,000.	0.			GENERAL SUPPORT FOR HATE IS A VIRUS
IVY AND PEARLS FOUNDATION P.O. BOX 50054 PALO ALTO, CA 94303	04-3832212	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JEFFERSON UNION HIGH SCHOOL DISTRICT - 699 SERRAMONTE BLVD. STE 100 - DALY CITY, CA 94015		170(C)(1)	6,000.	0.			WILDERNESS SCHOOL PROGRAM
JEWISH FAMILY & COMMUNITY SERVICES OF THE EAST BAY - 2484 SHATTUCK AVE., SUITE 210 - BERKELEY, CA 94704	94-3250304	501(C)(3)	7,819.	0.			AFGHAN REFUGEE SUPPORT EFFORTS
JOBTRAIN 1200 O'BRIEN DRIVE MENLO PARK, CA 94025	94-1712371	501(C)(3)	10,000.	0.			TO SUPPORT THE TOOL SCHOLARSHIP PROGRAM
JUST FUTURES LAW 95 WASHINGTON STREET, SUITE 104-149 CANTON, MA 02021	84-2270207	501(C)(3)	7,500.	0.			DIGITAL COMMUNICATIONS SUPPORT
JUST SOLUTIONS COLLECTIVE 1000 BROADWAY, SUITE #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	7,500.	0.			COMPREHENSIVE BUILDING BLOCKS DOCUMENT
KAI XR 123 17TH ST., APT. 108 OAKLAND, CA 94612	36-4916424	501(C)(3)	45,000.	0.			VR FIELD TRIPS & MAKER-SPACES FOR KIDS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAKENYA CENTER FOR EXCELLENCE 4250 NORTH FAIRFAX DRIVE, SUITE 600 ARLINGTON, VA 22203	26-3658409	501(C)(3)	100,000.	0.			GENERAL SUPPORT
KARA 457 KINGSLEY AVENUE PALO ALTO, CA 94301	94-2431483	501(C)(3)	10,000.	0.			BEREAVEMENT SUPPORT & EDUCATION
KIDANGO 44000 OLD WARM SPRINGS ROAD FREMONT, CA 94538	94-2581686	501(C)(3)	7,000.	0.			TRANSLATION SERVICES
KQED 50 BEALE STREET SAN FRANCISCO, CA 94105	94-1241309	501(C)(3)	6,500.	0.			TO SUPPORT CAMPAIGN 21
LA PLAZITA INSTITUTE 831 ISLETA BLVD. SW ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	7,500.	0.			INCREASING TELECOMMUNICATION
LATINA COALITION OF SILICON VALLEY 1346 THE ALAMEDA STE 7-293 SAN JOSE, CA 95126	01-0799235	501(C)(3)	22,500.	0.			REFRESHED WEBSITE IMPLEMENTATION COSTS
LAVA MAE 1701 MONARCH ST, STE 200 ALAMEDA, CA 94501	81-0832318	501(C)(3)	9,280.	0.			GENERAL SUPPORT
LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 4400 MARKET STREET - OAKLAND, CA 94608	94-3080408	501(C)(3)	7,200.	0.			HIRING A VIDEOGRAPHER
LOW INCOME INVESTMENT FUND 49 STEVENSON ST., SUITE 300 SAN FRANCISCO, CA 94105	94-2952578	501(C)(3)	6,774.	0.			TRANSLATION SERVICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAITRI P.O. BOX 697 SANTA CLARA, CA 95052	94-3189198	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MAKHERS STUDIO LLC 504 HOLDERNESS ST SW ATLANTA, GA 30310	27-0399323	501(C)(3)	95,000.	0.			TO SUPPORT GREEN MANUFACTURING AND DESIGN-BUILD FIRM
MAYA HEALTH ALLIANCE - WUQU' KAWOQ P.O. BOX 91 BETHEL, VT 05032	20-8741625	501(C)(3)	15,000.	0.			INCREASING FAMILY PLANNING IN RURAL GUATEMALA
MAYFAIR FOOTBALL BOOSTERS CLUB 5337 KETTLER AVENUE LAKEWOOD, CA 90713	38-3871991	501(C)(3)	48,900.	0.			GENERAL SUPPORT
MIKE ROSAS MINISTRIES P.O. BOX 751113 HOUSTON, TX 77275	26-4228115	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MONSOON ASIANS AND PACIFIC ISLANDERS IN SOLIDARITY - 4944 FRANKLIN AVENUE, SUITE B - DES MOINES, IA 50310	35-2297207	501(C)(3)	35,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
MOVEMENT STRATEGY CENTER 436 14TH STREET 5TH FLOOR OAKLAND, CA 94612	20-1037643	501(C)(3)	7,500.	0.			GRANTEE COMMUNICATIONS - URBAN PEACE MOVEMENT
MULTICULTURAL INSTITUTE 1920 SEVENTH STREET BERKELEY, CA 94710	91-1823468	501(C)(3)	20,000.	0.			RENT ASSISTANCE AND A PORTABLE OFFICE UNIT
MULTIPLIER 548 MARKET STREET, PMB 81178 SAN FRANCISCO, CA 94104	91-2166435	501(C)(3)	7,500.	0.			FOR THE PURCHASE OF TARGETED MEDIA ADVERTISEMENTS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSO 3254 19TH STREET, FLOOR 2 SAN FRANCISCO, CA 94110	20-3171837	501(C)(3)	35,000.	0.			WELLNESS SERVICES FOR YOUR STAFF
NATIONAL AUDUBON SOCIETY 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	13-1624102	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NATIONAL NETWORK FOR IMMIGRANT & REFUGEE RIGHTS - 310 8TH STREET SUITE 310 - OAKLAND, CA 94607	94-3065434	501(C)(3)	7,500.	0.			EXPANDING COMMUNICATIONS
NATIONAL SMOKEJUMPER ASSOCIATION 10 JUDY LANE CHICO, CA 95926	81-0479209	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEO PHILANTHROPY 45 W. 36TH ST., 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	7,500.	0.			FUNDERS COMMITTEE FOR CIVIC PARTICIPATION
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 E. GISH ROAD, SUITE 200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	15,000.	0.			TO SUPPORT THE OCEAN RISING FUND
NUESTRA CASA 2396 UNIVERSITY AVENUE EAST PALO ALTO, CA 94303	94-3255070	501(C)(3)	17,500.	0.			FOOD DISTRIBUTION PROGRAM
NURU INTERNATIONAL 2020 PENNSYLVANIA AVE NW, STE 600 WASHINGTON, DC 20006	26-1250716	501(C)(3)	35,000.	0.			WELLNESS SERVICES FOR YOUR STAFF

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND LGBTQ CENTER 3207 LAKESHORE AVE OAKLAND, CA 94610	82-2258008	501(C)(3)	45,000.	0.			IN HONOR OF PETER JOHNSON
OREGON SHAKESPEARE FESTIVAL 15 S. PIONEER STREET ASHLAND, OR 97520	93-0407022	501(C)(3)	11,000.	0.			GENERAL SUPPORT
PACIFIC ISLANDER COMMUNITY ASSOCIATION OF WASHINGTON - 33710 9TH AVE S., SUITE 1 - FEDERAL WAY, WA 98003	84-2470123	501(C)(3)	20,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
PAHALI COMMUNITY LAND TRUST 2369 UNIVERSITY AVENUE EAST PALO ALTO, CA 94303	47-1378241	501(C)(3)	520,000.	0.			PLACEKEEPING FOR THE PLACEKEEPERS
PALO ALTO HUMANE SOCIETY P.O. BOX 60715 PALO ALTO, CA 94306	94-1358297	501(C)(3)	10,000.	0.			SPONSORSHIP FOR DAISYS DAY
PARENT INSTITUTE FOR QUALITY EDUCATION - 22 WEST 35TH STREET, SUITE 201 - NATIONAL CITY, CA 91950	33-0259359	501(C)(3)	7,000.	0.			SPANISH TRANSLAYION OF PIQE WEBSITE
PARENTS AS TEACHERS NATIONAL CENTER - 2228 BALL DRIVE - SAINT LOUIS, MO 63143	43-1569124	501(C)(3)	7,000.	0.			TO HIRE A LANGUAGE ACCESS CONSULTANT
PEOPLE ACTING IN COMMUNITY TOGETHER (PACT) - 1100 SHASTA AVENUE, SUITE 210 - SAN JOSE, CA 95126	77-0090129	501(C)(3)	7,500.	0.			EXPANDING ONLINE COMMUNICATIONS
PILIPINO WORKERS CENTER 153 GLENDALE BLVD., 1ST FL LOS ANGELES, CA 90026	77-0439301	501(C)(3)	60,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD MAR MONTE 1691 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	15,000.	0.			GENERAL SUPPORT
POLICING ALTERNATIVES & DIVERSION INITIATIVE - 236 FORSYTH ST SW, SUITE 500 - ATLANTA, GA 30303	81-5123467	501(C)(3)	7,500.	0.			CREATING MATERIALS FOR PAD'S
POSITIVE COACHING ALLIANCE 1001 N. RENGSTORFF AVENUE, SUITE 10 MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	10,000.	0.			GENERAL SUPPORT
POUND CAKE, LLC 3675 MARKET STREET, STE. 200 PHILADELPHIA, PA 19104	81-1696493	501(C)(3)	8,000.	0.			GENERAL SUPPORT
POWERMYLEARNING 228 PARK AVENUE SOUTH, PMB 16373 NEW YORK, NY 10003	13-3935309	501(C)(3)	7,000.	0.			WORK WITH JUNCTION INTERNATIONAL
PUENTE DE LA COSTA SUR P.O. BOX 554 PESCADERO, CA 94060	37-1484262	501(C)(3)	35,500.	0.			GENERAL SUPPORT
R STREET INSTITUTE 1212 NEW YORK AVE NW, SUITE 900 WASHINGTON, DC 20005	26-3477125	501(C)(3)	7,500.	0.			LICENSE FOR AN AUGMENTED WRITING PLATFORM
RANCHO SAN BENITO, INC. 400 KEHOE AVENUE HALF MOON BAY, CA 94019	87-2955049	501(C)(3)	10,000.	0.			PETTY CASH FUND FOR RANCHO SAN BENITO
READING PARTNERS 600B VALLEY WAY MILPITAS, CA 95035	77-0568469	501(C)(3)	10,000.	0.			FAMILY RESOURCES FOR RAVENSWOOD SCHOOL DISTRICT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDEEMING BABEL 1188 BRITTON AVE. SAN JOSE, CA 95125	87-1608962	501(C)(3)	139,200.	0.			OPERATIONAL COSTS OF VIDEO PRODUCTION
REDWOODS MONASTERY 18104 BRICELAND-THORN RD WHITETHORN, CA 95589	94-1640741	501(C)(3)	10,000.	0.			GENERAL SUPPORT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1855 FOLSOM STREET, SUITE 425 - SAN FRANCISCO, CA 94143	94-3067788	501(C)(3)	7,500.	0.			COMMUNICATIONS SUPPORT
ROCKWOOD LEADERSHIP INSTITUTE 1212 BROADWAY, SUITE 700 OAKLAND, CA 94612	72-1552165	501(C)(3)	7,500.	0.			COMMUNICATIONS GRANT
ROCKY MOUNTAIN MIDDLE SCHOOL 800 SCHOOL HOUSE WAY HEBER CITY, UT 84032		170(C)(1)	10,000.	0.			COUNSELOR'S FLEX FUND
ROSALIE RENDU CENTER 2345 PULGAS AVENUE EAST PALO ALTO, CA 94303	95-4709944	501(C)(3)	69,650.	0.			OVERCOMING THE EFFECTS OF COVID-19
SAKHI FOR SOUTH ASIAN WOMEN P.O. BOX 1333 NEW YORK, NY 10008	13-3593806	501(C)(3)	15,000.	0.			GENERAL SUPPORT FOR HATE IS A VIRUS
SAINT ANTHONY'S PADUA KITCHEN 3500 MIDDLEFIELD ROAD MENLO PARK, CA 94025	94-3151091	501(C)(3)	54,000.	0.			FEEDING THE NEEDY OF BELLE HAVEN AND EAST PALO ALTO
SAINT BENEDICT CATHOLIC WORKER HOUSE - 4022 N CHERYL AVENUE - FRESNO, CA 93705	53-0196617	501(C)(3)	17,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS CENTER 151 BUCKINGHAM AVENUE REDWOOD CITY, CA 94063	94-3052056	501(C)(3)	122,500.	0.			GENERAL SUPPORT
SAN FRANCISCO 49ERS ACADEMY 2695 FORDHAM STREET EAST PALO ALTO, CA 94303	94-3239876	501(C)(3)	40,000.	0.			49ERS ACADEMYS MIDDLE SCHOOL PROGRAM
SAN FRANCISCO TONGANS RISE UP 1411 FLOUNDER CT., INIT B SAN FRANCISCO, CA 94130	82-5216770	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SAN JOSE PUBLIC LIBRARY FOUNDATION P.O. BOX 611540 SAN JOSE, CA 95161	77-0142379	501(C)(3)	500,000.	0.			TO SUPPORT SJ ASPIRES
SANTA CLARA COUNTY ASIAN LAW ALLIANCE - 991 W. HEDDING ST. #202 - SAN JOSE, CA 95126	94-2439581	501(C)(3)	7,500.	0.			A COMMUNICATIONS CONSULTANT
SANTA CRUZ COMMUNITY HEALTH 125 WATER STREET SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	7,000.	0.			LANGUAGE ACCESS SERVICES
SAVEARTSPACE 6391 SAMSON DR. GRAND BLANC, MI 48439	47-3563000	501(C)(3)	30,903.	0.			GENERATIVE ART WORKSHOP EPA- ART BLOCKS
SEAD PROJECT 1007 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411	47-4088420	501(C)(3)	10,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
SECOND HARVEST FOOD BANK 4001 NORTH FIRST STREET SAN JOSE, CA 95134	94-2614101	501(C)(3)	27,750.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMPERVIRENS FUND PO BOX 1417 LOS ALTOS, CA 94023	94-2155097	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SEWA INTERNATIONAL, INC. P.O. BOX 820867 HOUSTON, TX 77282	20-0638718	501(C)(3)	10,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
SIKH COALITION 751 LAUREL ST. #410 SAN CARLOS, CA 94070	46-2237621	501(C)(3)	10,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
SILICON VALLEY BICYCLE EXCHANGE 3961 E BAYSHORE RD. PALO ALTO, CA 94303	46-1608203	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SILICON VALLEY COUNCIL OF NONPROFITS - 1400 PARKMOOR AVE, SUITE 130 - SAN JOSE, CA 95126	77-0524747	501(C)(3)	7,500.	0.			HIRING A CONSULTANT
SILICON VALLEY URBAN DEBATE LEAGUE 502 VALLEY WAY MILPITAS, CA 95035	47-1097110	501(C)(3)	7,500.	0.			SUPPORTING EAST PALO ALTO STUDENTS
SIREN (SERVICES, IMMIGRANT RIGHTS AND EDUCATION NETWORK) - 1415 KOLL CIRCLE, SUITE 108 - SAN JOSE, CA 95112	77-0487468	501(C)(3)	7,500.	0.			FUNDING DIGITAL AND MEDIA CONSULTANTS
SOCIAL GOOD FUND 12651 SAN PABLO AVE #5473 RICHMOND, CA 94801	46-1323531	501(C)(3)	7,500.	0.			HIRING A COMMUNICATIONS CONSULTANT
SOUP 930 BERKELEY AVENUE MENLO PARK, CA 94025	83-0582567	501(C)(3)	290,000.	0.			FOR BETTER TOGETHER

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST ASIA RESOURCE ACTION CENTER (SEARAC) - 1628 16TH ST. NW - WASHINGTON, DC 20009	52-1161473	501(C)(3)	20,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
SOUTHEAST ASIAN COALITION 4520 N TRYON ST., SUITE 22 CHARLOTTE, NC 28213	46-0786773	501(C)(3)	20,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
SOUTHERN CENTER FOR HUMAN RIGHTS 60 WALTON STREET NW ATLANTA, GA 30303	62-1025326	501(C)(3)	7,500.	0.			FOR THE UNLOCK THE BOX CAMPAIGN
STANFORD LAW SCHOOL P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	15,000.	0.			HORN-HOPKINS SCHOLARSHIP FUND
START EARLY 33 W MONROE STREET, SUITE 1200 CHICAGO, IL 60657	36-3186328	501(C)(3)	7,000.	0.			TO TRANSLATE START EARLY'S FOUR SOLUTIONS
STREET LEVEL HEALTH PROJECT 3125 E. 15TH STREET OAKLAND, CA 94601	56-2324355	501(C)(3)	13,000.	0.			GENERAL SUPPORT
STREET LIFE MINISTRIES 901 MADISON AVENUE REDWOOD CITY, CA 94061	45-3602635	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STREETCODE ACADEMY P.O. BOX 51867 EAST PALO ALTO, CA 94303	81-4041822	501(C)(3)	45,000.	0.			ART WORKSHOP WITH ART BLOCKS
SYMBIUM 1415 SHRADER STREET SAN FRANCISCO, CA 94117	82-4653169	501(C)(3)	240,000.	0.			BUILD AND BUILD+

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T-PROJECT PO BOX 501321 SAIPAN, MP 96950	66-0964212	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR HATE IS A VIRUS
TANDEM, PARTNERS IN EARLY LEARNING 1275 FAIRFAX AVE STE 201 SAN FRANCISCO, CA 94124	27-1584676	501(C)(3)	7,000.	0.			INTERPRETERS FOR LIVE EVENTS
TEACHERS DEVELOPMENT GROUP 4835 WILLAMETTE FALLS DRIVE WEST LINN, OR 97068	93-1251787	501(C)(3)	6,990.	0.			LIVE TRANSLATION SERVICES
TERC, INC. 2067 MASSACHUSETTS AVE. CAMBRIDGE, MA 02140	04-6134355	501(C)(3)	6,670.	0.			EXTENDING LANGUAGE DIVERSITY
TEXAS AFTER VIOLENCE PROJECT PO BOX 41476 AUSTIN, TX 78745	80-0294810	501(C)(3)	7,500.	0.			INCREASING ENGAGEMENT
TEXAS JAIL PROJECT 13121 LOUETTA ROAD #1330 CYPRESS, TX 77429	45-2666807	501(C)(3)	7,500.	0.			MANAGEMENT SYSTEM AND A WEBSITE REDESIGN
THE AHIMSA COLLECTIVE 3308 SCHOOL STREET OAKLAND, CA 94602	20-5278030	501(C)(3)	9,500.	0.			COMMUNICATIONS SUPPORT
THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE - 1200 NEW YORK AVE NW, ROOM 645 - WASHINGTON, DC 20005	53-0196568	501(C)(3)	7,500.	0.			REIMAGINING SEA CHANGE 101
THE ART OF YOGA PROJECT 555 BRYAN STREET, #232 PALO ALTO, CA 94301	20-2448697	501(C)(3)	10,000.	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 noncash 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 1008 EAST 200 SOUTH SAINT GEORGE, UT 84790	22-2272922	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE EDUCATION TRUST 1501 K STREET NW SUITE 200 WASHINGTON, DC 20005	52-1982223	501(C)(3)	7,000.	0.			INTERPRETATION SERVICES
THE EDUCATION TRUST-WEST 580 2ND STREET, #200 OAKLAND, CA 94607	52-1982223	501(C)(3)	14,500.	0.			INCREASING COMMUNICATIONS
THE FIRST PLACE FOR YOUTH 426 17TH STREET, SUITE 100 OAKLAND, CA 94612	94-3341034	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THE NATIONAL COUNCIL FOR INCARCERATED AND FORMERLY INCARCERATED WOMEN AND G - 100R WARREN ST. - ROXBURY, MA 02119	81-3980673	501(C)(3)	7,500.	0.			HIRING A MEDIA TRAINING CONSULTANT
TIDES CENTER P.O. BOX 889385 LOS ANGELES, CA 90088	94-3213100	501(C)(3)	14,500.	0.			FOR CHISPA EDUCATION FUND
TIDES FOUNDATION 1012 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	7,500.	0.			TO JUSTICE TEAMS NETWORK EDUCATION FUND
TRES ISLAS ORPHANAGE FUND PO BOX 3005 COEUR D ALENE, ID 83816	84-1408725	501(C)(3)	17,000.	0.			GENERAL SUPPORT
TRUST WOMEN FOUNDATION 5107 EAST KELLOGG DRIVE WICHITA, KS 67218	27-3246473	501(C)(3)	40,000.	0.			CONTINUING ACCESS TO REPRODUCTIVE HEALTHCARE CHOICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURIMIQUIRE FOUNDATION 16 CRESCENT STREET CAMBRIDGE, MA 02138	04-3286660	501(C)(3)	200,000.	0.			FAMILY PLANNING IN ESTADO SUCRE, VENEZUELA
UC SAN DIEGO AX CENTER FOR EXPERIMENTAL COSMOLOGY - 9700 GILMAN DR. - ENCINITAS, CA 92024	95-2872494	501(C)(3)	7,500.	0.			COMMUNICATIONS SUPPORT
UCSF CALIFORNIA CHILDCARE HEALTH PROGRAM - 2 KORET WAY, BOX 0606 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	6,800.	0.			TRANSLATION SERVICES
UNDEFINED INC. 6240 SUNSET BLVD, #120 LOS ANGELES, CA 90028	32-0582488	501(C)(3)	6,000.	0.			GENERAL SUPPORT OF UNDEFINED INC.
UNITED HOPE BUILDERS, INC. P.O. BOX 50923 PALO ALTO, CA 94303	84-3504480	501(C)(3)	460,000.	0.			GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA IRVINE FOUNDATION - 100 THEORY, SUITE 250 - IRVINE, CA 92697	95-2540117	501(C)(3)	10,000.	0.			JOSH CHILDRESS SCHOLARSHIP ENDOWMENT
UNIVERSITY OF CALIFORNIA, BERKELEY 366 PHYSICS NORTH, MC 7300 BERKELEY, CA 94720	94-6002123	501(C)(3)	12,260.	0.			PURCHASING A SERIES INTERACTIVE TOUCH BOARD
UPRISING SOCIETY P.O. BOX 751113 HOUSTON, TX 77275	26-4228115	501(C)(3)	22,500.	0.			GENERAL SUPPORT
URBAN AFFAIRS COALITION 1207 CHESTNUT STREET PHILADELPHIA, PA 19107	23-7046393	501(C)(3)	15,000.	0.			GENERAL SUPPORT FOR VIETLEAD HATE IS A VIRUS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAYLA NEW ORLEANS 5530 CAMERON BLVD. NEW ORLEANS, LA 70122	33-1143213	501(C)(3)	15,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
WALKING IRIS MEDIA 2263 15TH STREET SAN FRANCISCO, CA 94114	27-3712050	501(C)(3)	20,000.	0.			ASIAN AMERICAN DOCUMENTARY NETWORK SUPPORT
WE CARE SOLAR 2150 ALLSTON WAY, SUITE 340 BERKELEY, CA 94704	30-0627106	501(C)(3)	73,250.	0.			STEM SOLAR SUITCASE PROGRAM
WE LOVE BUFORD HIGHWAY, INC. 130 SADDLE CREEK COURT ROSWELL, GA 30076	82-2154696	501(C)(3)	15,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
WEST HARLEM ENVIRONMENTAL ACTION 1854 AMSTERDAM AVE. 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(3)	7,500.	0.			UPDATING WE ACT'S WEBSITE
WOMEN FOR AFGHAN WOMEN 158-24 73RD AVE, SECOND FLOOR FRESH MEADOWS, NY 11366	02-0539734	501(C)(3)	15,000.	0.			GENERAL SUPPORT FROM HATE IS A VIRUS
WOMEN ON THE RISE 236 FORSYTH ST. SW STE 302 ATLANTA, GA 30303	95-4116679	501(C)(3)	7,500.	0.			HIRING A VIDEOGRAPHER
WORLD VASECTOMY DAY 341 WEST 24TH STREET, 21J NEW YORK, NY 10011	47-3178528	501(C)(3)	25,000.	0.			WORLD VASECTOMY DAY
YMCA CAMP JONES GULCH 11000 PESCADERO ROAD LA HONDA, CA 94020	94-0997140	501(C)(3)	10,000.	0.			TO SUPPORT PROJECTS DIRECTED BY RENO TAINI

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA GREATER NEW ORLEANS PO BOX 50255 NEW ORLEANS, LA 70150	72-0357142	501(C)(3)	62,000.	0.			REBUILDING EFFORTS
YWCA MONTEREY COUNTY 11 QUAIL RUN CIRCLE, SUITE 203 SALINAS, CA 93907	94-1732598	501(C)(3)	15,000.	0.			GENERAL SUPPORT
YWCA OF BERKELEY AND OAKLAND 2600 BANCROFT WAY BERKELEY, CA 94704	94-1156363	501(C)(3)	25,000.	0.			GENERAL SUPPORT
YWCA OF SONOMA COUNTY 811 3RD STREET SANTA ROSA, CA 95404	94-2347428	501(C)(3)	20,000.	0.			GENERAL SUPPORT
YWCA SILICON VALLEY 375 S. THIRD STREET SAN JOSE, CA 95112	94-1186196	501(C)(3)	25,000.	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)**

Compensation Information

OMB No. 1545-0047

2021

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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) 2021

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 and/or 1099-NEC 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)	149,703.	0.	0.	14,970.	7,308.	171,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ 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	1,347,229	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) 2021

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):

NUMBER OF CONTRIBUTIONS RECEIVED IS BEING REPORTED (DEFINED AS EACH SEPARATE DONOR).

Multiple horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, AR, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

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.

FORM 990, PART XII, LINE 2C

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