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DLN: 93493262004211

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 A For the 2010 D Employer identification number B Check if applicable PHILANTHROPIC VENTURES FOUNDATION Address change 94-3136771 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (510) 645-1890 1222 PRESERVATION PARK WAY Terminated G Gross receipts \$ 5,819,520 City or town, state or country, and ZIP + 4 OAKLAND, CA 946121201 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes BILL SOMERVILLE 1222 PRESERVATION PARK WAY **H(b)** Are all affiliates included? OAKLAND, CA 946121201 If "No," attach a list (see instructions) H(c) Group exemption number ► Tax-exempt status Website: ► HTTP //WWW VENTURESFOUNDATION ORG/ K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► **M** State of legal domicile CA L Year of formation 1991 Summary Part I 1 Briefly describe the organization's mission or most significant activities GRANTMAKING AND CONSULTING ON GRANTMAKING Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) $\,$. $\,$. 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 8 5 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 0 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 9,082,481 4,138,711 Rayenue Program service revenue (Part VIII, line 2g) . 13,398 4,608 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 142,689 243,078 Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 9,238,568 4,386,397 13 4,493,596 5,642,375 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 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 Expenses 412,491 329,044 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 17,771 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 133,169 134,679 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,039,256 6,106,098 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 4,199,312 -1,719,701 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 15,399,442 13,818,643 21 Total liabilities (Part X, line 26) . 114,626 101,058 Net assets or fund balances Subtract line 21 from line 20 15,284,816 13,717,585 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. 2011-09-15 Signature of officer Sian

Here BILL SOMERVILLE PRESIDENT Type or print name and title Check if self Preparer's signature PTIN Date employed 🕨 🕻 W NOEL MCNABOLA W NOEL MCNABOLA preparer's name Paid Firm's name PMB HELIN DONOVAN Firm's EIN Firm's address F50 FRANCISCO STREET SUITE 120

Preparer **Use Only**

Phone no 🕨 (415) 399-SAN FRANCISCO, CA 94133 Yes Г Nο May the IRS discuss this return with the preparer shown above? (see instructions)

Cat No 11282Y

Form 990 (2010)

For Paperwork Reduction Act Notice, see the separate instructions.

F	orm	990	(2010)	

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Ρ

Par		t of Program Servi edule O contains a resp				
1	Briefly describe the	e organization's mission				
GRA	NTMAKING AND CO	NSULTING ON GRANT	MAKING			
2		n undertake any significa or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe tl	hese new services on Sc	hedule O			
3	services?	n cease conducting, or n hese changes on Schedu		int changes in how it co	nducts, any program	┌ Yes ┌ No
4	Describe the exemple Section 501(c)(3)	pt purpose achievements	s for each of t ons and sect	ion 4947(a)(1) trusts a	largest program services b ire required to report the an service reported	•
4a	(Code) (Expenses \$	5,964,245	including grants of \$	5,642,375) (Revenue \$	0)
	PROVIDE A VALUABLE A SHAPE THEIR CHARITA BEEN BROADCAST THO	AND OTHERWISE UNHEARD V ABLE GIVING, AND ARE REGAF DROUGHLY AND EMBRACED TI	DICE TO THE PH DED AS TRUSTI HROUGH OUR R	HILANTHROPIC SECTOR WE I ED PHILANTHROPIC ADVISOR ECENT BOOK, GRASSROOTS	HAVE BUILT UP LONG TERM RELA	
	(0.1) (F) (0	
4b	(Code) (Expenses \$	HED FOUNDATE	including grants of \$) (Revenue \$	0) CONDUCTED SITE VISITS TO OVER
						UNTLESS LIVES IN THOUSANDS OF
	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$	0)
4c	•	, , , , , ,	III ANTHDODV AT	,	, ,	ED PHILANTHROPY FELLOWSHIPS
	PVF STAFF ACTS AS M		/HO REPRESENT		IS THE STAFF PRODUCES LITERA	
4d	, ,	rvices (Describe in Scho	•	C +) (D	,
	(Expenses \$		uding grants	<u>`</u>) (Revenue \$)
4e	Total program ser	vice expenses►\$	5,964,2	45		

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
С	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		No
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		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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		Νο
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		Νο
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		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25	24a		No
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) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	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			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
h	Enter the number of Forms W-2G included in 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		No
	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			
ь	return			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N (
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
•	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		No
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N ·
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N ·
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		N c
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νc
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N c
) a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	•		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
_	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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		
	and the second of the second o			
h	Enter the amount of reserves the organization is required to maintain by the states	\vdash		
_	in which the organization is licensed to issue qualified health plans]		
c	Enter the amount of reserves on hand			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "You " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		14.0

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo				
6	Does the organization have members or stockholders?	6		Νo				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	b Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)							
4.0			Yes	No				
	Does the organization have local chapters, branches, or affiliates?	10a		No				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
ь	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in 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		No				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure			<u> </u>				
17	List the States with which a copy of this Form 990 is required to be filed ►CA							
	1.6							

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of Own website. A nother's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BILL SOMERVILLE
 1222 PRESERVATION PARK WAY
 OAKLAND, CA 946121201

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

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	atıon nor any re	lated or	ganı	zatio	nco	mpen	sate	d any current office	r, director, or trust	e e
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Highest compensated employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JOHN P CARVER CHAIRMAN	1 00	х		х				0	0	0
(2) BILL SOMERVILLE PRESIDENT	40 00	х		х	х	Х		154,275	0	15,427
(3) MOIRA C WALSH SECRETARY	1 00	х		х				0	0	0
(4) ALBERT J HORN DIRECTOR	1 00	х						0	0	0
(5) JACKIE SPEIER DIRECTOR	1 00	х						0	0	0
(6) COLBURN S WILBUR DIRECTOR	1 00	х						0	0	0
(7) WILLIAM GREEN DIRECTOR	1 00	х						0	0	0
(8) DUNCAN BEARDSLEY DIRECTOR	1 00	х						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	l	tion that a					Repo compe	D) rtable nsation n the	(E) Reportable compensation from related	1	(F) Estima amount o compens	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from t organizati relati organiza	:he on and ed
												-		
1b	Sub-Total				•			•						
c d	Total from continuation sheets Total (add lines 1b and 1c) .						-	>		154,275		0		15,427
2	Total number of individuals (inc \$100,000 in reportable compet	luding but not lin	nited to	thos	e lıs) who	receive	-	I in			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So				ee, k	еу е •	mploy •	ee, o	or highest	compens	ated employee	3		Νο
4	For any individual listed on line organization and related organization											4	Yes	
5	Did any person listed on line 1a services rendered to the organi										or individual for	5	103	No
	ation D. Indonesia Co										L		ı	
1	cction B. Independent Cor Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent c	ontra	tors	that rec	eıved mor	e than			
	Na	(A) me and business add	dress							Desci	(B) ription of services		(C Compen	
												1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶0

ait V		2010)					Pa	age 9
	11111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclude from tax under section
								512, 513, o 514
: 42	1a	Federated campaigns	1a					
and other similar amounts	ь	Membership dues	. 1b					
`∰	c	Fundraising events	1c					
्रेंह्र		Related organizations						
E								
<u>.</u> क	_							
2	f	All other contributions, gifts, grants similar amounts not included above	s, and 1f e	4,138,711				
2	g	Noncash contributions included in I	ines 1a-1f \$					
æ	h	Total. Add lines 1a-1f	►		4,138,711			
				Business Code				
Program Service nevenue	2a	GRANTMAKING CONSULTING		900004	4,608	4,608		
	ь			30001	1,000	1,000		
	c							
	d							
<u> </u>	e							
	f	All other program service re	venue					
3		· -						
		Total. Add lines 2a-2f			4,608			
		Investment income (includir		-	189,021			189,0
		and other similar amounts) Income from investment of tax-ex		-	169,021			109,0
	-			-				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Real	(II) Personal				
		Less rental						
		expenses Rental income						
		or (loss)						
-	d	Net rental income or (loss)						
		Gross amount	(ı) Securities 1,487,180	(II) O ther				
		from sales of	1,407,100					
		assets other than inventory						
		Less cost or other basis and	1,433,123					
		sales expenses	54.057					
		Gain or (loss)	54,057 ► -		54,057			54,0
-		Net gain or (loss)			34,037			34,0
		Gross income from fundraisi (not including	ng events					
		\$						
		of contributions reported on See Part IV, line 18						
		,	a					
	b	Less direct expenses .	ь					
	_	Net income or (loss) from fu	ndraising events 🟲					
			ictivities See Part IV, line 19 .	a				
		Gross income from gaming a	ictivities See l'ait IV, illie 19 .					
-	9a b	Less direct expenses .		b				l
	9a b c	Less direct expenses . Net income or (loss) from ga		ь				
	9a b c 10a	Less direct expenses .		b				
	9a b c 10a	Less direct expenses . Net income or (loss) from ga Gross sales of inventory, les		b				
	9a b c 10a	Less direct expenses . Net income or (loss) from ga Gross sales of inventory, les	iming activities	b				
	9a b c 10a b	Less direct expenses . Net income or (loss) from ga Gross sales of inventory, les returns and allowances .	anning activities	b				
	9a b c 10a b	Less direct expenses . Net income or (loss) from ga Gross sales of inventory, les returns and allowances . Less cost of goods sold .	anning activities	Business Code				
	9a b c 10a b	Less direct expenses . Net income or (loss) from garders and allowances . Less cost of goods sold . Net income or (loss) from sarding sevenue.	anning activities					
	9a b c 10a b	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	anning activities					
	9a b c 10a b c	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	anning activities					
	9a b c 10a b c	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	anning activities					
_	9a b c 10a b c d	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa Miscellaneous Revenue	iming activities					

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must			(D)	
	Il other organizations must complete column (A) but are not required to c		(B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	5,642,375	5,642,375		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	267,172	222,074	32,014	13,084
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	41,156	34,209	4,932	2,015
10	Payroll taxes	20,716	17,219	2,482	1,015
а	Fees for services (non-employees) Management	·	·		·
ь	Legal				
с	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	22,358		22,358	
g	Other	33,708		33,708	
12	Advertising and promotion	33,700		33,700	
13	Office expenses	11,115	5,558	5,557	
	Information technology	11,113	5,556	3,337	
14 15	Royalties				
		20.601	22.040	2.420	1 405
16	Occupancy	28,691	23,848	3,438	1,405
17 18	Payments of travel or entertainment expenses for any federal,	9,845	9,845		
10	state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			603	
22	Depreciation, depletion, and amortization	682		682	
23 24	Other expenses Itemize expenses not covered above (List	8,494		8,494	
	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
_	OTHER EXPENSES	10,840	2,710	8,130	
b		2,824	2,348	338	138
c	TELEPHONE	2,319	1,927	278	114
	PRINTING AND PUBLICATIO	2,228	557	1,671	
	DUES & SUBSCRIPTIONS	1,575	1,575		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,106,098	5,964,245	124,082	17,771
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			390,871	1	502,934
	2	Savings and temporary cash investments			10,907,152	2	8,979,697
	3	Pledges and grants receivable, net			160	3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key er	mployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B), and contributing ensponsoring organizations of section 501(c)(9) voluntary employed organizations (see instructions)	ployer	s, and			
6		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,510	9	3,510
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	59,656			
	Ь	Less accumulated depreciation	10b	58,816	1,522	10c	840
	11	Investments—publicly traded securities			4,096,227	11	4,331,662
	12	Investments—other securities See Part IV, line 11		•		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		•		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,399,442	16	13,818,643
	17	Accounts payable and accrued expenses .			7,324	17	13,138
	18	Grants payable			107,302	18	87,920
	19	Deferred revenue				19	
76	20	Tax-exempt bond liabilities				20	
<u>a</u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ξ		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			114,626	26	101,058
seo		Organizations that follow SFAS 117, check here ▶ ✓ and complethrough 29, and lines 33 and 34.	ete line	es 27			
<u>a</u> n	27	Unrestricted net assets			10,240,958	27	8,817,269
Balance	28	Temporarily restricted net assets	393,858	28	250,316		
돧	29	Permanently restricted net assets			4,650,000	29	4,650,000
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	l compl	lete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32	
Net	33	Total net assets or fund balances			15,284,816	33	13,717,585
2	34	Total liabilities and net assets/fund balances			15,399,442	34	13,818,643

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4.3	386,39
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	106,09
3	Revenue less expenses Subtract line 2 from line 1	3		-1,7	719,70
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15,2	284,81
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	152,47
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		13,7	717,58
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

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SCHEDULE A (Form 990 or 990EZ)

Name of the organization

PHILANTHROPIC VENTURES FOUNDATION

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

94-3136771 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning nt?	(v) Did you not organizati col (i) of suppor	on in your t?	(vi) Is the organizati col (i) orga in the U	on in anized S ?	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

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.)

	under Part III. If the	e organization	rails to qualify u	nder the tests i	isted below, pie	ease co	mpiete i	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
_	ın) 🟲	(a) 2000	(b) 2007	(6) 2000	(d) 2009	(6) 2	010	(I) I otal
1	Gifts, grants, contributions, and membership fees received (Do not	4,530,92	7 4,686,026	4,879,470	9,082,481	4	1,138,711	27,317,615
	include any "unusual grants ")							
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	4,530,92	7 4.696.036	4,879,470	9,082,481		1 1 2 0 7 1 1	27,317,615
	Total. Add lines 1 through 3 The portion of total contributions	4,530,92	7 4,686,026	4,879,470	9,082,481	- 4	,138,711	27,317,013
5	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							8,645,190
	on line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4							18,672,425
S	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	beginning in) • A mounts from line 4	4,530,927	4,686,026	4,879,470	9,082,481	4	,138,711	27,317,615
8	Gross income from interest,	, ,	, ,	, ,	, ,			. ,
	dividends, payments received on							
	securities loans, rents, royalties	480,355	585,689	328,622	186,228		243,078	1,823,972
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
10	Carried on Other income Do not include							
10	gain or loss from the sale of							
	capital assets (Explain in Part							
	IV) Total support (Add lines 7							
11	through 10)							29,141,587
12	Gross receipts from related activiti	es, etc (See ins	tructions)	•		12	•	
13	First Five Years If the Form 990 is	for the organizat	ion's first, second,	third, fourth, or fi	fth tax year as a	501(c)(3	3) organız	ation,
	check this box and stop here							► □
	ection C. Computation of Pul	olic Support I	Percentage					
 14	Public Support Percentage for 2010			11 column (f))		14		64 070 %
15	Public Support Percentage for 2009	•		(,,,		15		62 820 %
	33 1/3% support test-2010. If the	•	,	on line 13 and li	ne 14 is 33 1/3%		L check t	
	and stop here. The organization qua				110 11 13 33 1,370	, 01 111010	.,	₩\\ ▼
b	33 1/3% support test-2009. If the				a, and line 15 is 3	3 3 1/3%	or more,	- -
172	box and stop here. The organization 10%-facts-and-circumstances test				o 12 165 or 16h	s and line	. 1.4	▶
L/a	is 10% or more, and if the organiza							
	in Part IV how the organization med					-	•	ed
	organization	2000 75:1			40.46.46!	4 -		► □
Þ	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	-						
	Explain in Part IV how the organiza							
	supported organization							► □
18	Private Foundation If the organizat	ion did not check	c a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	▶ □
	ınstructions							F

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493262004211

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** PHILANTHROPIC VENTURES FOUNDATION

	<u></u>		94-	3136771			
a	rt I Organizations Maintaining Donor A		unds	or Acco	unts.	Comple	te if the
	organization answered "Yes" to Form 9	(a) Donor advised funds		(b) Funds	and ot	ner accol	ınts
	Total number at end of year	(4) Bonor advised lands	,	(D) I dilas	and oth	101 4000	
	Aggregate contributions to (during year)	2,618,902					
	Aggregate grants from (during year)	3,164,430	-				
	Aggregate value at end of year	6,974,033					
			- 1				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	organization's exclusive legal control?				√ Yes	∏ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit					✓ Yes	┌ No
ľ	t II Conservation Easements. Complete	if the organization answered "Yes"	o Forr	n 990, P	art IV,	line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	ion or pleasure) Preservation of a	certifie	d historic	structu		a
	easement on the last day of the tax year			1			
	Total number of conservation easements		<u> </u>	Held a	at the E	nd of the	Year
			2a				
	Total acreage restricted by conservation easement		2b				
	Number of conservation easements on a certified hi	• •	2c				
	Number of conservation easements included in (c) a		2d				
	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or terminat	ed by ti	he organız	ation di	ırıng	
	Number of states where property subject to conserv	ation easement is located ►					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling o	fviolation	s, and	☐ Yes	☐ No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents d	luring the	year ►_		
	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s durın	g the yea	- - \$		
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	ction			┌ Yes	∏ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia					
ì	Organizations Maintaining Collection Complete if the organization answered		or Ot	her Sim	ilar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	l for public exhibition, education or resear	ch in fu				e,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research					
	(i) Revenues included in Form 990, Part VIII, line	1		► \$			
	(ii) Assets included in Form 990, Part X			► \$			
	If the organization received or held works of art, his following amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	or finar				
	Revenues included in Form 990, Part VIII, line 1			▶ ¢			
				- 4			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tre</u>	asur	<u>es, or O</u>	<u>the</u>	r Simila	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	owing th	at are	a sıgnıfıca	nt us	se of its c	ollection		
а	Public exhibition		d	Γ	Loan or	excha	nge progr	ams				
b	Scholarly research		e	Г	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	w thev	further	the ord	anızatıon	'S 6 Y 1	emnt nurr	nose in		
•	Part XIV	onections and explain		,, ciic y	Tartifer	the org	gamzacion	JCA	empt par	703C III		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					ılar	Г	/ es	Г No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	te ıf	the o	organiza	ation a			es" to Fo			1 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets n	ot	Г	es (┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the f	follow	ıng ta	ble		_					
										A mou	nt	
c	Beginning balance						L	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							┌	es (┌ No
b	If "Yes," explain the arrangement in Part XIV	1										
Pai	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior '		(c)Two	Years Back	(d)	Three Years	Back (e)	Four Y	ears Back
1a	Beginning of year balance	4,650,000		4	,650,000							
b	Contributions							_				
С	Investment earnings or losses	362,898			456,730							
d	Grants or scholarships	145,007			105,351							
e	Other expenditures for facilities and programs											
f	Administrative expenses	21,216			16,816							
g	End of year balance	4,650,000		4	,650,000							
2	Provide the estimated percentage of the yea	r end balance held a	ıs		•			_		•		
а	Board designated or quasi-endowment	13 540 %										
ь	Permanent endowment > 33 900 %											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	and adı	ministered	l for t	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		
4	Describe in Part XIV the intended uses of th					0 D-		10				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•	· ·					
	Description of investment				i) Cost or sis (invest		(b)Cost or basis (oth			ımulated cıatıon	(d) B	ook value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment					59,656				58,816		840
e	Other											
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)), line	10(c).)				▶			840
			. ,						Sched	dule D (F	orm 9	90) 2010

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		

Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,386,397
Total expenses (Form 990, Part IX, column (A), line 25)	2	6,106,098
Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,719,701
Net unrealized gains (losses) on investments	4	152,470
Donated services and use of facilities	5	
Investment expenses	6	
Prior period adjustments	7	
Other (Describe in Part XIV)	8	
	9	152,470
	10	-1,567,231
	er Retur	n
Total revenue, gains, and other support per audited financial statements	1	4,538,867
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV)		
Add lines 2a through 2d	2e	152,470
Subtract line 2e from line 1	3	4,386,397
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV)		
Add lines 4a and 4b	4c	C
	5	4,386,397
	per Ret	
·	1	6,106,098
Prior year adjustments		
Other losses		
Other (Describe in Part XIV) 2d		
Add lines 2a through 2d	2e	C
Subtract line 2e from line 1	3	6,106,098
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIV) 4b]	
Add lines 4a and 4b	4c	
	Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue Prior period adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue Prior	Total expenses (Form 990, Part IX, column (A), line 25)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		AS OF JULY 1, 2007, THE FOUNDATION ADOPTED THE
		ACCOUNTING STANDARDS CODIFICATION 740,
		ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS
		STANDARD ADDRESSES THE ACCOUNTING FOR
		UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN AN
		ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A
		THRESHOLD OF "MORE LIKELY THAN NOT" FOR
		RECOGNITION AND DERECOGNITION OF TAX POSITIONS
		TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURNS
		THE ACCOUNTING STANDARDS CODIFICATION 740 ALSO
		PROVIDES RELATED GUIDANCE ON MEASUREMENT,
		CLASSIFICATION, INTEREST AND PENALTIES, AND
		DISCLOSURE THERE WAS NO MATERIAL IMPACT TO THE
		FOUNDATION'S FINANCIAL STATEMENTS AS A RESULT OF
		THE ADOPTION OF ACCOUNTING STANDARDS
		CODIFICATION 740

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As Filed Data -

DLN: 93493262004211

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Statement of Activities Outside the United States

Internal Revenue Service

Employer identification number

	LANTHROPIC VENTURES FOUN	DATION				Linployer identi	rication number		
пт	LANTHROFIC VENTURES FOUN	DATION				94-3136771			
Pa	"Yes" to Form 990, Pa			he United States. Co	omplete	ıf the organıza	ation answered		
L	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization r gibility for the	naıntaın record grants or assı	stance, and the selecti	on criteri	a used to awa	rd		
2	For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States								
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	a program	rity listed in (d) is service, describe cific type of e(s) in region	(f) Total expenditures for region/investments in region		
	NORTH AMERICA			GRANTMAKING	GRANTS		323,40		
	SOUTH AMERICA			GRANTMAKING	GRANTS		430,42		
	AFRICA			GRANTMAKING	GRANTS		219,2		
	ASIA			GRANTMAKING	GRANTS		153,68		
	EUROPE			GRANTMAKING	GRANTS		12,4		
3:	Sub-total		C				1,139,19		
	Total from continuation sheets						1,100,1		

0

1,139,192

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL PROGRAM SUPPORT		CHECK/WIRE TRANSFER			, , ,
		SOUTH AMERICA	GENERAL PROGRAM SUPPORT		CHECK/WIRE TRANSFER			
		SOUTH ASIA	GENERAL PROGRAM SUPPORT/EDUCATION		CHECK/WIRE TRANSFER			
		EAST ASIA	GENERAL PROGRAM SUPPORT		CHECK/WIRE TRANSFER			
		AFRICA	GENERAL PROGRAM SUPPORT		CHECK/WIRE TRANSFER			
				ognized as charit				

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

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 (see instructions for Form 926)	Γ	Yes	✓	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information	(see instructions) required in Part I,	line 2, and any	addıtıonal
information				

Identifier PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S SCHEDULE F, PART I, LINE 2 WE VERIFY THAT THE GRANT IS FOR A CHARITABLE PURPOSE WE VERIEY THAT THE GRANT IS FOR A CHARITABLE PURPOSE WE VERIEY THAT THE GRANT OF THE MENT OF THE MENT OF THE GRANTES WITH WE RECEIVE WRITTEN REPORTS FROM THE GRANTES WITH NARRATIVE OF HOW THE GRANT WAS USED WHENEVER POSSIBLE, WE HAVE PEOPLE VISIT THE GRANTE TO SEE FIRST HAND HOW THE MOREY WAS USED SCHEDULE F, PART I, LINE 2 WE VERIFY THAT THE GRANT GRANT GRANT GRANTES WITH NARRATIVE OF HOW THE GRANT WAS USED WHENEVER POSSIBLE, WE HAVE PEOPLE VISIT THE GRANTE TO SEE FIRST HAND HOW THE MOREY WAS USED SCHEDULE F, PART I, LINE 2 WE VERIFY THAT THE GRANT GRANT OF THE GRANT GRA	information.		
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S SEPORA CHARITABLE PURPOSE VERIFY THAT THE GRANT IS FOR A CHARITABLE PURPOSE VERIFY THAT THE GRANTES WITH SAME PROFILE VISIT FROM OFAC WE RECEIVE WRITTER REPORT WHE GRANTESS WITH NARRATIVE OF HOW THE GRANTESS WITH NARRATIVE OF HOW THE GRANTESS WITH NARRATIVE OF HOW THE GRANTE TO SEE PIRST HAND HOW THE MONEY WAS USED SET OF THE PROFILE VISIT HE GRANTE TO SEE PIRST HAND HOW THE MONEY WAS USED.	Identifier	ReturnReference	Explanation
SE FOR A CHARITABLE PURPOSE WE VERIETY THAT THE SARANTEE IS NOT ON THE PROHIBITED LIST FROM OFAC WE RECEIVE WRITTEN REPORTS FROM THE GRANTEES WITH NARRATIVE OF HOW THE GRANT WAS USED WHENEVER POSSIBLE, WE HAVE PEOPLE VISIT THE GRANTEE TO SEE FIRST HAND HOW THE MONEY WAS USED.	PROCEDURE FOR MONITORING		
GRANTEE IS NOT ON THE PROMIBITED LIST FROM OF AC WE RECEIVE WAITEN REPOST FROM THE GRANTEES WITH NARRATIVE OF HOW THE GRANT WAS USED WHENEVER POSSIBLE, WE MAVE PEOPLE VISIT THE GRANTEE TO SEE FIRST HAND HOW THE MONEY WAS USED FIRST HAND HOW THE MONEY WAS USED HOW THE MONEY WAS USED. FIRST HAND HOW THE MONEY WAS USED HOW THE MONEY WAS USED. FIRST HAND HOW THE MONEY WAS USED. FIRST HAND HOW THE M			
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NARRATIVE OF HOW THE GRANT WAS USED WHENEVER POSSIBLE, WE HAVE PEOPLE VISIT THE GRANTEE TO SEE FIRST HAND HOW THE MONEY WAS USED			
NARRATIVE OF HOW THE GRANT WAS USED WHENEVER POSSIBLE, WE HAVE PEOPLE VISIT THE GRANTEE TO SEE FIRST HAND HOW THE MONEY WAS USED			WE RECEIVE WRITTEN REPORTS FROM THE GRANTEES WITH
POSSIBLE, WE HAVE PEOPLE VISIT THE GRANTEE TO SEE FIRST HAND HOW THE MONEY WAS USED			
FIRST HAND HOW THE MONEY WAS USED			
			FIRST HAND HOW THE MONEY WAS USED
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Schodule E (Exam 200) 3919			
Schodule E (Exam-800) 3919			
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Schodulp 5 (Farm 200) 2019			
Schodula 5 (Farm 200) 2019			
Schodula 5 (Farm 200) 3050			
Schodule 5 (Sorm 000) 1010			
Schadule E (Sorm 000) 1010			
Schodule E / Earm 900) 3010			
Schodule E / Earm 000) 3010			
Schodule E (Earm 000) 2010			
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Schodule 5 (Form 900) 2010			
Schodula E (Farm 999) 2010			
Schodule E / Form 999) 2010			
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Schodule E / Form 900) 2010			
Schadula E / Farm 900) 2010			
Schodule 5 (Serm 900) 2010			
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Schadula E / Farm 990\ 2010			
Schodulo E / Form 900\ 2010			
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DLN: 93493262004211 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Inspect ion

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization PHILANTHROPIC VENTURES FOUNDATION Employer identification number

94-3136771

Part I General Informatio	n on Grants and	Assistance					
1 Does the organization maintain							▽ Yes □ N
the selection criteria used to aw Describe in Part IV the organiza							v ves r
Part II Grants and Other A. Form 990, Part IV, line duplicated if additional	ssistance to Gove 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Coreck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other orga						· · · · • • • • • • • • • • • • • • • •	
For Privacy Act and Paperwork Reduction				Cat No 50055P			le I (Form 990) 2010

Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the organization	answered "Yes	s" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	· · · · · ·			

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

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 WE CONTINUALLY MAKE SITE VISITS TO GRANTEES TO VERIFY THAT FOUNDATION GRANTS ARE USED FOR CHARITABLE PURPOSES, IN SOME CASES WE HAVE VISITED OVER A DOZEN TIMES WE RECEIVE WRITTEN REPORTS ABOUT THE PROGRESS OF THE GRANTEE, WITH LOGS DETAILING HOW FUNDS WERE SPENT

Software ID: Software Version:

EIN: 94-3136771

Name: PHILANTHROPIC VENTURES FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1ST PRESBYTERIAN CHURCH OF SANTA ROSA			10,000				GENERAL SUPPORT
4IMPRINT			24,195				GENERAL SUPPORT
A HOME WITHIN			10,000				GENERAL SUPPORT
ABRAHAM BANDA SCHOLARSHIP FUND			40,000				GENERAL SUPPORT
ACCION ANDINA			27,800				GENERAL SUPPORT
ACLU FOUNDATION			250				GENERAL SUPPORT
A CORN WOODLAND ELEMENTARY			9,800				GENERAL SUPPORT
ACRYLIC ART INC			245				GENERAL SUPPORT
ACT FOR ALEXANDRIA COMMUNITY FOUNDATION			245				GENERAL SUPPORT
AFRICAN ENVIRONMENTS			1,960				GENERAL SUPPORT
AFRICAN LIBRARY PROJECT			200				GENERAL SUPPORT
ALAMEDA COUNTY COMMUNITY FOOD BANK			520				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMEDA COUNTY FOOD BANK			500				GENERAL SUPPORT
ALICE FONG YU ALTERNATIVE SCHOOL			420				GENERAL SUPPORT
ALTERNATIVES IN ACTION			4,700				GENERAL SUPPORT
AMERICAN FRIENDS SERVICE COMMITTEE			1,000				GENERAL SUPPORT
AMERICAN LEADERSHIP FORUM			5,000				GENERAL SUPPORT
AMERICAN RED CROSS			2,000				GENERAL SUPPORT
AMERICAN UNIVERSITY OF BEIRUT			3,500				GENERAL SUPPORT
AMISTAD INTERNATIONAL			2,000				GENERAL SUPPORT
AMNESTY INTERNATIONAL			500				GENERAL SUPPORT
ANALY BAND WAGON			5,000				GENERAL SUPPORT
ANALY HIGH SCHOOL			4,470				GENERAL SUPPORT
ANDERSON KIM			112				GENERAL SUPPORT

		_					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARGONNE ALTERNATIVE ELEMENTARY SCHOOL			0				GENERAL SUPPORT
ARGONNE CHILD DEVELOPMENT CENTER			400				GENERAL SUPPORT
ARMENIAN LIBRARY AND MUSEUM OF AMERICA			100				GENERAL SUPPORT
ARTSPAN			4,000				GENERAL SUPPORT
ASIAN AMERICAN RECOVERY SERVICES INC			1,750				GENERAL SUPPORT
ASIAN AMERICANS FOR COMMUNITY OUTREACH			750				GENERAL SUPPORT
ASIAN PACIFIC ISLANDER WELLNESS CENTER			1,000				GENERAL SUPPORT
AU CO VIETNAMESE CULTURAL CENTER			750				GENERAL SUPPORT
AUDUBON ALASKA			25,000				GENERAL SUPPORT
AUDUBON SANTA CLARA			500				GENERAL SUPPORT
AURISTA TECHNOLOGIES INC			58				GENERAL SUPPORT
AVENIDAS			1,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BABCOCK MELISSA			250				GENERAL SUPPORT
BAY AREA WOMEN AGAINST RAPE			4,000				GENERAL SUPPORT
BAYSIDE PRINTED PRODUCTS			15,233				GENERAL SUPPORT
BEATITUDE HOUSE CATHOLIC WORKER			10,000				GENERAL SUPPORT
BERKELEY EMERGENCY FOOD & HOUSING PROJEC			250				GENERAL SUPPORT
BERKELEY FOOD & HOUSING PROJECT			500				GENERAL SUPPORT
BERKELEY FREE CLINIC			250				GENERAL SUPPORT
BETHANY UNIVERSITY			3,000				GENERAL SUPPORT
BEZERRA JORGE			600				GENERAL SUPPORT
BIONEERS	1		1,050				GENERAL SUPPORT
BOISE EDUCATION FOUNDATION			9,950				GENERAL SUPPORT
BREAKTHROUGH COLLABORATIVE			250				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRITTON RALPH			718				GENERAL SUPPORT
BSP REPROGRAPHICS			1,467				GENERAL SUPPORT
BUSHTRACKS EXPEDITIONS			282				GENERAL SUPPORT
CAFE MACK			200				GENERAL SUPPORT
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDA			30,000				GENERAL SUPPORT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY			1,333				GENERAL SUPPORT
CALIFORNIA STATE PARKS FOUNDATION			1,000				GENERAL SUPPORT
CAMP KESEM			5,000				GENERAL SUPPORT
CANTOR ARTS CENTER			250				GENERAL SUPPORT
CARLMONT HIGH SCHOOL			10,000				GENERAL SUPPORT
CARPENTER'S SHELTER			500				GENERAL SUPPORT
CATHAY POST #384			750				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC WORKER HOUSE			84,821				GENERAL SUPPORT
CENTER FOR EXCELLENCE IN NONPROFITS			5,000				GENERAL SUPPORT
CHAYES PRODUCTIONS			666				GENERAL SUPPORT
CHIPEMBELE WILDLIFE EDUCATION TRUST			12,470				GENERAL SUPPORT
CHRISTIAN ASSOCIATES INTERNATIONAL			1,200				GENERAL SUPPORT
CITIZEN360			7,500				GENERAL SUPPORT
CITY OF EAST PALO ALTO			11,958				GENERAL SUPPORT
CITY OF PACIFICA			225				GENERAL SUPPORT
CLAREMONT MCKENNA COLLEGE			5,000				GENERAL SUPPORT
CLASSIC PARTY RENTALS			2,042				GENERAL SUPPORT
CLIFTON MUROVE MEMORIAL FUND			2,000				GENERAL SUPPORT
COAL BANK			587				GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION ON HOMELESSNESS			250				GENERAL SUPPORT
COLE RESHANDA			150				GENERAL SUPPORT
COLLEGE IS REAL		_	22,251				GENERAL SUPPORT
COLLEGE TRACK			200				GENERAL SUPPORT
COLTS BASKETBALL CLUB			200				GENERAL SUPPORT
COLUMBIA UNIVERSITY			500				GENERAL SUPPORT
COMMITTEE TO BRIDGE THE GAP		_	500	_			GENERAL SUPPORT
COMMUNITY LODGINGS			1,000				GENERAL SUPPORT
CONCORD ACADEMY			2,500				GENERAL SUPPORT
CONGREGATION BETH AM			250,000		_		GENERAL SUPPORT
CORPORATE ASIAN AMERICAN EMPLOYEE NETWOR			250				GENERAL SUPPORT
COYOTE POINT MUSEUM			1,000				GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE SOLUTIONS RESOURCE SYSTEMS			3,920				GENERAL SUPPORT
CT CORPORATION			278				GENERAL SUPPORT
DANCERS' GROUP			7,500				GENERAL SUPPORT
DAVID LEWIS MEMORIAL FUND			5,000				GENERAL SUPPORT
DE ANZA HIGH SCHOOL			152				GENERAL SUPPORT
DOCTORS OF THE WORLD			1,000				GENERAL SUPPORT
DOCTORS WITHOUT BORDERS			3,520				GENERAL SUPPORT
DORHAM-KELLY CAROLE			550				GENERAL SUPPORT
DOWNTOWN STREETS TEAM			14,750				GENERAL SUPPORT
DRAWN FROM WATER			2,500				GENERAL SUPPORT
DULABHATORN FOUNDATION			13,050				GENERAL SUPPORT
E R TAYLOR ELEMENTARY SCHOOL			822				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARN			10,000				GENERAL SUPPORT
EARTHJUSTICE LEGAL DEFENCE FUND			250				GENERAL SUPPORT
EAST BAY SANCTUARY COVENANT			6,000				GENERAL SUPPORT
EAST PALO ALTO PHOENIX ACADEMY			10,000				GENERAL SUPPORT
EAST PALO ALTO POLICE OFFICERS ASSOCIATI			5,000				GENERAL SUPPORT
EASTSIDE ARTS ALLIANCE			1,000				GENERAL SUPPORT
EASTSIDE COLLEGE PREPARATORY SCHOOL			27,000				GENERAL SUPPORT
ECOLOGY ACTION			50,000				GENERAL SUPPORT
ECUMENICAL HUNGER PROGRAM			5,000				GENERAL SUPPORT
EDUCATORS FOR FAIR CONSIDERATION			37,000				GENERAL SUPPORT
ELSIE ALLEN HIGH SCHOOL			4,000				GENERAL SUPPORT
EMAX LLC			5,500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY HOUSING CONSORTIUM			1,000				GENERAL SUPPORT
ENCOMPASS ACADEMY			9,800				GENERAL SUPPORT
EVENT MAGIC			500				GENERAL SUPPORT
EVERYCHILD FOUNDATION			5,000				GENERAL SUPPORT
FAMILY CONNECTIONS			250				GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES			15,000				GENERAL SUPPORT
FILIPINO ADVOCATES FOR JUSTICE			1,000				GENERAL SUPPORT
FILIPINO AMERICAN ARTS EXPOSITION			750				GENERAL SUPPORT
FILIPINO AMERICAN LAW ENFORCEMENT OFFICE			250				GENERAL SUPPORT
FINCA			5,000				GENERAL SUPPORT
FINE ARTS MUSEUMS OF SAN FRANCISCO			2,500				GENERAL SUPPORT
FINLANDIA FOUNDATION			1,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOTHILL - DE ANZA COMMUNITY COLLEGES FO			500				GENERAL SUPPORT
FOOTHILL COMMUNITY COLLEGE			2,500				GENERAL SUPPORT
FOR PETE'S SAKE			300				GENERAL SUPPORT
FOUNDATION FOR A COLLEGE EDUCATION			200				GENERAL SUPPORT
FRACTURED ATLAS			1,000				GENERAL SUPPORT
FRESH LIFELINES FOR YOUTH			2,000				GENERAL SUPPORT
FRIENDS OF CAL RUGBY			5,000				GENERAL SUPPORT
FRIENDS OF THE WORLD FOOD PROGRAM			250				GENERAL SUPPORT
FRIERSON HAROLD J			1,673				GENERAL SUPPORT
FROELICH REBECCAH			2,875				GENERAL SUPPORT
FUNDACION CHARITY ANYWHERE			60,000				GENERAL SUPPORT
FUNDACION DEQUENI	I	ļ	10,000				GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALILEO HIGH SCHOOL			204				GENERAL SUPPORT
GAMBON EDGARDO			600				GENERAL SUPPORT
GEORGE WASHINGTON HIGH SCHOOL			1,526				GENERAL SUPPORT
GIBB'S FARM			500				GENERAL SUPPORT
GIRLS' MIDDLE SCHOOL			1,000				GENERAL SUPPORT
GLIDE FOUNDATION			200				GENERAL SUPPORT
GLOBAL ADRENALINE			1,600				GENERAL SUPPORT
GLOBAL EXCHANGE			250				GENERAL SUPPORT
GLOBAL FUND FOR WOMEN			13,000				GENERAL SUPPORT
GREATNONPROFITS			15,000				GENERAL SUPPORT
GREEN FOOTHILLS FOUNDATION			500				GENERAL SUPPORT
HABITAT FOR HUMANITY			75,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAIGAZIAN UNIVERSITY			4,000				GENERAL SUPPORT
HAITI NURSING FOUNDATION			2,000				GENERAL SUPPORT
HARRY BENJAMIN RESOURCE CENTRE			9,500				GENERAL SUPPORT
HEALTHBRIDGE			323,400				GENERAL SUPPORT
HEINTZELMAN JENICA ELENA			2,875				GENERAL SUPPORT
HENGEHOLD MOTOR CO INC			6,522				GENERAL SUPPORT
HERBERT HOOVER MIDDLE SCHOOL			1,032				GENERAL SUPPORT
HILLSBOROUGH BEAUTIFICATION FOUNDATION			2,500				GENERAL SUPPORT
HILLSBOROUGH SCHOOLS FOUNDATION			1,300				GENERAL SUPPORT
HOLA - HEART OF LA			2,500				GENERAL SUPPORT
HOOVER HOUSE CIRCLE			50,000				GENERAL SUPPORT
HOSKISSON EMMA ELIZABETH			2,655				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN CAPITAL FOUNDATION			300				GENERAL SUPPORT
HYDROCEPHALUS ASSOCIATION			1,000				GENERAL SUPPORT
ICE911 RESEARCH CORPORATION			59,655				GENERAL SUPPORT
IMMATERIAL INCORPORATED			2,500				GENERAL SUPPORT
INDONESIAN AMERICAN COMMUNITY OUTREACH			500				GENERAL SUPPORT
INSIGHT PRISON PROJECT			5,000				GENERAL SUPPORT
INSTANCIA POR LA SALUD Y EL DESARROLLO D			15,000				GENERAL SUPPORT
INSTITUTE FOR BETTER HEALTH			1,500				GENERAL SUPPORT
INSTITUTE FOR FOOD & DEVELOPMENT POLICY			250				GENERAL SUPPORT
INTERNATIONAL LAO NEW YEAR FESTIVAL			500				GENERAL SUPPORT
INTERNATIONAL PLANNED PARENTHOOD FEDERAT			550				GENERAL SUPPORT
INTERNATIONAL RESCUE COMMITTEE			600				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERPLAST			500				GENERAL SUPPORT
JACL NCWPP			250				GENERAL SUPPORT
JAMES DENMAN MIDDLE SCHOOL			346				GENERAL SUPPORT
JAPAN INTERNATIONAL CHRISTIAN UNIVERSITI			200				GENERAL SUPPORT
JELLY BELLY CHARITIES			2,000				GENERAL SUPPORT
JOHN HOPKINS UNIVERSITY			2,000				GENERAL SUPPORT
JOHN O'CONNELL TECHNICAL HIGH SCHOOL			194				GENERAL SUPPORT
JONG JASON			450				GENERAL SUPPORT
JORDAN INTERNATIONAL AID			500				GENERAL SUPPORT
JOSE ORTEGA ELEMENTARY SCHOOL			1,870				GENERAL SUPPORT
JUVENILE DIABETES FOUNDATION			1,500				GENERAL SUPPORT
KAPANI SCHOOL PROJECT			5,800				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KASANKA TRUST LTD			950				GENERAL SUPPORT
KEARNY STREET WORKSHOP			1,100				GENERAL SUPPORT
KIMOCHI INC			1,000				GENERAL SUPPORT
KO GA MASARU			150				GENERAL SUPPORT
KOKUA HAWAII FOUNDATION			500				GENERAL SUPPORT
KOREAN CENTER			250				GENERAL SUPPORT
KPFA		,	750				GENERAL SUPPORT
KQED			200				GENERAL SUPPORT
KWESI ANKU CHARLES			600				GENERAL SUPPORT
LA PENA CULTURAL CENTER			3,800				GENERAL SUPPORT
LAETSCH KRISHEN			193				GENERAL SUPPORT
LANDIS NOAH	1		163				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANEY COLLEGE			3,724				GENERAL SUPPORT
LEAGUE TO SAVE LAKE TAHOE			200				GENERAL SUPPORT
LINCOLN HIGH SCHOOL - SF			572				GENERAL SUPPORT
LISTEN FOR LIFE FOUNDATION			500				GENERAL SUPPORT
LOPEZ ROCIO			2,500				GENERAL SUPPORT
LOS ALTOS COMMUNITY FOUNDATION			500				GENERAL SUPPORT
LOTUS CHILDREN'S CENTER			9,800				GENERAL SUPPORT
LOUISIANA BUCKET BRIGADE			50,000				GENERAL SUPPORT
LOWELL HIGH SCHOOL			224				GENERAL SUPPORT
LUCILE PACKARD FOUNDATION FOR CHILDREN'S			0				GENERAL SUPPORT
LUCY KINCHEN CHORALE			5,000				GENERAL SUPPORT
MANAV SADHNA			5,586				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARINA MIDDLE SCHOOL			500				GENERAL SUPPORT
MCDANIEL AISHA			916				GENERAL SUPPORT
MCKINLEY ELEMENTARY SCHOOL - SF			138				GENERAL SUPPORT
MEDCO SUPPLY COMPANY			387				GENERAL SUPPORT
MENLO ATHERTON FOOTBALL ASSOCIATION			500				GENERAL SUPPORT
MIDDLEBURY COLLEGE			300				GENERAL SUPPORT
MILLS COLLEGE	<u> </u>		300				GENERAL SUPPORT
MILLS-PENINSULA HOSPITAL FOUNDATION			2,000				GENERAL SUPPORT
MILTON CATHERINE			5,000				GENERAL SUPPORT
MISSION HIGH SCHOOL			596				GENERAL SUPPORT
MITSUHIRO WONG BRIAN		1	150				GENERAL SUPPORT
MIXON CAROLYN	1		150				GENERAL SUPPORT

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MOSS RICK			889				GENERAL SUPPORT
MURASAKI SHIRLEY			150				GENERAL SUPPORT
MVLA COMMUNITY SCHOLARS			5,500				GENERAL SUPPORT
NACD FOUNDATION ST GEORGE			12,500				GENERAL SUPPORT
NAJMABADI ELIZABETH			250				GENERAL SUPPORT
NAMGAY ADVENTURE TRAVELS			16,380				GENERAL SUPPORT
NATIONAL KIDNEY FOUNDATION			2,500				GENERAL SUPPORT
NATIONAL WILDLIFE FEDERATION			200				GENERAL SUPPORT
NATURAL CAPITALISM SOLUTIONS			1,000				GENERAL SUPPORT
NEAR EAST FOUNDATION			500				GENERAL SUPPORT
NEW CANAAN COUNTRY DAY SCHOOL			2,000				GENERAL SUPPORT
NEW GLOBAL CITIZENS			1,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE			20,000				GENERAL SUPPORT
NEXT GENERATION			500				GENERAL SUPPORT
NEXT STEP LEARNING CENTER			5,000				GENERAL SUPPORT
NORCAL CREW			250				GENERAL SUPPORT
NORRIS MICHAEL			1,000				GENERAL SUPPORT
NRDC - NATURAL RESOURCES DEFENSE COUNCIL			450				GENERAL SUPPORT
OLIVET MISSIONARY BAPTIST CHURCH			0				GENERAL SUPPORT
ONE EQUAL HEART FOUNDATION			250				GENERAL SUPPORT
OPERATION LIFE SUPPORT			7,500				GENERAL SUPPORT
ORGANIC FARMING RESEARCH FOUNDATION			50,000				GENERAL SUPPORT
OSHMAN FAMILY JEWISH COMMUNITY CENTER			1,000				GENERAL SUPPORT
OTHER			46,672				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE PILLAR			40,000				GENERAL SUPPORT
OXFAM AMERICA			250				GENERAL SUPPORT
PACHAMAMA ALLIANCE			1,000				GENERAL SUPPORT
PACIFIC SKYLINE COUNCIL			5,500				GENERAL SUPPORT
PALM DRIVE HEALTH CARE FOUNDATION			6,600				GENERAL SUPPORT
PALO ALTO AIRPORT ASSOCIATION			770				GENERAL SUPPORT
PALO ALTO COMMUNITY FUND			500				GENERAL SUPPORT
PALO ALTO HIGH SCHOOL			1,350				GENERAL SUPPORT
PALO ALTO WEEKLY HOLIDAY FUND			200				GENERAL SUPPORT
PAN ASIAN PUBLICATIONS (USA) INC			3,690				GENERAL SUPPORT
PARADIGM INITIATIVE NIGERIA (PIN)			10,000				GENERAL SUPPORT
PARKINSON'S INSTITUTE			2,000				GENERAL SUPPORT

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PARTNERS IN HEALTH			900				GENERAL SUPPORT
PATCHWORKS FARM			250				GENERAL SUPPORT
PATHWAYS HOSPICE FOUNDATION			250				GENERAL SUPPORT
PENINSULA COLLEGE FUND			17,604				GENERAL SUPPORT
PENINSULA FAMILY SERVICE			7,000				GENERAL SUPPORT
PENINSULA OPEN SPACE TRUST			200				GENERAL SUPPORT
PENINSULA WOMEN'S CHORUS			1,000				GENERAL SUPPORT
PENOBSCOT MARINE MUSEUM			1,000				GENERAL SUPPORT
PERFECTION LEARNING			97,404				GENERAL SUPPORT
PETS IN NEED			500				GENERAL SUPPORT
PHILANTHROPIC VENTURES FOUNDATION			70,000				GENERAL SUPPORT
PITCHER TRAVIS			2,875				GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLUG IN AMERICA			200				GENERAL SUPPORT
PORTOLA VALLEY SCHOOLS FOUNDATION			1,100		_	_	GENERAL SUPPORT
POST			1,000				GENERAL SUPPORT
PROGRAM ALLOCATIONS			1,337,591				GENERAL SUPPORT
PROJECT INFORM			100				GENERAL SUPPORT
PROJECT SAVE			100				GENERAL SUPPORT
PROJET DE REHABILITATION DES HANDICAPES			55,000				GENERAL SUPPORT
PUBLIC ALLIES			500				GENERAL SUPPORT
PURPLE SILK MUSIC EDUCATION FOUNDATION			200				GENERAL SUPPORT
RABARA MANNIE			1,550				GENERAL SUPPORT
RAINFOREST ACTION NETWORK			200				GENERAL SUPPORT
READING PARTNERS			500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED CLOUD INDIAN SCHOOL			8,000				GENERAL SUPPORT
REDCLIFF DISCOVERY FOUNDATION			150				GENERAL SUPPORT
ROADRUNNER SPORTS CLUB			5,000				GENERAL SUPPORT
ROBIN POPE SAFARIS KAWAZA SCHOOL FUND			12,700				GENERAL SUPPORT
ROBINSON TAMITA			550				GENERAL SUPPORT
RO GERS MARC			1,200				GENERAL SUPPORT
RONALD MCDONALD HOUSE			10,000				GENERAL SUPPORT
RSF SOCIAL FINANCE			715,605				GENERAL SUPPORT
RYEDALE FESTIVAL			2,940				GENERAL SUPPORT
SABIR TASIN			150				GENERAL SUPPORT
SACHS MARK A			4,000				GENERAL SUPPORT
SAINT ANTHONY'S PADUA KITCHEN			14,500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT ELIZABETH SETON SCHOOL			2,000				GENERAL SUPPORT
SAINT FRANCIS CENTER			2,000				GENERAL SUPPORT
SAINT MARY'S CHINESE DAY SCHOOL			774				GENERAL SUPPORT
SAINT MARY'S COLLEGE			3,000				GENERAL SUPPORT
SAINT THOMAS THE APOSTLE SCHOOL			30				GENERAL SUPPORT
SAMARITAN HOUSE			32,888				GENERAL SUPPORT
SAMASOURCE			0				GENERAL SUPPORT
SAMSARA FOUNDATION			108,868				GENERAL SUPPORT
SAN FRANCISCO ASIAN PEACE OFFICERS ASSOC			500				GENERAL SUPPORT
SAN FRANCISCO BAYKEEPER			250				GENERAL SUPPORT
SAN FRANCISCO CASA			2,200				GENERAL SUPPORT
SAN FRANCISCO CHINESE CLUB			500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO FOOD BANK			2,500				GENERAL SUPPORT
SAN FRANCISCO JEWISH FILM FESTIVAL			500				GENERAL SUPPORT
SAN FRANCISCO STATE UNIVERSITY			5,605				GENERAL SUPPORT
SAN FRANCISCO STATE UNIVERSITY COLLEGE O			500				GENERAL SUPPORT
SAN FRANCISCO SYMPHONY			30,500				GENERAL SUPPORT
SAN FRANCISCO TRADITIONAL JAZZ FOUNDATIO			5,000				GENERAL SUPPORT
SAN JOSE REPERTORY THEATER			500				GENERAL SUPPORT
SAN MATEO COUNTY HISTORICAL ASSOCIATION			25,000				GENERAL SUPPORT
SAVE THE BAY			125,000				GENERAL SUPPORT
SCHOOL OF EARTH SCIENCES			50,000				GENERAL SUPPORT
SCOTT ANDY			600				GENERAL SUPPORT
SECOND CHANCE LEARNING CENTER OF SOUTHWE			500				GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK			1,700	,			GENERAL SUPPORT
SEQUOIA HIGH SCHOOL			2,500				GENERAL SUPPORT
SEQUOIA HIGH SCHOOL EDUCATION FOUNDATION			30,400				GENERAL SUPPORT
SEQUOIA HS FACULTY SCHOLARSHIP FUND			4,521				GENERAL SUPPORT
SERVE THE PENINSULA			3,500	,			GENERAL SUPPORT
SHI TAO	<u> </u>		1,000	i			GENERAL SUPPORT
SIERRA CLUB FOUNDATION-LOMA PRIETA CHAPT			200				GENERAL SUPPORT
SILVA VEDA			2,452				GENERAL SUPPORT
SILVER FORK SCHOOL DISTRICT			175				GENERAL SUPPORT
SIRUM			4,725				GENERAL SUPPORT
SMILE TRAIN			1,750	,			GENERAL SUPPORT
SMITH COLLEGE			1,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONOMA COUNTY FAIR			1,500				GENERAL SUPPORT
SONOMA STATE UNIVERSITY			5,000				GENERAL SUPPORT
SOUTH LUANGWA CONSERVATION SOCIETY			78,400				GENERAL SUPPORT
SOUTHERN POVERTY LAW CENTER			200				GENERAL SUPPORT
SOUTHERN UTAH WILDERNESS ALLIANCE			200				GENERAL SUPPORT
SPARK PRO GRAM			10,000				GENERAL SUPPORT
SPRING VALLEY ELEMENTARY SCHOOL - SF			1,088				GENERAL SUPPORT
STANFORD HOSPITAL PARTNERS			25,000				GENERAL SUPPORT
STANFORD LIVELY ARTS			10,000				GENERAL SUPPORT
STANFORD UNIVERSITY			1,000				GENERAL SUPPORT
STEN POULSEN ALEX			741				GENERAL SUPPORT
STOCKTON 2020			3,000				GENERAL SUPPORT

							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREY KHMER			5,000				GENERAL SUPPORT
STUDENTS FOR INTERNATIONAL MISSION SERVI			6,300				GENERAL SUPPORT
SUNSET ELEMENTARY SCHOOL - SF			490				GENERAL SUPPORT
SURFAID INTERNATIONAL USA			500				GENERAL SUPPORT
SURFRIDER FOUNDATION USA			1,000				GENERAL SUPPORT
TAKE HOME BOOK PROGRAM			97,000				GENERAL SUPPORT
TEEN TALK SEXUALITY EDUCATION			60,000				GENERAL SUPPORT
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP			10,000				GENERAL SUPPORT
TESORERIA MUNICIPAL SANTA MARIA OSTUMA			11,975				GENERAL SUPPORT
THE ACHIEVE FOUNDATION			15,000				GENERAL SUPPORT
THE CATHOLIC COMMUNITY AT STANFORD			2,000				GENERAL SUPPORT
THE COVENANT PRESBYTERIAN CHURCH	1		23,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DAY WORKER CENTER OF MOUNTAIN VIEW			35,000				GENERAL SUPPORT
THE DISCOVERY EYE FOUNDATION			500				GENERAL SUPPORT
THE EAST BAY ASIAN YOUTH CENTER			258				GENERAL SUPPORT
THE FOUNDATION CENTER			3,000				GENERAL SUPPORT
THE FUND FOR CONSTITUTIONAL GOVERNMENT			55,000				GENERAL SUPPORT
THE NATURE CONSERVANCY			4,000				GENERAL SUPPORT
THE THACHER SCHOOL			20,000				GENERAL SUPPORT
THE V FOUNDATION			4,150				GENERAL SUPPORT
THE VOTE SOLAR INITIATIVE			400				GENERAL SUPPORT
THE WOMEN'S CAUCUS FOR ART			3,000				GENERAL SUPPORT
TOLEDO INSTITUTE FOR DEVELOPMENT AND ENV			123,351				GENERAL SUPPORT
TRANSFAIR USA			5,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY PARISH			5,000				GENERAL SUPPORT
UNION OF CONCERNED SCIENTISTS			300				GENERAL SUPPORT
UNITED WAY SILICON VALLEY			400				GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA BERKELEY			21,970				GENERAL SUPPORT
UNIVERSITY OF CALIFORNIA REGENTS			5,000				GENERAL SUPPORT
UNIVERSITY OF CHICAGO			400				GENERAL SUPPORT
UNIVERSITY OF THE PACIFIC			1,054				GENERAL SUPPORT
VALLEY MEDICAL CENTER FOUNDATION			250				GENERAL SUPPORT
VIETNAMESE COMMUNITY CENTER			500				GENERAL SUPPORT
VISITACION VALLEY MIDDLE SCHOOL			840				GENERAL SUPPORT
VISUAL AID			200				GENERAL SUPPORT
VITTANA			4,750				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VJTV			75				GENERAL SUPPORT
WEST MARIN LITTLE LEAGUE			500				GENERAL SUPPORT
WHOLE CHILD INITIATIVE			1,960				GENERAL SUPPORT
WILD ZONES			20,000				GENERAL SUPPORT
WINGS LEARNING CENTER			250				GENERAL SUPPORT
WIZBOTS LLC			7,360				GENERAL SUPPORT
WOMEN OF COLOR ACTION NETWORK			1,474				GENERAL SUPPORT
WOMEN'S BUILDING			250				GENERAL SUPPORT
WOMEN'S EARTH ALLIANCE			0				GENERAL SUPPORT
WOODSIDE HIGH SCHOOL			1,100				GENERAL SUPPORT
WORLD OF GOOD DEVELOPMENT ORGANIZATION			30,000				GENERAL SUPPORT
WORLD PULSE			10,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION			1,260				GENERAL SUPPORT
WORLDWATCH INSTITUTE			200				GENERAL SUPPORT
YEAR UP			10,000				GENERAL SUPPORT
YOUNG FILIPINO PROFESSIONALS ASSOCIATION			250				GENERAL SUPPORT
ZEN HOSPICE PROJECT			500				GENERAL SUPPORT
ZOHAR DANCE COMPANY			55,000				GENERAL SUPPORT
ZOOM EYEWORKS			6,375				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

PHILANTHROPIC VENTURES FOUNDATION

Name of the organization **Employer identification number** 94-3136771 Questions Pagarding Compansation

·	Questions Regarding Compensation			
			Yes	Νο
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments Health or social club dues or initiation fees			
	✓ Discretionary spending account ✓ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
_				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
6	If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	ٿ		110
,	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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) BILL SOMERVILLE	(ı) (ıı)	154,275 0	0 0	0 0	15,427 0	0	169,702 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
PHILANTHROPIC VENTURES FOUNDATION

Employer identification number

94-3136771

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS VIA EMAIL OR SURFACE MAIL AS APPROPRIATE PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS REGULARLY AND CONSISTENTLY MONITORED

Identifier	Return Reference	Explanation
1	1	CEO SALARY IS DECIDED ANNUALLY BY A COMPENSATION COMMITTEE COMPRISED OF THE CURRENT CHAIRMAN OF THE BOARD OF DIRECTORS AND THE PAST CHAIRMAN OF THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990 AND OTHER ORGANIZATION DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 152,470

ldentifier	Return Reference	Explanation
		THE PROCESS THE ORGANIZATION HAS USED IN THE PAST TO PROVIDE OVERSIGHT OF THE AUDIT HAS NOT CHANGED