

Form **990****Return of Organization Exempt From Income Tax****2023**Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

PHILANTHROPIC VENTURES FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1222 PRESERVATION PARK WAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

OAKLAND, CA 94612-1201

F Name and address of principal officer: JAMES HIGA

SAME AS C ABOVE

D Employer identification number

94-3136771

E Telephone number

510-645-1890

G Gross receipts \$ 82,076,888.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.VENTURESFOUNDATION.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1991**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ENGAGE DONORS & COMMUNITY PARTNERS IN GRASSROOTS PHILANTHROPY VIA RADICAL COLLABORATION.		
	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 2023 (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	8
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
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)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	22,443,026.	69,240,577.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	472,587.	1,782,223.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12		22,915,613.	71,022,800.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,387,194.	16,490,983.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	622,123.	4,532,589.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,116,050.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	364,306.	3,906,930.
19	Revenue less expenses. Subtract line 18 from line 12	23,373,623.	24,930,502.	
19		-458,010.	46,092,298.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	32,597,542.	81,605,913.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,540,660.	46,868.
22		30,056,882.	81,559,045.	

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			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	JACOB YAU			11/15/2024
Preparer Use Only	Firm's name		Firm's EIN	PTIN
	HOOD & STRONG LLP		94-1254756	P01560332
Preparer Use Only	Firm's address		Phone no.	
	2580 N 1ST ST, STE 460 SAN JOSE, CA 95131		408.998.8400	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JAMES HIGA**
1222 PRESERVATION PARK WAY - OAKLAND, CA 94612

Telephone No. **510-645-1890** Fax No. _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service AccomplishmentsCheck 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 20,466,322. including grants of \$ 16,490,983.) (Revenue \$ 0.)

PHILANTHROPIC VENTURES FOUNDATION (PVF) BRINGS A UNIQUE PERSPECTIVE TO
PHILANTHROPY AND THE WAY IT IS CARRIED OUT TO MAXIMIZE IMPACT. WE
PROVIDE A VALUABLE AND OTHERWISE UNHEARD VOICE TO THE PHILANTHROPIC
SECTOR. WE HAVE BUILT UP LONG-TERM RELATIONSHIPS WITH DONORS, HELPED
SHAPE THEIR CHARITABLE GIVING, AND ARE REGARDED AS TRUSTED
PHILANTHROPIC ADVISORS TO MANY. OUR APPROACH AND VISION FOR
PHILANTHROPY HAVE BEEN BROADCAST THOROUGHLY AND EMBRACED THROUGH OUR
RECENT BOOK, GRASSROOTS PHILANTHROPY, PUBLIC SPEAKING ENGAGEMENTS, AND
TEACHING. PVF STAFF IS IN CONSTANT COMMUNICATION WITH ITS GRANTEEES TO
ACT AS AN ADVOCATE IN HELPING THEM SUCCEED IN THEIR WORK.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**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 20,466,322.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 273	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 ☒

Section A. Governing Body and Management

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

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X											
b 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					12a	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c	X							
13 Did the organization have a written whistleblower policy?								13	X						
14 Did the organization have a written document retention and destruction policy?									14	X					
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?															
a The organization's CEO, Executive Director, or top management official										15a	X				
b Other officers or key employees of the organization											15b	X			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
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?												16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?													16b		

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.
☒ Own website ☐ Another's website ☒ 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 94612-1201

Part VII

1b Subtotal	303,290.	0.	37,755.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	303,290.	0.	37,755.

2

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CS GLOBAL, 100 CROSBY STREET, SUITE 500, NEW YORK, NY 10012	GALA PRODUCTION	783,193.
CONSULTING WITHIN REACH 1188 BRITTON AVE, SAN JOSE, CA 95125	NON-PROFIT CAPACITY SUPPORT	367,500.
THE GLEN PRICE GROUP 719 EL CERRITO PLAZA, EL CERRITO, CA 94530	UNIVERSAL PRE-K CONSULTANTS	208,607.
BRUISED FRUIT LLC, 8900 HOLLYWOOD HILLS ROAD, LOS ANGELES, CA 90046	PUBLISHING	150,000.
BERLINROSEN, 15 MAIDEN LANE, SUITE 1600, NEW YORK, NY 10038	PR & COMMUNICATIONS	146,909.
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 7		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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	388,770.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	68,851,807.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,851,633.				
	h Total. Add lines 1a-1f				69,240,577.		
Program Service Revenue			Business Code				
	2 a						
	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)			1,611,184.			1,611,184.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	11,225,127.				
	b Less: cost or other basis and sales expenses	7b	11,054,088.				
	c Gain or (loss)	7c	171,039.				
	d Net gain or (loss)			171,039.			171,039.
	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			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				71,022,800.	0.	0.	1,782,223.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,692,591.	10,692,591.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	432,448.	432,448.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,365,944.	5,365,944.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	341,045.	270,948.	58,268.	11,829.
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	4,080,432.	3,251,657.	749,283.	79,492.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,228.	27,470.	3,300.	4,458.
9 Other employee benefits	33,292.	25,962.	3,118.	4,212.
10 Payroll taxes	42,592.	33,213.	3,989.	5,390.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,747.		15,747.	
c Accounting	111,991.	20,723.	91,268.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	286,526.		286,526.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	371,969.		371,969.	
12 Advertising and promotion	2,276,166.	269,207.	4,000.	2,002,959.
13 Office expenses	732,924.	15,052.	717,134.	738.
14 Information technology				
15 Royalties				
16 Occupancy	55,103.	42,969.	5,162.	6,972.
17 Travel	12,048.	12,048.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	11,710.		11,710.	
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 _____	32,746.	6,090.	26,656.	
25 Total functional expenses. Add lines 1 through 24e	24,930,502.	20,466,322.	2,348,130.	2,116,050.
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 SheetCheck 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	532,174.	1	1,118,035.
	2 Savings and temporary cash investments	5,122,192.	2	41,831,980.
	3 Pledges and grants receivable, net	500,000.	3	5,137,303.
	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	3,560.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments - publicly traded securities	26,437,241.	11	33,015,035.
	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	0.	15	500,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,597,542.	16	81,605,913.	
Liabilities	17 Accounts payable and accrued expenses	38,456.	17	46,868.
	18 Grants payable	2,502,204.	18	0.
	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	2,540,660.	26	46,868.
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	23,662,555.	27	49,939,603.
	28 Net assets with donor restrictions	6,394,327.	28	31,619,442.
	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	30,056,882.	32	81,559,045.
	33 Total liabilities and net assets/fund balances	32,597,542.	33	81,605,913.

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	71,022,800.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,930,502.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,092,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,056,882.
5	Net unrealized gains (losses) on investments	5	2,822,426.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,032,204.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-444,765.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	81,559,045.

Part XII Financial Statements and ReportingCheck 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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** (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**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). _____

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,702,918.	15,249,587.	18,598,101.	22,443,026.	69,240,577.	139,234,209.
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	13,702,918.	15,249,587.	18,598,101.	22,443,026.	69,240,577.	139,234,209.
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)						5,599,135.
6 Public support. Subtract line 5 from line 4.						133,635,074.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	13,702,918.	15,249,587.	18,598,101.	22,443,026.	69,240,577.	139,234,209.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	322,987.	304,354.	353,618.	319,201.	1,611,184.	2,911,344.
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						142,145,598.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	94.01	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	86.28	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (<i>explain in detail in Part VI</i>):		
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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundationCheck 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
PHILANTHROPIC VENTURES FOUNDATION	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		\$ 2,092,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 32,067,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,921,415.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

94-3136771

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED SECURITIES	\$ 6,921,415.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization	Employer identification number
PHILANTHROPIC VENTURES FOUNDATION	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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

2023

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	29	65
2 Aggregate value of contributions to (during year)	4,097,707.	25,564,328.
3 Aggregate value of grants from (during year)	4,929,889.	14,438,590.
4 Aggregate value at end of year	48,168,359.	16,711,084.
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 \$

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,894,327.	6,997,447.	6,652,845.	5,892,197.	5,081,363.
b Contributions					
c Net investment earnings, gains, and losses	672,402.	-889,072.	575,488.	812,316.	997,792.
d Grants or scholarships	208,966.	214,048.	230,886.	51,668.	186,958.
e Other expenditures for facilities and programs					
f Administrative expenses	201,498.				
g End of year balance	6,156,265.	5,894,327.	6,997,447.	6,652,845.	5,892,197.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 75.5330 %

c Term endowment 24.4670 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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, line 10c, column (B)) 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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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, line 25, col. (B))	

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	73,113,935.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,822,426.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,822,426.
3	Subtract line 2e from line 1	3	70,291,509.
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	286,526.
b	Other (Describe in Part XIII.)	4b	444,765.
c	Add lines 4a and 4b	4c	731,291.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	71,022,800.

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	24,643,976.
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	24,643,976.
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	286,526.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	286,526.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,930,502.

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 IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE ("IRC") AND CALIFORNIA FRANCHISE AND/OR

INCOME TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION

CODE.

AS OF DECEMBER 31, 2023, MANAGEMENT EVALUATED THE FOUNDATION'S TAX

Part XIII

Supplemental Information

(continued)

POSITIONS AND CONCLUDED THAT FOUNDATION HAD MAINTAINED ITS TAX-EXEMPT

STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT

TO THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PRI WRITE OFF	444,765.
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**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

2023Open 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		141,141.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		22,500.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		922,091.
NORTH AMERICA	0	0	GRANTMAKING		574,221.
SOUTH AMERICA	0	0	GRANTMAKING		1,308,498.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,098,571.
3 a Subtotal	0	0			4,067,022.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,067,022.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	FAMILY PLANNING	257,202.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SECONDARY SCHOOL SUPPORT	11,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	FOR TWO PROJECTS ON REPRODUCTIVE HEALTH	32,000.	WIRE	0.		
		SOUTH AMERICA	SOCIAL WELFARE INITIATIVES IN PARAGUAY	286,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH IN MEXICO	72,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FOR PROGRAMS FOCUSED ON EDUCATION, HEALTH & GIRLS EMPOWERMENT	117,421.	WIRE	0.		
		SUB-SAHARAN AFRICA	CONSERVATION WORK AROUND SOUTH LUANGWA NATIONAL PARK	98,100.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATIONAL PROGRAMS FOR CHILDREN IN UGANDA	227,159.	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 35

3 Enter total number of other organizations or entities 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	EXPANSION OF 7 FARMS WITH REGARDS TO DRIP LINES AND EXTENDED FENCING	80,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	AGRICULTURAL PROGRAM AND FOR ACTIVITIES FOR VOCATIONAL TRAINEES	20,000.	WIRE	0.		
		SOUTH AMERICA	INCREASING ACCESS TO SEXUAL/ REPRODUCTIVE SERVICES	40,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT FOR SCIENCE MUSEUM	800,000.	WIRE	0.		
		SOUTH AMERICA	TO SUPPORT THE FILM "ORIENTAME"	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TASKRABBIT TEAM WORKSHOP ON DECEMBER 8, 2023	6,351.	WIRE	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	81,646.	WIRE	0.		
		NORTH AMERICA	HEALTH PROGRAMS AROUND THE WORLD	491,960.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	WORKFORCE DEVELOPMENT TOOL IN ALAMEDA COUNTY	25,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	OPERATIONAL COSTS, SCHOOL EQUIPMENT, TEXTBOOKS, AND OTHER SERVICES	324,802.	WIRE	0.		
		SUB-SAHARAN AFRICA	STUDENT SPONSORSHIPS, SCHOOL BUILDING REPAIRS, EQUIPMENT AND MORE	71,800.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT THE TAFIKA FUND FOR GIRLS EDUCATION	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	IN SUPPORT OF THE COLLEGE SCHOLARSHIP PROGRAM	150,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT OF THE RYDALE MUSIC FESTIVAL AND THE SCARBOROUGH CONCERT	90,000.	WIRE	0.		
		SOUTH AMERICA	SALUD SEXUAL REPRODUCTIVA	86,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PARAGUAYAN SCIENCE MUSEUM MUCI EXHIBITION	19,937.	WIRE	0.		
		NORTH AMERICA	SUSTAINABILITY AND COACHING FOR VENTURES	32,261.	ACH	0.		
		SOUTH AMERICA	MUSIC EDUCATION PROGRAM	45,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAPACITY DEVELOPMENT FOR TEACHERS	250,000.	WIRE	0.		
		SOUTH AMERICA	REPRODUCTIVE HEALTH PROJECTS	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMPUTING CONNECTIONS RESEARCH FELLOWSHIP	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	YOSEFE PRIMARY SCHOOL SCHOLARSHIPS & FUNDING	133,643.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENTAL PRESERVATION IN BELIZE	37,141.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TO SUPPORT THE FILM DEVELOPMENT FOR GENERATIVE ART	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	COMMUNITY VILLAGE PROJECTS IN ZAMBIA	11,600.	WIRE	0.		
		NORTH AMERICA	BUDGET FOR THE PROJECT FOR RURAL VENEZUELAN WOMEN AND GIRLS	50,000.	WIRE	0.		

Part III can be duplicated if additional space is needed.

[illegible]

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 the 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 the 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 the 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 the 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 the 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 the 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 RECEIVES WRITTEN REPORTS ABOUT THE PROGRESS OF THE GRANTEE, WITH LOGS

DETAILING HOW FUNDS WERE SPENT. IN ADDITION, PVF UTILIZES REPORTS BY

COLLEAGUE GRANTMAKERS, WHO MAKE SITE VISITS TO GRANTEES TO VERIFY THE

FOUNDATION GRANTS ARE USED FOR CHARITABLE PURPOSES.

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

2023

**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		501(C)(3)	35,000.	0.			GENERAL SUPPORT
ABILITYPATH 350 TWIN DOLPHIN DRIVE, SUITE 123 REDWOOD CITY, CA 94065	94-1156502	501(C)(3)	16,240.	0.			GENERAL SUPPORT
ABLE WORKS 548 MARKET ST #74511 SAN FRANCISCO, CA 94104	20-2175098	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	10,750.	0.			GENERAL SUPPORT
ALLEY-OOP KIDS 37 RINGWOOD AVE ATHERTON, CA 94027	83-2870247	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ANITAB.ORG 1650 SOUTH AMPHLETT BOULEVARD, SUITE 100 SAN MATEO, CA 94402	77-0480427	501(C)(3)	25,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 110.

3 Enter total number of other organizations listed in the line 1 table 22.

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

Schedule I (Form 990) 2023

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
ANTHOS HOME 169 MADISON AVENUE, #2285 NEW YORK, NY 10016	83-3100968	501(C)(3)	10,000.	0.			MAKING HOMES READY FOR OCCUPANCY
ARTS CORPS 4408 DELRIDGE WAY SW #110 SEATTLE, WA 98106	91-2044679	501(C)(3)	13,000.	0.			GENERAL SUPPORT
ASHOKA 1700 NORTH MOORE ST., SUITE 2000 (2) ARLINGTON, VA 22209	51-0255908	501(C)(3)	10,000.	0.			TO SUPPORT WORK IN PARAGUAY
AYUDANDO LATINOS A SONAR 636 PURISSIMA STREET HALF MOON BAY, CA 94019	46-2464722	501(C)(3)	21,996.	0.			GENERAL SUPPORT
BEATITUDE HOUSE CATHOLIC WORKER 121 W. FESLER ST SANTA MARIA, CA 93458	94-3136771	501(C)(3)	40,850.	0.			GENERAL SUPPORT
BREATH OF MY HEART BIRTHPLACE 905B CALLE ARMADA ESPANOLA, NM 87532	46-2669219	501(C)(3)	20,750.	0.			MPACT FOR FAMILIES PROGRAM
BRIGID ALLIANCE PO BOX 58 NEW YORK, NY 10024	82-3843989	501(C)(3)	84,000.	0.			REPRODUCTIVE HEALTH
CASTILLEJA SCHOOL 1310 BRYANT STREET PALO ALTO, CA 94301	94-0373222	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CATHOLIC WORKER HOSPITALITY HOUSE 672 2ND AVE SAN BRUNO, CA 94066-4506	94-3148391	501(C)(3)	10,000.	0.			CLOTHES AND TOOLS FOR REENTRY CLIENTS

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
CATHOLIC WORKER HOUSE PO BOX 513 REDWOOD CITY, CA 94064-0513	94-3136771	501(C)(3)	241,000.	0.			GENERAL SUPPORT
CENTER FOR NEW MUSIC SAN FRANCISCO INC. - 55 TAYLOR STREET - SAN FRANCISCO, CA 94102	46-1228251	501(C)(3)	20,000.	0.			CODE TENDERLOINS JOB READINESS PROGRAM
CHILDREN'S HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CODEART INC. 550 NW 42ND AVE #415 MIAMI, FL 33106	81-0848567	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COLORADO COLLEGE 14 EAST CACHE LA POUDE ST. COLORADO SPRINGS, CO 80903	84-0402510	501(C)(3)	15,000.	0.			GENERAL SUPPORT
COMMONWEALTH CLUB OF CALIFORNIA P.O. BOX 194210 SAN FRANCISCO, CA 94119	94-0399260	501(C)(3)	15,000.	0.			2023 DISTINGUISHED CITIZEN AWARD GALA
COMMUNITY FORWARD SF 1171 MISSION ST, 2ND FLOOR SAN FRANCISCO, CA 94103	94-2335626	501(C)(3)	22,500.	0.			IN SUPPORT OF THE WOMENS CENTER
COMMUNITY LEGAL SERVICES IN EAST PALO ALTO - 1861 BAY RD. - EAST PALO ALTO, CA 94303	22-3866910	501(C)(3)	17,500.	0.			GENERAL SUPPORT
COUNTY OF ALAMEDA 1221 OAK ST, 5TH FL SUITE 555 OAKLAND, CA 94612		GOVERNMENT	643,845.	0.			ALL IN ALAMEDA 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	5,650.	0.			GENERAL SUPPORT
DREAMCATCHERS P.O. BOX 60902 PALO ALTO, CA 94306	80-0257191	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
EAST PALO ALTO ACADEMY FOUNDATION P.O. BOX 50803 EAST PALO ALTO, CA 94303	20-2699147	501(C)(3)	39,400.	0.			PARENT INVOLVEMENT WORKER
EASTSIDE COLLEGE PREPARATORY SCHOOL - 1041 MYRTLE STREET - EAST PALO ALTO, CA 94303	94-3187806	501(C)(3)	21,500.	0.			STUDENT SCHOLARSHIP
EVERYCHILD FOUNDATION P.O. BOX 1808 PACIFIC PALISADES, CA 90272	31-1693985	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FACING HISTORY AND OURSELVES 300 FRANK H. OGAWA PLAZA, SUITE 269 OAKLAND, CA 94612	04-2761636	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129-1680	44-0610626	501(C)(3)	18,000.	0.			GENERAL SUPPORT
FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE. - CONCORD, CA 94520	94-2418054	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GLIDE FOUNDATION 330 ELLIS STREET, 4TH FLOOR SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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.			IN SUPPORT OF THE 2024 TILT PROGRAM
HABITAT FOR HUMANITY GREATER SAN FRANCISCO - 300 MONTGOMERY STREET, SUITE 450 - SAN FRANCISCO, CA 94104	94-3088881	501(C)(3)	13,000.	0.			CONSTRUCTION BUILD
HABITAT FOR HUMANITY NEW YORK CITY & WESTCHESTER COUNTY - 111 JOHN ST., FL 770 - NEW YORK, NY 10038	11-2857055	501(C)(3)	10,000.	0.			CONSTRUCTION BUILD
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	112,500.	0.			FOR LAHAINA RELIEF EFFORTS
HEALTH CONNECTED 763 GREEN ST. EAST PALO ALTO, CA 94303	94-3227947	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
HOMERISE 251 POST STREET, SUITE 200 SAN FRANCISCO, CA 94108	94-3112338	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HOPE SOLUTIONS 399 TAYLOR BOULEVARD, SUITE 115 PLEASANT HILL, CA 94523	91-1797391	501(C)(3)	7,500.	0.			GENERAL SUPPORT
IMMIGRATION INSTITUTE OF THE BAY AREA - 600 ALLERTON STREET, SUITE 101 - REDWOOD CITY, CA 94063	94-1156554	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
ISLAND CONSERVATION P.O. BOX 80709 CITY OF INDUSTRY, CA 91716	91-1839907	501(C)(3)	50,000.	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
KARAT SCHOOL PROJECT 801 ALMA ST UNIT 313 PALO ALTO, CA 94301	82-5036957	501(C)(3)	10,000.	0.			CAPACITY BUILDING
KELLOGG SCHOOL OF MANAGEMENT 1007 CHURCH STREET, SUITE 400 EVANSTON, IL 60201	94-1241309	501(C)(3)	7,500.	0.			2024 MOSKOWITZ PRIZE SPONSORSHIP
KICKSTART INTERNATIONAL PO BOX 15908 SAN FRANCISCO, CA 94115	06-1613235	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	6,060.	0.			GENERAL SUPPORT
LIFEMOVES 2550 GREAT AMERICA WAY, SUITE 201 SANTA CLARA, CA 95054	77-0160469	501(C)(3)	7,500.	0.			GENERAL SUPPORT
LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH - 400 HAMILTON AVENUE, SUITE 340 - PALO ALTO, CA 94301	77-0440090	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MARCH FOR MOMS ASSOCIATION PO BOX 77622 BATON ROUGE, LA 70879	81-4352543	501(C)(3)	40,000.	0.			MPACT FOR FAMILIES PROGRAM
MAYA HEALTH ALLIANCE - WUQU' KAWOQ P.O. BOX 91 BETHEL, VT 05032	20-8741625	501(C)(3)	20,000.	0.			FAMILY PLANNING GUATEMALA
NATIONAL SMOKEJUMPER ASSOCIATION 10 JUDY LANE CHICO, CA 95926	81-0479209	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
NEWMEXICOWOMEN.ORG 1807 2ND ST STE 76 SANTA FE, NM 87505	81-4638850	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 E. GISH ROAD, SUITE 200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	30,000.	0.			GENERAL SUPPORT
NO SCALPEL VASECTOMY INTERNATIONAL, INC. - 18224 CLEAR LAKE DRIVE - LUTZ, FL 33548	13-1837418	501(C)(3)	24,000.	0.			NO SCALPEL VASECTOMY
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	45,000.	0.			HAWAII OCEAN RISING FUND
NORTHERN LIGHT SCHOOL 3710 DORISA AVE OAKLAND, CA 94605	94-3097690	501(C)(3)	100,000.	0.			TO SUPPORT THE SCHOLARSHIP FUND
OPERATION KIDS 1245 E. BRICKYARD RD. SUITE 260 SALT LAKE CITY, UT 84106	87-0643214	501(C)(3)	100,000.	0.			UNCHARITABLE FILM PROJECT
ORANGE COUNTY MUSEUM OF ART 3333 AVENUE OF THE ARTS COSTA MESA, CA 92626	95-1660847	501(C)(3)	9,600.	0.			ART SENSE
OREGON DACHSHUND RESCUE PO BOX 820082 PORTLAND, OR 97282	26-1529986	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OREGON SHAKESPEARE FESTIVAL 15 S. PIONEER STREET ASHLAND, OR 97520	93-0407022	501(C)(3)	10,650.	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
PALO ALTO HUMANE SOCIETY P.O. BOX 60715 PALO ALTO, CA 94306	94-1358297	501(C)(3)	10,000.	0.			TO SUPPORT DAISY'S DAY
PEOPLE ACTING IN COMMUNITY TOGETHER - 1100 SHASTA AVENUE, SUITE 210 - SAN JOSE, CA 95126	77-0090129	501(C)(3)	30,000.	0.			GENERAL SUPPORT
PESCADERO PUBLIC RADIO SERVICE PO BOX 893 PESCADERO, CA 94060	94-3213415	501(C)(3)	10,000.	0.			YOUTH BROADCAST JOURNALISM PROGRAM
PIVOTAL CONNECTIONS 75 E SANTA CLARA STREET, SUITE 1450 SAN JOSE, CA 95113	77-0166138	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
PLANNED PARENTHOOD MAR MONTE 1650 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PORTLAND DACHSHUND RESCUE 2017 NW VAUGHN ST. BOX 96294 PORTLAND, OR 97209	85-0851910	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PROJECT WEHOPE PO BOX 50624 PALO ALTO, CA 94303	94-3342713	501(C)(3)	10,000.	0.			2023-2024 PROGRAM SUPPORT
RESOURCES FOR COMMUNITY DEVELOPMENT - 2220 OXFORD STREET - BERKELEY, CA 94704	94-2952466	501(C)(3)	27,500.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE 520 SAND HILL ROAD PALO ALTO, CA 94304	94-2538615	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
ROSALIE RENDU CENTER 1760 BAY ROAD APT 24 EAST PALO ALTO, CA 94303-1674	95-4709944	501(C)(3)	10,000.	0.			CLIENT NEEDS
RUBICON COMMUNITY FUND 530 CENTER ST. NE STE 610 SALEM, OR 97301	86-2465307	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAINT FRANCIS CENTER 151 BUCKINGHAM AVENUE REDWOOD CITY, CA 94063	94-3052056	501(C)(3)	6,000.	0.			DIRECTOR'S DISCRETIONARY FUND
SAN FRANCISCO AND MARIN FOOD BANKS P.O. BOX 7203 SAN FRANCISCO, CA 94120	94-3041517	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE SAN FRANCISCO, CA 94102	94-0836240	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	46-1657101	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK 4001 NORTH FIRST STREET SAN JOSE, CA 95134	94-2614101	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SEMPERVIRENS FUND 951 MARINERS ISLAND BLVD., SUITE #3 SAN MATEO, CA 94404	94-2155097	501(C)(3)	16,000.	0.			GENERAL SUPPORT
SHINE TOGETHER 508 VALLEY WAY MILPITAS, CA 95035	45-0702884	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
STREET LEVEL HEALTH PROJECT 3125 E. 15TH STREET OAKLAND, CA 94601	56-2324355	501(C)(3)	10,000.	0.			GENERAL SUPPORT
STREETCODE ACADEMY P.O. BOX 51867 EAST PALO ALTO, CA 94303	81-4041822	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
THE AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE AMERICAN WILDFIRE EXPERIENCE PO BOX 24 KYBURZ, CA 95720	82-1275507	501(C)(3)	7,000.	0.			WILDLAND FIRE DIGITAL STORYTELLING
THE BOLD FOUNDATION, INC. 3700 TENNYSON STREET, UNIT 12237 DENVER, CO 80212	84-2719715	501(C)(3)	9,000.	0.			ISAAC YUNHU LEE MEMORIAL
THE DAY WORKER CENTER OF MOUNTAIN VIEW - 113 ESCUELA AVE - MOUNTAIN VIEW, CA 94040	20-2874108	501(C)(3)	10,000.	0.			URGENT NEEDS OF CLIENTS
THE GIVING BACK FUND 500 COMMERCIAL STREET, SUITE 4R BOSTON, MA 02109	04-3367888	501(C)(3)	6,500.	0.			FINANCIAL LITERACY TRAINING
TRANSCAMP 1099 66TH STREET OAKLAND, CA 94608	93-1831177	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TRUST WOMEN FOUNDATION 5107 EAST KELLOGG DRIVE WICHITA, KS 67218	27-3246473	501(C)(3)	40,500.	0.			NO TURN AWAY PROJECT

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
TURIMIQUIRE FOUNDATION 16 CRESCENT STREET CAMBRIDGE, MA 02138	04-3286660	501(C)(3)	75,000.	0.			FAMILY PLANNING IN SUCRE, VENEZUELA
UPWARD SCHOLARS 855 JEFFERSON AVE, BOX 506 REDWOOD CITY, CA 94064	45-4128140	501(C)(3)	20,000.	0.			GENERAL SUPPORT
VIDA VERDE NATURE EDUCATION 3540 LA HONDA ROAD SAN GREGORIO, CA 94074	36-4471996	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
VILLAGE ENTERPRISE FUND 1180 SAN CARLOS AVENUE #222 SAN CARLOS, CA 94070	22-2852248	501(C)(3)	10,250.	0.			GENERAL SUPPORT
VILLAGE OF HEALING 22344 LAKESHORE BOULEVARD EUCLID, OH 44123	84-3203088	501(C)(3)	20,750.	0.			MPACT FOR FAMILIES PROGRAM
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	13,469.	0.			TO SUPPORT UKRAINE RELIEF EFFORTS
WORLD VASECTOMY DAY 341 WEST 24TH STREET, 21J NEW YORK, NY 10011	47-3178528	501(C)(3)	30,000.	0.			REGIONAL COORDINATOR PROGRAM
YWCA GOLDEN GATE SILICON VALLEY 375 S. 3RD STREET SAN JOSE, CA 95122	94-1186196	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
YWCA MONTEREY COUNTY 975 WEST ALISAL, STE. I SALINAS, CA 93901	94-1732598	501(C)(3)	20,000.	0.			2023-2024 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
YWCA OF BERKELEY AND OAKLAND 2600 BANCROFT WAY BERKELEY, CA 94704	94-1156363	501(C)(3)	20,000.	0.			2023-2024 GENERAL SUPPORT
54 THRONES LLC 3139 W HOLCOMBE BLVD #1122 HOUSTON, TX 77025			200,000.	0.			GENERAL SUPPORT
AYO LLC 1362 WALNUT AVE TUSTIN, CA 92780			20,000.	0.			GENERAL SUPPORT
HYPER SKIN INC. 279 W 117TH STREET NEW YORK, NY 10026			20,000.	0.			GENERAL SUPPORT
PUZZLES OF COLOR, LLC 1778 N PLANO ROAD, SUITE 110 RICHARDSON, TX 75081			20,000.	0.			GENERAL SUPPORT
SERGIO HUDSON COLLECTIONS LLC 731 S SPRING ST STE #202 LOS ANGELES, CA 90014			35,000.	0.			GENERAL SUPPORT
WELL-READ BLACK GIRL, INC. 35 TODD PL NE APT 2, WASHINGTON, DC WASHINGTON, DC 20002	92-0782727	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GAPA FUND P.O. BOX 1655 ALAMEDA, CA 94501	84-2621586	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SISTERS OF THE PRESENTATION, SAN FRANCISCO - 2340 TURK BLVD - SAN FRANCISCO, CA 94118	94-2209052	501(C)(3)	50,000.	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
MIXED UP CLOTHING, INC. 704 S SPRING ST STE 201, LOS ANGELES, CA 90014			50,000.	0.			GENERAL SUPPORT
ELLERALI, INC. 19745 COLIMA RD 124 ROWLAND HEIGHTS, CA 91748			50,000.	0.			GENERAL SUPPORT
HOUSE OF AAMA 656 S LOS ANGELES ST LOS ANGELES, CA 90014			25,000.	0.			GENERAL SUPPORT
PROCLAIM MADE LLC 175 MASON CIR CONCORD, CA 94520			25,000.	0.			GENERAL SUPPORT
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012			25,000.	0.			GENERAL SUPPORT
UNIVERSITY OF HOUSTON-SCHOOL OF ART - 4188 ELGIN ST ROOM 100 - HOUSTON, TX 77004			25,000.	0.			GENERAL SUPPORT
BKR, LLC 440 N BARRANCA AVE #2262 COVINA, CA 91723			10,000.	0.			GENERAL SUPPORT
PENINSULA BOOK COLLABORATIVE 441 WESTLAKE CENTER DALY CITY, CA 94015	92-3125328	501(C)(3)	18,341.	0.			GENERAL SUPPORT
THE HARDY CLINIC 1530 DEKALB AVE ATLANTA, GA 30307			100,000.	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
TAMPON TRIBE 2609 BRIGHTON AVE LOS ANGELES, CA 90018-2716			100,000.	0.			GENERAL SUPPORT
A PEACE OF MIND COUNSELING SERVICES - 713 TWINRIDGE LANE - RICHMOND, VA 23235			50,000.	0.			GENERAL SUPPORT
NEIGHBORLY HANDS LLC 19900 GOVERNORS DRIVE LOWER LEVEL 1 OLYMPIA FIELDS, IL 60461			75,000.	0.			GENERAL SUPPORT
DIG IT! COFFEE CO. 1300 S CASINO CENTER BLVD UNIT 110 LAS VEGAS, NV 89104			25,000.	0.			GENERAL SUPPORT
BLACK CULTURAL ZONE 8321 INTERNATIONAL BLVD OAKLAND, CA 94621	84-3885205	501(C)(3)	147,500.	0.			GENERAL SUPPORT
DESTINY ARTS CENTER 970 GRACE AVE OAKLAND, CA 94608	94-3176726	501(C)(3)	7,500.	0.			GENERAL SUPPORT
EAST OAKLAND YOUTH DEVELOPMENT CENTER, I - 8200 INTERNATIONAL BLVD - OAKLAND, CA 94621	23-7334590	501(C)(3)	47,500.	0.			GENERAL SUPPORT
BROTHERHOOD OF ELDERS NETWORK 1714 FRANKLIN STREET \$#100-177 OAKLAND, CA 94612	36-4857014	501(C)(3)	97,500.	0.			GENERAL SUPPORT
ROOTS COMMUNITY HEALTH CENTER 7272 MACARTHUR BLVD OAKLAND, CA 94605	26-2583954	501(C)(3)	47,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND FUND FOR PUBLIC INNOVATION 5493 BANCROFT AVE OAKLAND, CA 94601	87-2236607	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ACTAI GLOBAL 405 EL CAMINO REAL #358 MENLO PARK, CA 94025	45-4866590	501(C)(3)	47,224.	0.			GENERAL SUPPORT
COMPASSIONATE CHEFS CAFE 10104 VISTA DR CUPERTINO, CA 95014			8,000.	0.			GENERAL SUPPORT
LIBRARIES WITHOUT BORDERS 244 MADISON AVE NEW YORK, NY 10016	68-0666319	501(C)(3)	15,680.	0.			GENERAL SUPPORT
THE OAKSTOP EFFECT 1721 BROADWAY #201 OAKLAND, CA 94612			333,200.	0.			GENERAL SUPPORT
OAKSTOP, LLC 1503 MACDONALD AVE RICHMOND, CA 94801	86-2239811	501(C)(3)	678,837.	0.			GENERAL SUPPORT
RESILIA ACADEMY 3014 DAUPHINE ST NEW ORLEANS, LA 70117			1,292,799.	0.			GENERAL SUPPORT
TURNING BASIN LABS 1721 BROADWAY #201 OAKLAND, CA 94612			252,896.	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
2022 - 2023 CULTURE AND CLIMATE FELLOWSHIP	27	25,750.	0.		
APPRENTICESHIP PROGRAM STIPEND	8	32,000.	0.		
API SOCIAL EXPENSES/REIMBURSEMENT	2	542.	0.		
FELLOWSHIP EXPENSES AND STIPEND	1	25,000.	0.		
FASHION CEO ACCELERATOR PARTICIPATION	5	30,000.	0.		

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 MAKES 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.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
ENTERPRISE & PROGRAM SERVICES	1.	7,000.	0.		
HATE IS A VIRUS - HONORARIUM	83.	139,733.	0.		
CLOSING PANELIST AT CHANGEMAKERS SUMMIT	1.	750.	0.		
STIPEND FOR OUR CHANGING PLANET	32.	47,750.	0.		
FREMONT HIGH SCHOOL	1.	2,000.	0.		
MACK LIBRARY	1.	100.	0.		
JUVENILE HALL PRESENTATION	2.	2,000.	0.		
MAUI WILDFIRES/RECOVERY	2.	20,000.	0.		
WILDFIRE RECOVERY	1.	5,000.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
HOUSING SUPPORT	1.	2,500.	0.		
REIMBURSEMENTS	5.	14,204.	0.		
CAR REPAIRS	1.	1,680.	0.		
SILICON VALLEY NEXT 2022-23 FELLOWSHIP	12.	12,000.	0.		
TECHNICAL ASSISTANCE	1.	1,500.	0.		
OAKLAND THRIVES STEERING COMMITTEE	19.	21,925.	0.		
PARENT ENGAGEMENT	3.	2,411.	0.		
GRADUATION SHIRTS	1.	528.	0.		
TEXAS BORDER RELIEF	3.	20,096.	0.		

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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
FLOOD RELIEF EXPENSE	1.	16,478.	0.		
ASYLUM SEEKER SERVICES	1.	1,500.	0.		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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	6	7,807,332.	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 (CRYPTO CURRENCY)	X	1	38,331.	FMV
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

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

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.

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):

THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS.

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

2023

Open to Public
Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

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

A DRAFT FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED

BY THE ORGANIZATIONS' 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 HAD 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 OFFICERS AND KEY EMPLOYEES IS DECIDED ANNUALLY BY THE

BOARD OF DIRECTORS. THE PROCESS IS DOCUMENTED AND WAS LAST PERFORMED IN

2023.

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,VA,WA,WV,WI

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. THE

ORGANIZATION'S 990S AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON PVF'S

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

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

OWN WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRI WRITE OFF	-444,765.
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