PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 1517225

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 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) Room/suite
1222 PRESERVATION PARK WAY

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 $ 120,830,000.

H(a) Is this a group return for 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 ☐ 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	8
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 2024 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	69,240,577.	53,627,973.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,782,223.	5,053,053.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	71,022,800.	58,681,026.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,490,983.	39,731,510.
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)	4,532,589.	6,352,047.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,722,363.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,906,930.	2,984,627.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,930,502.	49,068,184.
19	Revenue less expenses. Subtract line 18 from line 12	46,092,298.	9,612,842.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	81,605,913.	89,430,220.
21	Total liabilities (Part X, line 26)	46,868.	54,878.
22	Net assets or fund balances. Subtract line 21 from line 20	81,559,045.	89,375,342.

Part II Signature Block

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

Sign Here

Signature of officer Date

JAMES HIGA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name JACOB YAU	Preparer's signature	Date 11/13/2025	Check if self-employed ☐	PTIN P01560332
Firm's name HOOD & STRONG LLP			Firm's EIN 94-1254756	
Firm's address 2580 N 1ST ST, STE 460 SAN JOSE, CA 95131			Phone no. 408.998.8400	

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
File by the due date for filing your return. See instructions.	PHILANTHROPIC VENTURES FOUNDATION	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	Form 990-T (governmental entities)	15

- 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 94612-1201

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

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 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. 1-2025)

LHA 423841 01-02-25

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO ENGAGE CREATIVE DONORS AND COMMUNITY PARTNERS IN GRASSROOTS PHILANTHROPY VIA RADICAL COLLABORATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
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 $ 45,250,768. including grants of $ 39,731,510.) (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 GRANTEES TO ACT AS AN ADVOCATE IN HELPING THEM SUCCEED IN THEIR WORK.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e Total program service expenses 45,250,768.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 Compliance

Check 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	203		
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? *If "No" to line 3b, provide an explanation on Schedule O*	**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? *If "No," provide an explanation on Schedule O*	**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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	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	1b	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.)*

			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,GA,HI,IL,KS,KY

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

JAMES HIGA - 510-645-1890

1222 PRESERVATION PARK WAY, OAKLAND, CA 94612-1201

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAWN HAWK	40.00									
COO				X				210,000.	0.	28,308.
(2) BILL SOMERVILLE	24.00									
PRESIDENT/FOUNDER		X		X				0.	0.	6,075.
(3) MOIRA C. WALSH	2.00									
CHAIRMAN		X		X				0.	0.	0.
(4) JAMES HIGA	32.00									
TREASURER/EXECUTIVE DIRECTOR		X		X				0.	0.	0.
(5) DUNCAN BEARDSLEY	2.00									
DIRECTOR		X						0.	0.	0.
(6) JAMES R. CODY	2.00									
DIRECTOR		X						0.	0.	0.
(7) KAMBA TSHIONYI	2.00									
DIRECTOR		X						0.	0.	0.
(8) COLBURN S. WILBUR	2.00									
DIRECTOR		X						0.	0.	0.
(9) ALICIA AGUIRRE	2.00									
DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								210,000.	0.	34,383.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								210,000.	0.	34,383.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **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? *If "Yes," complete Schedule J for such individual* **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? *If "Yes," complete Schedule J for such person* **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
THE GATHERY INC., 320 WYTHE AVE, 3RD FLOOR, BROOKLYN, NY 11249	15 PERCENT PLEDGE GALA DESIGN/PRODUCTION	1,353,978.
THE GLEN PRICE GROUP, 1990 N CALIFORNIA BLVD, 8TH FL #1227, WALNUT CREEK, CA 94596	UPK PROGRAM QUALITY IMPROVEMENT SUPPORT	382,145.
GARRETT NEIMAN, 800 INDIANA STREET, #173, SAN FRANCISCO, CA 94107	PERENNIAL SUNFLOWER PROJECT WORK	210,594.
VIBRANT STRATEGIES 301 LAGUNA VISTA, ALAMEDA, CA 94501	OAKLAND THRIVES PHILANTHROPIC ADVICE/SER	156,833.
COLLABORATIVE COMMUNICATIONS GROUP, INC, 1029 VERMONT AVE NW 9TH FL, WASHINGTON, DC	UPK PROGRAM COMM CONSULTING SERVICES	146,250.

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 12

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	562,550.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,065,423.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,708,023.				
	h **Total.** Add lines 1a-1f			53,627,973.			
Program Service Revenue		**Business Code**					
	2a						
	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)			3,407,571.			3,407,571.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	63,794,456.				
	b Less: cost or other basis and sales expenses	7b	62,148,974.				
	c Gain or (loss)	7c	1,645,482.				
	d Net gain or (loss)			1,645,482.			1,645,482.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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**					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			58,681,026.	0.	0.	5,053,053.

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	34,818,929.	34,818,929.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,912,581.	4,912,581.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	238,308.	189,535.	41,811.	6,962.
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	5,989,241.	4,898,318.	1,009,007.	81,916.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,481.	32,347.	3,885.	5,249.
9 Other employee benefits	40,425.	31,523.	3,786.	5,116.
10 Payroll taxes	42,592.	33,213.	3,989.	5,390.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	190,353.	41,878.	148,475.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	402,586.		402,586.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	163,772.		163,772.	
12 Advertising and promotion	1,829,598.	215,690.	3,205.	1,610,703.
13 Office expenses	287,623.	20,187.	266,381.	1,055.
14 Information technology				
15 Royalties				
16 Occupancy	47,203.	36,809.	4,422.	5,972.
17 Travel	11,660.	11,660.		
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	12,128.		12,128.	
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	39,704.	8,098.	31,606.	
25 **Total functional expenses.** Add lines 1 through 24e	49,068,184.	45,250,768.	2,095,053.	1,722,363.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,118,035.	1	1,898,022.
	2	Savings and temporary cash investments	41,831,980.	2	15,800,415.
	3	Pledges and grants receivable, net	5,137,303.	3	2,480,000.
	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	3,560.	9	3,560.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities	33,015,035.	11	68,748,223.
	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	500,000.	15	500,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	81,605,913.	16	89,430,220.
Liabilities	17	Accounts payable and accrued expenses	46,868.	17	54,878.
	18	Grants payable		18	
	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	46,868.	26	54,878.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	49,939,603.	27	59,571,575.
	28	Net assets with donor restrictions	31,619,442.	28	29,803,767.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	81,559,045.	32	89,375,342.
	33	Total liabilities and net assets/fund balances	81,605,913.	33	89,430,220.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,681,026.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,068,184.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,612,842.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	81,559,045.
5	Net unrealized gains (losses) on investments	5	3,045,591.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,842,136.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	89,375,342.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,249,587.	18,598,101.	22,443,026.	69,240,577.	53,627,973.	179,159,264.
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	15,249,587.	18,598,101.	22,443,026.	69,240,577.	53,627,973.	179,159,264.
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)						25,871,462.
6 **Public support.** Subtract line 5 from line 4.						153,287,802.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	15,249,587.	18,598,101.	22,443,026.	69,240,577.	53,627,973.	179,159,264.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	304,354.	353,618.	319,201.	1,611,184.	3,407,571.	5,995,928.
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						185,155,237.

12 Gross receipts from related activities, etc. (see instructions) 12

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	82.79 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	94.01 %

16a **33 1/3% support test - 2024.** 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 ☒

b **33 1/3% support test - 2023.** 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 ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ☐

b **10% -facts-and-circumstances test - 2023.** 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 ☐

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 ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	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? *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.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	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? *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.*	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? If "Yes" or "No," provide details in **Part VI**.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule B (Form 990)
(Rev. December 2024)
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

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 21,816,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,683,246.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,115,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 4,801,553.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 1,075,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 1,609,809.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 1,840,810.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
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

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	56	92
2	Aggregate value of contributions to (during year)	5,981,972.	45,805,191.
3	Aggregate value of grants from (during year)	5,487,241.	42,923,281.
4	Aggregate value at end of year	55,064,864.	19,611,269.

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? [X] Yes [ ] No

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

Part II Conservation Easements.

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	6,156,265.	5,894,327.	6,997,447.	6,652,845.	5,892,197.
b Contributions					
c Net investment earnings, gains, and losses	623,075.	672,402.	-889,072.	575,488.	812,316.
d Grants or scholarships	230,143.	208,966.	214,048.	230,886.	51,668.
e Other expenditures for facilities and programs					
f Administrative expenses		201,498.			
g End of year balance	6,549,197.	6,156,265.	5,894,327.	6,997,447.	6,652,845.

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 71.0011 %
c Term endowment 28.9989 %

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

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

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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 ... X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	61,349,031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,045,591.		
b	Donated services and use of facilities	2b	150,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	3,195,591.
3	Subtract line 2e from line 1			3	58,153,440.
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	402,586.		
b	Other (Describe in Part XIII.)	4b	125,000.		
c	Add lines 4a and 4b			4c	527,586.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	58,681,026.

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	48,815,598.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	150,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	150,000.
3	Subtract line 2e from line 1			3	48,665,598.
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	402,586.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	402,586.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	49,068,184.

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, 2024, MANAGEMENT EVALUATED THE FOUNDATION'S TAX 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:

LOSS ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE 125,000.

SCHEDULE F (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

Part I General Information on Activities Outside the United States.

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **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		81,832.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		887,904.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTMAKING		692,034.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTMAKING		2,126,961.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		1,123,850.
3 a Subtotal	0	0			4,912,581.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			4,912,581.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

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	227,249.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SECONDARY SCHOOL SUPPORT	12,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HDK DIRECTORS INNOVATION CIRCLE	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH	20,000.	WIRE	0.		
		SOUTH AMERICA	SOCIAL WELFARE INITIATIVES IN PARAGUAY	154,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REPRODUCTIVE HEALTH IN MEXICO	57,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH & GIRLS EMPOWERMENT	147,936.	WIRE	0.		
		SUB-SAHARAN AFRICA	WILDLIFE AND EDUCATION INITIATIVES	44,870.	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 33

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	CONSERVATION WORK AROUND SOUTH LUANGWA NATIONAL PARK	49,550.	WIRE	0.		
		NORTH AMERICA	SUSTAINABILITY AND COACHING FOR VENTURES	30,362.	WIRE	0.		
		SUB-SAHARAN AFRICA	EDUCATIONAL PROGRAMS FOR CHILDREN IN UGANDA	236,239.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DONOR OUTREACH CAMPAIGN FOR LESEDI SCHOOLS AND CLINIC	23,010.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MEXFAM 2022-2024 GRANT	40,000.	WIRE	0.		
		SOUTH AMERICA	LAND PURCHASE AND OPERATIONS FOR SCIENCE MUSEUM	1650000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TASKRABBIT TEAM VOLUNTEERING ON THE UPCYCLING WORKSHOP	12,503.	WIRE	0.		
		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH PROGRAMS	186,126.	WIRE	0.		
		NORTH AMERICA	HEALTH PROGRAMS AROUND THE WORLD	499,671.	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)	SUPPORT FOR YOUNG PERSONS LEAVING CARE TO MAKE HOME	12,391.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CONSULTING FOR WORKFORCE DEVELOPMENT TOOL IN ALAMEDA COUNTY	25,000.	WIRE	0.		
		NORTH AMERICA	TO SUPPORT THE MOVEMENTS OF BELONGING RETREAT	15,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	OPERATIONAL COSTS, SCHOOL EQUIPMENT, TEXTBOOKS	471,000.	WIRE	0.		
		SOUTH AMERICA	PERSONNEL AND MATERIALS FOR FIELD EXPENSES	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO IMPROVE VILLAGE SCHOOLS IN THE LUANGWA VALLEY, ZAMBIA	55,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT THE TAFIKA FUND FOR GIRLS EDUCATION	28,150.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	IN SUPPORT OF THE COLLEGE SCHOLARSHIP PROGRAM	210,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT OF THE RYEDALE MUSIC FESTIVAL	90,000.	WIRE	0.		

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SALUD SEXUAL REPRODUCTIVA	187,461.	WIRE	0.		
		SOUTH AMERICA	MUSIC EDUCATION PROGRAM	35,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	COMPUTING CONNECTIONS RESEARCH FELLOWSHIP	17,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT OF TIME + TIDE'S PROGRAMS IN ZAMBIA	145,305.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ENVIRONMENTAL PRESERVATION IN BELIZE	61,832.	WIRE	0.		
		NORTH AMERICA	BUDGET FOR THE PROJECT FOR RURAL VENEZUELAN WOMEN AND GIRLS	50,000.	WIRE	0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	[X] 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	[X] 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	[X] 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	[X] 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	[X] 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	[X] 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)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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
10,000 FATHERS INC. 3308 CASTLE AVENUE WACO, TX 76710	99-0559615	501(C)(3)	6,000.	0.			GENERAL SUPPORT
1ST PRESBYTERIAN CHURCH OF SANTA ROSA - 1550 PACIFIC AVENUE - SANTA ROSA, CA 95404	95-1831056	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ABILITYPATH 350 TWIN DOLPHIN DRIVE, SUITE 123 REDWOOD CITY, CA 94065	94-1156502	501(C)(3)	11,740.	0.			GENERAL SUPPORT
ABLE WORKS 548 MARKET ST #74511 SAN FRANCISCO, CA 94104	20-2175098	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	12,800.	0.			GENERAL SUPPORT
ALAS - AYUDANDO LATINOS A SONAR 636 PURISSIMA STREET HALF MOON BAY, CA 94019	46-2464722	501(C)(3)	18,000.	0.			TO SUPPORT THE NEEDS OF FARMWORKER FAMILIES ON THE COAST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 118.

3 Enter total number of other organizations listed in the line 1 table ..... 19.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 90 BROAD STREET, 17TH FLOOR - STE 1 NEW YORK, NY 10004	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)	12,000.	0.			GENERAL SUPPORT
BREATH OF MY HEART BIRTHPLACE 905B CALLE ARMADA ESPANOLA, NM 87532	46-2669219	501(C)(3)	20,000.	0.			TO SUPPORT THE MPACT FOR FAMILIES PROGRAM
BRIGID ALLIANCE PO BOX 58 NEW YORK, NY 10024	82-3843989	501(C)(3)	275,000.	0.			REPRODUCTIVE HEALTH
CARE 2 COMMUNITIES, INC. 24 SCHOOL STREET, FLOOR 2 BOSTON, MA 02108	26-4369180	501(C)(3)	17,327.	0.			FAMILY PLANNING
CEDARS-SINAI 6500 WILSHIRE BLVD, STE 1600 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	18,078.	0.			GENERAL SUPPORT
CENTER FOR NEW MUSIC SAN FRANCISCO INC. - 55 TAYLOR STREET - SAN FRANCISCO, CA 94102	46-1228251	501(C)(3)	10,300.	0.			CODE TENDERLOINS JOB READINESS PROGRAM
CENTER FOR POLITICAL ACCOUNTABILITY - 1233 20TH STREET, NW, SUITE 205 - WASHINGTON, DC 20036	20-0385691	501(C)(3)	7,000.	0.			TO GO TOWARDS A SPONSORSHIP OF THE CPA ZICKLIN INDEX
CHILDREN'S HEALTH COUNCIL 650 CLARK WAY PALO ALTO, CA 94304	94-1312311	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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
DONT EVER GIVE UP, INC. 14600 WESTON PARKWAY CARY, NC 27513	47-5304184	501(C)(3)	10,000.	0.			FOR THE V FOUNDATION'S FUND IN NEED
EASTSIDE COLLEGE PREPARATORY SCHOOL - 1041 MYRTLE STREET - EAST PALO ALTO, CA 94303	94-3187806	501(C)(3)	21,500.	0.			TO SUPPORT THE STUDENT SCHOLARSHIP
EMMANUEL UNIVERSITY PO BOX 86 FRANKLIN SPRINGS, GA 30639	58-0633977	501(C)(3)	20,000.	0.			TO GO TOWARDS THE NEW PICKLEBALL SPORTS PROGRAM
EVERYCHILD FOUNDATION P.O. BOX 1808 PACIFIC PALISADES, CA 90272	31-1693985	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129-1680	44-0610626	501(C)(3)	21,000.	0.			GENERAL SUPPORT
FOOD BANK OF CONTRA COSTA AND SOLANO - 4010 NELSON AVE. - CONCORD, CA 94520	94-2418054	501(C)(3)	12,500.	0.			GENERAL SUPPORT
GVNGORG 369 S DOHENY DRIVE, STE 250 BEVERLY HILLS, CA 90211	81-2446261	501(C)(3)	6,500.	0.			TO SUPPORT SPARK
HABITAT FOR HUMANITY GREATER SAN FRANCISCO - 300 MONTGOMERY STREET, SUITE 450 - SAN FRANCISCO, CA 94104	94-3088881	501(C)(3)	16,000.	0.			FOR TASKRABBITS PLAYHOUSE BUILD
HABITAT FOR HUMANITY NYC & WESTCHESTER COUNTY - 111 JOHN ST., FL 770 - NEW YORK, NY 10038	11-2857055	501(C)(3)	20,000.	0.			TO SUPPORT A BUILD DAY WITH HABITAT FOR HUMANITY IN NEW YORK CITY

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HEALTH CONNECTED 763 GREEN ST. EAST PALO ALTO, CA 94303	94-3227947	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HIDDEN VILLA 26870 MOODY RD. LOS ALTOS HILLS, CA 94022	94-1539836	501(C)(3)	20,000.	0.			GENERAL SUPPORT
IGNITE 510 16TH STREET OAKLAND, CA 94612	36-2867274	501(C)(3)	10,000.	0.			GENERAL SUPPORT IN HONOR AND MEMORY OF KAY PHILIPS
IMMIGRATION INSTITUTE OF THE BAY AREA - 58 2ND STREET, FLOOR 3 - SAN FRANCISCO, CA 94105	94-1156554	501(C)(3)	20,000.	0.			GENERAL SUPPORT
INTL SOCIETY FOR ETHICAL PSYCHOLOGY AND PSYCHIATRY, INC - 5884 JOSHUA PLACE - WELCOME, MD 20693	23-7378417	501(C)(3)	10,000.	0.			TO SUPPORT THE PRODUCTION OF A TRAINING VIDEO RELATING TO CHILD ABUSE
IOWA BLACK DOULA COLLECTIVE 5245 ELMORE AVENUE, #1124 DAVENPORT, IA 52807	85-2654232	501(C)(3)	20,000.	0.			TO SUPPORT THE MPACT FOR FAMILIES PROGRAM
KICKSTART INTERNATIONAL 1849 GEARY BLVD, #15908 SAN FRANCISCO, CA 94115	06-1613235	501(C)(3)	20,000.	0.			GENERAL SUPPORT
KINDWORKS, INC 7979 OLD GEORGETOWN ROAD BETHESDA, MD 20814	26-2394925	501(C)(3)	10,000.	0.			MAKING HOMES READY FOR OCCUPANCY
KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	94-1241309	501(C)(3)	6,560.	0.			GENERAL SUPPORT

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LATINA COALITION OF SILICON VALLEY 1346 THE ALAMEDA STE 7-293 SAN JOSE, CA 95126	01-0799235	501(C)(3)	20,000.	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
MAITRI P.O. BOX 697 SANTA CLARA, CA 95052	94-3132087	501(C)(3)	37,000.	0.			GENERAL SUPPORT
MARCH FOR MOMS ASSOCIATION PO BOX 77622 BATON ROUGE, LA 70879	81-4352543	501(C)(3)	40,000.	0.			TO SUPPORT THE MPACT FOR FAMILIES PROGRAM
MAYA HEALTH ALLIANCE - WUQU' KAWOQ P.O. BOX 91 BETHEL, VT 05032	20-8741625	501(C)(3)	96,549.	0.			FAMILY PLANNING
NATIONAL ACADEMY OF ENGINEERING P.O. BOX 936138 ATLANTA, GA 31193	23-7284092	501(C)(3)	5,500.	0.			GENERAL SUPPORT
NATIONAL SMOKEJUMPER ASSOCIATION 10 JUDY LANE CHICO, CA 95926	81-0479209	501(C)(3)	10,000.	0.			GENERAL SUPPORT
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

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NO SCALPEL VASECTOMY INTERNATIONAL, INC. - 18224 CLEAR LAKE DRIVE - LUTZ, FL 33548	13-1837418	501(C)(3)	30,000.	0.			FAMILY PLANNING
NORTH CAROLINA DISASTER RELIEF FUND - 20312 MAIL SERVICE CENTER - RALEIGH, NC 27699	56-0564547	501(C)(3)	5,500.	0.			TO SUPPORT HURRICANE RELIEF EFFORTS
NORTHERN CALIFORNIA GRANTMAKERS 160 SPEAR STREET, SUITE 360 SAN FRANCISCO, CA 94105	94-2761355	501(C)(3)	95,000.	0.			TO SUPPORT THE OCEAN RISING FUND
OLIVESEED FOUNDATION PO BOX 60713 PALO ALTO, CA 94306	82-1693564	501(C)(3)	21,240.	0.			GENERAL SUPPORT
OREGON SHAKESPEARE FESTIVAL 15 S. PIONEER STREET ASHLAND, OR 97520	93-0407022	501(C)(3)	10,650.	0.			GENERAL SUPPORT
PEOPLE ACTING IN COMMUNITY TOGETHER - 1100 SHASTA AVENUE, SUITE 210 - SAN JOSE, CA 95126	77-0090129	501(C)(3)	30,000.	0.			GENERAL SUPPORT
PIVOTAL CONNECTIONS 75 E SANTA CLARA STREET, SUITE 1450 SAN JOSE, CA 95113	77-0166138	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD MAR MONTE 1650 THE ALAMEDA SAN JOSE, CA 95126	94-1583439	501(C)(3)	65,000.	0.			GENERAL SUPPORT
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DRIVE #201 TOWSON, MD 21204	27-6601178	501(C)(3)	25,000.	0.			IN GENERAL SUPPORT OF THE HIGHER HOPE FOUNDATION

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REIMAGINE INC. 548 MARKET STREET, #79765 SAN FRANCISCO, CA 94104	82-2153990	501(C)(3)	50,500.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE 520 SAND HILL ROAD PALO ALTO, CA 94304	94-2538615	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SAINT FRANCIS CENTER 151 BUCKINGHAM AVENUE REDWOOD CITY, CA 94063	94-3052056	501(C)(3)	41,000.	0.			GENERAL SUPPORT
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)	10,000.	0.			GENERAL SUPPORT
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	46-1657101	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SEATTLE THEATRE GROUP 911 PINE STREET SEATTLE, WA 98101	94-3130227	501(C)(3)	5,500.	0.			GENERAL SUPPORT
SEATTLE UNIVERSITY P.O. BOX 222000 SEATTLE, WA 98122	91-0565006	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SECOND HARVEST OF SILICON VALLEY 4001 NORTH FIRST STREET SAN JOSE, CA 95134	94-2614101	501(C)(3)	13,500.	0.			GENERAL SUPPORT

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SEMPERVIRENS FUND P.O. BOX 5040 SAN JOSE, CA 95150	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
STANFORD LAW SCHOOL P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	15,000.	0.			FOR THE HORN-HOPKINS SCHOLARSHIP FUND
STANFORD UNIVERSITY 450 JANE STANFORD WAY, BUILDING 10 STANFORD, CA 94305	94-1156365	501(C)(3)	100,000.	0.			TO SUPPORT THE STANFORD UNIVERSITY MEDICAL SCHOOL PROJECT
STREETCODE ACADEMY P.O. BOX 51867 EAST PALO ALTO, CA 94303	81-4041822	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE AMERICAN WILDFIRE EXPERIENCE PO BOX 24 KYBURZ, CA 95720	82-1275507	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE BOLD FOUNDATION, INC. 3700 TENNYSON STREET, UNIT 12237 DENVER, CO 80212	84-2719715	501(C)(3)	55,000.	0.			TO SUPPORT THE ISAAC YUNHU LEE MEMORIAL ARTS SCHOLARSHIPS FOR 2025
TRINITY CHURCH 330 RAVENSWOOD AVENUE MENLO PARK, CA 94025	94-1219133	501(C)(3)	15,000.	0.			TO GO TOWARDS THE STEWARDSHIP CAMPAIGN 2025
TRUST WOMEN FOUNDATION 5107 EAST KELLOGG DRIVE WICHITA, KS 67218	27-3246473	501(C)(3)	45,000.	0.			NO TURN AWAY PROJECT

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TTAWAXT BIRTH JUSTICE CENTER 71 MCKEE RD SELAH, WA 98942	84-2803522	501(C)(3)	20,750.	0.			TO SUPPORT THE MPACT FOR FAMILIES PROGRAM
TURIMIQUIRE FOUNDATION 16 CRESCENT STREET CAMBRIDGE, MA 02138	04-3286660	501(C)(3)	462,000.	0.			FAMILY PLANNING
UNIVERSITY OF CALIFORNIA IRVINE FOUNDATION - 100 THEORY, SUITE 250 - IRVINE, CA 92697	95-2540117	501(C)(3)	10,000.	0.			FOR THE CHILDRESS SCHOLARSHIP ENDOWMENT
VIDA VERDE NATURE EDUCATION 3540 LA HONDA ROAD SAN GREGORIO, CA 94074	36-4471996	501(C)(3)	126,000.	0.			GENERAL SUPPORT
VILLAGE OF HEALING 22344 LAKESHORE BOULEVARD EUCLID, OH 44123	84-3203088	501(C)(3)	20,000.	0.			TO SUPPORT THE MPACT FOR FAMILIES PROGRAM
WANDA 650B FREMONT AVENUE, SUITE #130 LOS ALTOS, CA 94024	94-2752421	501(C)(3)	10,000.	0.			TO PROVIDE MATCHING AWARDS TO YOUNG SINGLE MOTHERS
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	11,250.	0.			GENERAL SUPPORT
WORLD VASECTOMY DAY 341 WEST 24TH STREET, 21J NEW YORK, NY 10011	47-3178528	501(C)(3)	50,000.	0.			FAMILY PLANNING
YOUNG LIFE OF SONOMA COUNTY P.O. BOX 14062 SANTA ROSA, CA 95402	84-0385934	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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YWCA GOLDEN GATE SILICON VALLEY 375 S. 3RD STREET SAN JOSE, CA 95122	94-1186196	501(C)(3)	20,000.	0.			GENERAL SUPPORT
YWCA MONTEREY COUNTY 975 WEST ALISAL, STE. I SALINAS, CA 93901	94-1732598	501(C)(3)	20,000.	0.			GENERAL SUPPORT
YWCA OF BERKELEY AND OAKLAND 2600 BANCROFT WAY BERKELEY, CA 94704	94-1156363	501(C)(3)	20,000.	0.			GENERAL SUPPORT
YWCA OF SONOMA COUNTY P.O. BOX 3506 SANTA ROSA, CA 95402	94-2347428	501(C)(3)	20,000.	0.			GENERAL SUPPORT
YWCA USA 1400 I STREET, SUITE 325 WASHINGTON, DC 20005	13-1624103	501(C)(3)	55,000.	0.			TO SUPPORT YWCAS IMPACTED BY HURRICANE HELENE
15 PERCENT PLEDGE INC. 1270 AVENUE OF THE AMERICAS, SUITE NEW YORK, NY 10020	84-2706413	501(C)(3)	1,731,749.	0.			GENERAL OPERATING SUPPORT
ACTAI GLOBAL 100 WILSHIRE BLVD, SUITE 700 SANTA MONICA, CA 90402	45-4866590	501(C)(3)	468,487.	0.			GENERAL SUPPORT
ADUN INC. 16305 WESTHEIMER ROAD, SUITE 106A HOUSTON, TX 77082	88-0747147		7,500.	0.			15 PERCENT PLEDGE'S 2024 PITCH 15 AWARD GRANT SPONSORED BY NORDSTROM
ARIZONA STATE UNIVERSITY FOUNDATION - PO BOX 876011 - TEMPE, AZ 85287-6011	86-6051042	501(C)(3)	25,000.	0.			TO SUPPORT A MULTI-DAY IN-PERSON PROFESSIONAL DEVELOPMENT RETREAT FOR THE CHILDRENS EQUITY

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BLACK CULTURAL ZONE 8495 PARDEE DRIVE, #6006 OAKLAND, CA 94621	84-3885205	501(C)(3)	15,740,134.	0.			FOR YOUR ORGANIZATION'S WORK ON CERTAIN INVESTMENT AREAS OF THE RISE EAST INITIATIVE
BLACK CALIFORNIANS UNITED FOR EARLY CARE AND EDUCATION - 374 CAMELBACK ROAD - PLEASANT HILL, CA 94523	88-3806712	501(C)(3)	25,000.	0.			FOR PROFESSIONAL DEVELOPMENT AND EXPENSES RELATED TO TRADEMARKING THEIR BLACK FAMILY
BREAKING THE MOLD, LLC P.O. BOX 204 COLD SPRING, NY 10516	88-3050348		29,400.	0.			TO SUPPORT SCHOLARSHIPS TO PARTICIPATE IN THE BREAKING THE MOLD WORKSHOPS
BRIDAL BABES GROUP INC. 14300 CHERRY LANE CT, SUITE 113 LAUREL, MD 20707	88-4195838		25,000.	0.			FOR THE NANCY TWINE DREAM MAKERS FOUNDER GRANT
BROTHERHOOD OF ELDERS NETWORK 1714 FRANKLIN STREET, #100-177 OAKLAND, CA 94612	36-4857014	501(C)(3)	579,000.	0.			FOR YOUR ORGANIZATION'S WORK ON CERTAIN INVESTMENT AREAS OF THE RISE EAST INITIATIVE AS
BROWN GIRL JANE 4315 50TH ST. N.W., SUITE 100 PMB 7 WASHINGTON, DC 20016	84-3353710		33,333.	0.			15 PERCENT PLEDGE'S 2024 SEPHORA BEAUTY GRANT SPONSORED BY SEPHORA
BUFFALO FINE ARTS ACADEMY PO BOX 8000 BUFFALO, NY 14267	16-6001555	501(C)(3)	40,000.	0.			TO SUPPORT ELECTRIC OP AT THE BUFFALO AKG
CATHOLIC WORKER HOUSE PO BOX 513 REDWOOD CITY, CA 94064-0513	94-3136771	501(C)(3)	375,000.	0.			GENERAL SUPPORT
BUILDING BELONGING 101 ORANGE AVENUE ASHLAND, OR 97520	84-3778777		53,334.	0.			OPERATIONAL SUPPORT FOR BUILDING BELONGING

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CARE ADVOCATES 7114 BELLA MIST SAN ANTONIO, TX 78256	85-0609410		50,000.	0.			TO SUPPORT YOUR WORK IN ASSISTING FAMILIES AND THEIR LOVED ONES WITH NO COST CARE OPTIONS,
CENTER FOR CITIES + SCHOOL, UNIVERSITY OF CALIFORNIA, BERKELEY - 1608 FOURTH STREET, SUITE 220 MAIL CODE 5940 - BERKELEY, CA	94-6002123	501(C)(3)	25,000.	0.			HIRING A COMMUNICATIONS/STRATEGIC PLANNING CONSULTANT TO SUPPORT THE DEVELOPMENT
CHILDREN NOW 1404 FRANKLIN STREET SUITE 700 OAKLAND, CA 94612	94-3059243	501(C)(3)	25,000.	0.			CONSULTANT TO SUPPORT UPDATES TO THE ORGANIZATION'S SALESFORCE PLATFORM TO IMPROVE DATA
CHILDREN'S FUNDING PROJECT 2101 L ST NW STE 300 WASHINGTON, DC 20037	84-3704279	501(C)(3)	25,000.	0.			CONVENING AN ALL STAFF EVENT IN 2025 RATHER THAN 2026 AND SUSTAIN THE POSITIVE MOMENTUM AND
COMMUNITY INITIATIVES 1000 BROADWAY SUITE #480 OAKLAND, CA 94607	94-3255070	501(C)(3)	50,000.	0.			DEVELOP A USER-FRIENDLY, FREE, PUBLIC ONLINE GAME HOSTED ON CPCS WEBSITE, FOR THE ECL POLICY
COMMUNITY INITIATIVES FOR COLLECTIVE IMPACT - 936 W. 18TH ST - MERCED, CA 95340	82-2822850	501(C)(3)	71,257.	0.			PROPOSAL FOR PK-3 WORKFORCE DATA TECHNICAL ASSISTANCE SUPPORT FOR EL-WIN
COMMUNITY PARTNERS 1000 N. ALAMEDA STREET, SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	25,000.	0.			BOARD AND STAFF DEVELOPMENT, HIRING A CONSULTANT, AND COVERING ONE-TIME EXPENSES
COPPER RIVER FISH MARKET PO BOX 2222 CORDOVA, AK 99574			25,000.	0.			100% ORIGIN GUARANTEED, ENVIRONMENTALLY CONSIDERATE SEAFOOD, CAUGHT BY INDEPENDENT
CREATIVE MORNINGS, INC. 57 BERGEN STREET, 3RD FLOOR BROOKLYN, NY 11201			740,052.	0.			TO LAUNCH MEMBER AND PATRON PROGRAMS AND TO SUPPORT COMMUNITY AND FIELD TRIPS

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DANDELION HOUSE 13319 SE LINDEN LANE MILWAUKIE, OR 97222	86-3866831	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT. WE UNDERSTAND THAT YOU WISH TO USE THESE FUNDS AS A MATCHING GRANT; IF YOU DO
EAST OAKLAND YOUTH DEVELOPMENT CENTER, INC. - 8200 INTERNATIONAL BLVD - OAKLAND, CA 94621	23-7334590	501(C)(3)	223,600.	0.			FOR YOUR ORGANIZATION'S WORK ON CERTAIN INVESTMENT AREAS OF THE RISE EAST INITIATIVE
EDVANCE COLLEGE 580 MARKET ST 1 SAN FRANCISCO, CA 94104	87-3077790	501(C)(3)	25,000.	0.			TO HIRE A CONSULTANT WHO WILL WORK CLOSELY WITH EDVANCE COLLEGE TO DEVELOP AND IMPLEMENT A
EVERYCHILD CALIFORNIA ASSOCIATION OF LEADERS ADVANCING EARLY LEARNING - 1107 2ND STREET SUITE 320 - SACRAMENTO, CA 95814	93-1187319	501(C)(3)	25,000.	0.			TO USE THE FUNDS FOR STAFF DEVELOPMENT AND TRAINING, WHICH WILL INCLUDE A 2-DAY LONG
GEORGETOWN CENTER ON POVERTY AND INEQUALITY - 500 FIRST ST NW - WASHINGTON, DC 20001	53-0196603	501(C)(3)	25,000.	0.			SUPPORT YOUR STAFF AND LEADERSHIP IN TRANSITIONING YOUR NEW EXECUTIVE DIRECTOR AND
GIVE BLCK, INC. 1063 SMITH STREET SW ATLANTA, GA 30310	85-3976574	501(C)(3)	402,617.	0.			GENERAL OPERATING SUPPORT
FAMILY ENGAGEMENT LAB 548 MARKET STREET, #42210 SAN FRANCISCO, CA 94104	37-1905784	501(C)(3)	24,000.	0.			ENGAGE ONE OR MORE CONSULTANTS TO WORK WORKING PROTOTYPE OF YOUR NEW TOOL AND CONDUCT USER
H2OPENDOORS 40 GREAT CIRCLE DRIVE. MILL VALLEY, CA 94941			11,649.	0.			TO SUPPORT H2OPENDOORS' JANUARY 2025 WATER PROJECT AND SUPPORT PROJECTS
HANAHANA BEAUTY CO. 2255 S MICHIGAN AVENUE, APT 4E CHICAGO, IL 60616	83-3102949		66,667.	0.			15 PERCENT PLEDGE'S 2024 ACHIEVEMENT AWARD GRANT SPONSORED BY SHOP WITH GOOGLE

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KERN COUNTY SUPERINTENDENT OF SCHOOLS - 1300 17TH STREET - BAKERSFIELD, CA 93301	95-6000941		50,000.	0.			TO BUILD THE CAPACITY OF THE KERN EL-WIN PARTNERSHIP LEAD TO RUN YOUR PARTNERSHIP
NATIONAL ASSOCIATION FOR FAMILY, SCHOOL, AND COMMUNITY - 601 KING STREET, SUITE 401 - ALEXANDRIA, VA 22314	47-0968569	501(C)(3)	25,000.	0.			CONSULTANT FEES, DATA COLLECTION EXPENSES, AND IMPLEMENTATION SUPPORT FOR A COMPREHENSIVE
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE - 8455 COLESVILLE ROAD, SUITE 910 - SILVER SPRING, MD 20910	52-0908178	501(C)(3)	25,000.	0.			ONBOARDING CONSULTING SUPPORT AND SEEKING FINANCIAL ADVISORS SPECIALIZING IN NONPROFIT
NEMI NATIVE FOODS LLC 2021 W FULTON ST, SUITE K112 CHICAGO, IL 60612	83-2442316		25,000.	0.			DREAM MAKERS FOUNDER GRANT
NEW VENTURE FUND 1828 L STREET NW, SUITE 300 A WASHINGTON, DC 20036	20-5806345	501(C)(3)	25,000.	0.			TO SUPPORT THE REVISION OF EARLY EDGE CALIFORNIA'S STRATEGIC PLAN
NOIR LUX CANDLE CO. 3020 WARREN PL SEATTLE, WA 98121	88-0698052		12,500.	0.			FOR THE NANCY TWINE DREAM MAKERS FOUNDER GRANT
OAKLAND PARKS AND RECREATION FOUNDATION - PO BOX 13267 - OAKLAND, CA 94661	94-2751052	501(C)(3)	10,000.	0.			OAKLAND THRIVES' SPONSORSHIP FOR THE LOVE OUR LAKE INITIATIVE
OAKSTOP, LLC 1721 BROADWAY OAKLAND, CA 94612	46-5218885		1,080,296.	0.			MEANINGFUL EMPLOYMENT, ENTREPRENEUR ECOSYSTEMS, INCLUSIVE ARTS PROGRAMS
REGENERATIVE INTERNATIONAL FEMALE, INC. - 8200 W MANCHESTER AVENUE, #28 - PLAYA DEL REY, CA 90293	87-2863900		25,000.	0.			15 PERCENT PLEDGE'S 2024 DREAM MAKERS FOUNDER GRANT

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
RESILIA ACADEMY 3014 DAUPHINE ST., SUITE H NEW ORLEANS, LA 70117			1,130,224.	0.			TO SUPPORT ACCESS TO ON-DEMAND TECHNICAL ASSISTANCE AND CAPACITY BUILDING SUPPORT
RHIZOME COMMUNICATIONS INC. 235 BOWERY NEW YORK, NY 10002	13-3995725	501(C)(3)	25,000.	0.			TO SUPPORT THE GENERATIVE ART ANTHOLOGY AT RHIZOME
ROOTS COMMUNITY HEALTH CENTER 7272 MACARTHUR BLVD OAKLAND, CA 94603	26-2583954	501(C)(3)	5,043,179.	0.			FOR YOUR ORGANIZATION'S WORK ON CERTAIN INVESTMENT AREAS OF THE RISE EAST INITIATIVE
SOBRATO EARLY ACADEMIC LANGUAGE (SEAL) - 521 VALLEY WAY - MILPITAS, CA 95035	82-1426126	501(C)(3)	25,000.	0.			TALENT INVESTMENT AND DEI TRAINING/COACHING THROUGH YOUR CONTINUED PARTNERSHIP WITH
STREET LEVEL HEALTH PROJECT 3125 E. 15TH STREET OAKLAND, CA 94601	56-2324355	501(C)(3)	10,372.	0.			IN GENERAL SUPPORT
SWEMKIDS INTERNATIONAL, INC. 114 E PONCE DE LEON AVE DECATUR, GA 30030	82-2338640	501(C)(3)	100,000.	0.			PROVIDING THE FREEDOM OF SWIMMING TO COMMUNITIES WITH THE HIGHEST RATES OF DROWNINGS
TEACHERS DEVELOPMENT GROUP 2505 SE 11TH AVE, SUITE 313 PORTLAND, OR 97202	93-1251787	501(C)(3)	25,000.	0.			ORGANIZATIONAL AUDIT OF CURRENT PERSONNEL ROLES AND RESPONSIBILITIES TO IMPROVE EFFECTIVENESS
THE PLANT PROJECT 7016 BRYCE CANYON MCKINNEY, TX 75072	46-2996067		25,000.	0.			FOR THE NANCY TWINE DREAM MAKERS FOUNDER GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, CENTER FOR THE STUDY OF CHILD CARE - 2521 CHANNING WAY, MC 5555 - BERKELEY, CA 94720	94-6002123	501(C)(3)	25,000.	0.			THE ENGAGEMENT OF STRATEGIC CONSULTANT AND 2025 ACCOUNTABILITY TEAM STRATEGIC MEETING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHOOL OF ARCHITECTURE 8776 E SHEA BLVD, #106-601 SCOTTSDALE, AZ 85260	82-1898299	501(C)(3)	15,000.	0.			TO SUPPORT THE CREATIVITY, CULTURE, AND CODE WORKSHOP AT THE SCHOOL OF ARCHITECTURE
TIME FOR BETTER PO BOX 585 KAMAS, UT 84036	88-3693118		134,000.	0.			TO SUPPORT BETTER EARTHS HOPE HOUSE AS PART OF CLIMATE WEEK NYC
TURNING BASIN LABS 1721 BROADWAY, SUITE 201 OAKLAND, CA 94612	83-2360674		397,619.	0.			OPERATIONAL SUPPORT
UNITED NATIONS FOUNDATION 1750 PENNSYLVANIA AVE, NW, SUITE 30 WASHINGTON, DC 20006	58-2368165	501(C)(3)	45,000.	0.			REPRESENTING THE ANNUAL 11-MONTH STIPEND FOR THE TOM FORD FELLOWSHIP

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

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

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

PART I, LINE 2:
PVF CONTINUALLY 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 II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: ARIZONA STATE UNIVERSITY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A MULTI-DAY IN-PERSON
PROFESSIONAL DEVELOPMENT RETREAT FOR THE CHILDRENS EQUITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:
BLACK CALIFORNIANS UNITED FOR EARLY CARE AND EDUCATION
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROFESSIONAL DEVELOPMENT AND
EXPENSES RELATED TO TRADEMARKING THEIR BLACK FAMILY CULTURE KIT

NAME OF ORGANIZATION OR GOVERNMENT: BROTHERHOOD OF ELDERS NETWORK
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR YOUR ORGANIZATION'S WORK ON

Part IV Supplemental Information

CERTAIN INVESTMENT AREAS OF THE RISE EAST INITIATIVE AS DESCRIBED IN EXHIBIT A OF THE GRANT AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: CARE ADVOCATES
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUR WORK IN ASSISTING FAMILIES AND THEIR LOVED ONES WITH NO COST CARE OPTIONS, RESOURCES AND SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
CENTER FOR CITIES + SCHOOL, UNIVERSITY OF CALIFORNIA, BERKELEY
(H) PURPOSE OF GRANT OR ASSISTANCE: HIRING A COMMUNICATIONS/STRATEGIC PLANNING CONSULTANT TO SUPPORT THE DEVELOPMENT OF YOUR EQUITY LENS AND APPROACH, A STRATEGIC PLAN, AND A DISTRIBUTION STRATEGY

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN NOW
(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTANT TO SUPPORT UPDATES TO THE ORGANIZATION'S SALESFORCE PLATFORM TO IMPROVE DATA ACCURACY AND REDUCE THE AMOUNT OF TIME STAFF SPEND

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S FUNDING PROJECT
(H) PURPOSE OF GRANT OR ASSISTANCE: CONVENING AN ALL STAFF EVENT IN 2025 RATHER THAN 2026 AND SUSTAIN THE POSITIVE MOMENTUM AND SENSE OF BELONGING YOU BUILT IN NEW ORLEANS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY INITIATIVES
(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP A USER-FRIENDLY, FREE, PUBLIC ONLINE GAME HOSTED ON CPCS WEBSITE, FOR THE ECL POLICY ECOSYSTEM; ATTENDANCE WORKS TO SUPPORT THEIR DEVELOPMENT OF A TOOLKIT TO HELP EACH STATE CRAFT ITS OWN UNIQUE PATH TO CUTTING CHRONIC ABSENCE

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS
(H) PURPOSE OF GRANT OR ASSISTANCE: BOARD AND STAFF DEVELOPMENT, HIRING A CONSULTANT, AND COVERING ONE-TIME EXPENSES ASSOCIATED WITH OFFICIALLY INCORPORATING INTO A NONPROFIT

NAME OF ORGANIZATION OR GOVERNMENT: COPPER RIVER FISH MARKET
(H) PURPOSE OF GRANT OR ASSISTANCE: 100% ORIGIN GUARANTEED, ENVIRONMENTALLY CONSIDERATE SEAFOOD, CAUGHT BY INDEPENDENT SMALL-BOAT FISHERMEN

NAME OF ORGANIZATION OR GOVERNMENT: DANDELION HOUSE
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. WE UNDERSTAND THAT YOU WISH TO USE THESE FUNDS AS A MATCHING GRANT; IF YOU DO NOT MAKE THE MATCH, PLEASE CONSIDER THIS A GENERAL SUPPORT GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: EDVANCE COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A CONSULTANT WHO WILL WORK CLOSELY WITH EDVANCE COLLEGE TO DEVELOP AND IMPLEMENT A COMPREHENSIVE STRATEGY FOR SCALING AND GROWTH.

NAME OF ORGANIZATION OR GOVERNMENT:
EVERYCHILD CALIFORNIA ASSOCIATION OF LEADERS ADVANCING EARLY LEARNING
(H) PURPOSE OF GRANT OR ASSISTANCE: TO USE THE FUNDS FOR STAFF DEVELOPMENT AND TRAINING, WHICH WILL INCLUDE A 2-DAY LONG RETREAT AND AN INTERNAL STRATEGIC PLANNING PROCESS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:
GEORGETOWN CENTER ON POVERTY AND INEQUALITY
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT YOUR STAFF AND LEADERSHIP IN TRANSITIONING YOUR NEW EXECUTIVE DIRECTOR AND DEVELOPING A STRATEGIC PLAN

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY ENGAGEMENT LAB
(H) PURPOSE OF GRANT OR ASSISTANCE: ENGAGE ONE OR MORE CONSULTANTS TO WORK WORKING PROTOTYPE OF YOUR NEW TOOL AND CONDUCT USER RESEARCH AND PRODUCT DESIGN

NAME OF ORGANIZATION OR GOVERNMENT:
NATIONAL ASSOCIATION FOR FAMILY, SCHOOL, AND COMMUNITY
(H) PURPOSE OF GRANT OR ASSISTANCE: CONSULTANT FEES, DATA COLLECTION EXPENSES, AND IMPLEMENTATION SUPPORT FOR A COMPREHENSIVE SALARY COMPENSATION STUDY

NAME OF ORGANIZATION OR GOVERNMENT:
NATIONAL BLACK CHILD DEVELOPMENT INSTITUTE
(H) PURPOSE OF GRANT OR ASSISTANCE: ONBOARDING CONSULTING SUPPORT AND SEEKING FINANCIAL ADVISORS SPECIALIZING IN NONPROFIT FINANCE TO SUPPORT YOUR GOALS AND TRAJECTORY

NAME OF ORGANIZATION OR GOVERNMENT:
SOBRATO EARLY ACADEMIC LANGUAGE (SEAL)
(H) PURPOSE OF GRANT OR ASSISTANCE: TALENT INVESTMENT AND DEI TRAINING/COACHING THROUGH YOUR CONTINUED PARTNERSHIP WITH PROMISE54,

SCHEDULE J (Form 990)

(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) DAWN HAWK	(i)	210,000.	0.	0.	21,000.	7,308.	238,308.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(i)							
	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

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	14	1,674,394.	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	33,629.	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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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 2024.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA,AL,AK,AR,CO,CT,DC,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,FL,UT

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 OWN WEBSITE.

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

LOSS ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE	-125,000.
NET ASSETS TRANSFERRED OUT	-4,717,136.
TOTAL TO FORM 990, PART XI, LINE 9	-4,842,136.