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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

<u> </u>	For the 2	012 cale	ndar year, or tax year be	eginning	January 1	, 2012, a	and endin	g Decer	nber 31	, 20 12	
В	Check if ap	plicable	C Name of organization Civ	ic Venture	es				D Employ	er identification number	
\overline{Z}	Address ch	nange	Doing Business As Enco	re.org						94-3274339	
	Name char	nge	Number and street (or P.0	box if mail	is not delivered to str	eet address)	Room/sui	te	E Telephor	ne number	
	Initial retun	n	PO Box 29542							415-430-0141	
	Terminated	:	City, town or post office, s	tate, and Zi	P code						
	Amended i	return	San Francisco, CA 941	29-0542					G Gross re	eceipts \$	
	Application	n pending	F Name and address of prince	cipal officer				H(a) is thes	group return	for affiliates? Ves Vo	
								H(b) Are a	l affiliates in	ncluded? Yes No	
	Tax-exemp	ot status	✓ 501(c)(3)	301(c) () ◀ (insert no) [4947(a)(1) or	527	If "N	lo," attach a	list (see instructions)	
J	Website:		w.encore.org					H(c) Group	exemption	number 🕨	
K	Form of org		✓ Corporation ☐ Trust ☐	Association	on ☐ Other ►	L Yea	ar of format	ion [.] 1997	M State	of legal domicile CA	
	art I	Summ	· · · · · · · · · · · · · · · · · · ·	_	_ _	<u> </u>					
		riefly de	escribe the organization	n's missio	n or most signific	ant activities:	Ma'ra l	uilding a me	wement f	or millions of aeople	
_		-	_		_		ALV.CK			a_continued income	
Activities & Governance	1									tegic alliances, and the	
Ē	1		nennie's life stories. En								
Š			is box $ ightharpoonup \square$ if the organ								
Ö			of voting members of t		•				3	15	
& &			of independent voting	•	• .	•				14	
Ë	1		nber of individuals emp			• •			5	21	
ž	1		nber of volunteers (esti	-	•				6	0	
ĕ	1		elated business revenu		* *				7a	0	
			lated business taxable		,	••			7b	0	
	<u> </u>	ect dine	iated business taxable	income ii	Om 1 Om 1 330-1,		· · ·	Prior Y		Current Year	
Revenue	8 0	`antribu	tions and grants (Part \	/III line 1i	n)		F				
			service revenue (Part)				· F		1,626,546	4,778,680	
							· }		187.724 1,877	223,742	
æ			vestment income (Part VIII, column (A), lines 3, 4, and 7d)							1,388	
			enue (Eapt VIII-column enue – add lines 8 throu						41,435	34,289	
			 				110 12)		1,857,582	5,038,099	
	13 G	arants a	nd similar amounts pai	a (Part IX	(A), lines	§ 1~3)	· ·		567,257	1,566,250	
		Sellellis Selevice	paid to or tor members	Beart IX	column (A), line 4	l)	_		0	0	
Expenses	15 S		other compensation, en						2,281,521	2,094,915	
ë	16a F		nal fundraising fees (P				13	#850000000 77500A	0	 	
×	b T		draising)expenses (Par				07,785		**	医骨髓 強 注意	
_	117		penses (Part IX, colum			•	· -		2,226,031	1,920,328	
			penses. Add lines 13-1				o) ·		5,074,809	5,581,493	
		Revenue	less expenses. Subtra	ict line 18	from line 12 .	<u>· · · · · · · · · · · · · · · · · · · </u>			,217,227)	(543,394)	
20.5							-	Beginning of C		End of Year	
Net Assets	20 T		sets (Part X, line 16)			• • • •	· ·	1	1,653,588	11,232,239	
\$ E	21 1		oilities (Part X, line 26)				· ·		601,150	723,195	
			ets or fund balances. Si	ubtract iin	e 21 from line 20	• • • •		1	1,052,438	10,509,044	
_	art II	_	ture Block								
			ury, I declare that I have exami liete. Declaration of preparer							my knowledge and belief, it is	
	ic, correct,	and comp	nete. Dallaration of preparer	other than c	incer) is based on an	THO THEOLOT OF WILL	ios prepare				
o:		=	/						MAY 13	2013	
Sig	- 1	,	nature of officer					U	ate		
He	ere		MARC FREEDMAN	V, CE	0						
		<u>, ,,</u>	e or print name and title								
Pá	aid	Print/Ty	ype preparer's name	ļ	Preparer's signature		D:	ate	Check		
	eparer								self-em	ployed	
	se Only		name ►					Fin	m's EIN ▶		
_`			address ►					Ph	one no		
Ma	y the IRS	3 discus	s this return with the p	reparer sl	nown above? (see	e instructions)			,	🗌 Yes 🗌 No	
Fo	r Paperwo	ork Redu	uction Act Notice, see th	e separate	instructions.		Cat. N	ło. 11282Y		Form 990 (2012)	



Part	Chalemant of Program Conice Assemblishments
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	,
	Encare.org is building a movement to make it easier for millions of people to pursue second acts for the greater good. These acts
	are referred to as encore careers—jobs that combine personal meaning, continued income and social impact—in the second half of life. Through an inventive program portfolio, original research, strategic alliances and the power of people's life stories. Encore.org
	demonstrates the value of experience in handling society's greatest challenges, including education, the environment. & health care.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: \/Cynamas C
40	(Code:) (Expenses \$
	The Encore Career Campaign is a multi-year initiative that aims to define the decades between the end of middle careers and true retirement as a time to do work for the greater good. The campaign involves research, analysis, partnerships, publications and
	communications. By accelerating the development of a new stage of paid work in fields with looming labor shortages, such as
	education, health care, the nonprofit sector and government work. Encore, oro™ hopes to deliver the experience and energy of
	tens of millions of people now entering their 50s and 60s to help tackle society's greatest challenges. www.encore.org
41-	/O-d
4b	(Code:) (Expenses \$ 1,624,330 including grants of \$ 1,066,250) (Revenue \$145,500)
	Encore Fellowships Network™ is a national initiative to work with corporations organizations and individuals who are interested in
	creating Encore Fellowships in communities across the U.S. Encore Fellowships are an innovative way for experienced, highly
	skilled employees to transition from midlife careers to encore careers that combine personal meaning continued income and social impact, www.encore.org/fellowships.
	ALLEGA TO BE SEE STATE OF THE SECOND

	<u></u>
4c	(Code.) (Expenses \$ 1.373.381 including grants of \$ 500.000) (Revenue \$ 0)
46	· · · · · · · · · · · · · · · · · · ·
	The Purpose Prize® is a multi-year initiative to invest in older social innovators by recognizing outstanding achievements. creating a network of people wanting to use their retirement years for the greater good, and channeling funds and assistance
	to these new pioneers. www.encore.org/prize
	to those her planted a. www.citedia.pyitz
	Other and the second (Decorate in Orbital In
4d	Other program services (Describe in Schedule O.) (Expenses \$ 206.092 including grants of \$ 0) (Revenue \$ 0)
مه	(Expenses \$ 206,092 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 5 123 583
70	10mm promiser duction and the property of \$1/6 MM (

ait	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	√	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<i>*</i>
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		<u>,</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		√
	complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
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	" 1	1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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 United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did'the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	\	
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1
	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		▼
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		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):	. #F.		**
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		·
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2012)

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Part	art V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response to any question in this Part V	<u></u> -	, ,				
41			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c					
2.0	Statements, filed for the calendar year ending with or within the year covered by this return 2a 21		ĺ				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	J			
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		· ·				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial						
	account)?	4a		✓			
b	If "Yes," enter the name of the foreign country: ▶	100	λ,	*			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4 <u>18</u> -	<u> </u>	ليثن			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Ì			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b		<u> </u>			
7	Organizations that may receive deductible contributions under section 170(c).	ar '	,				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u>₹.:5'</u>					
L	and services provided to the payor?	7a		1			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b					
·	required to file Form 8282?	70					
d	Market Market State No. 1 and 5 ages of the state of the	7c	1, ,	V			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V			
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\vdash			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	100		きゃね.			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	,		31.			
	organization, have excess business holdings at any time during the year?	8		andream (15,4m)			
9	Sponsoring organizations maintaining donor advised funds.		400	** ***			
а	Did the organization make any taxable distributions under section 4966?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	200					
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 April 1	;	**			
11	Section 501(c)(12) organizations. Enter:	, i	يد.	1 1			
a b	Gross income from members or shareholders	~*	***				
~	against amounts due or received from them.)	Ţŗ.	**	,			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļl			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128	177	┼			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 08					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	 			
_	Note. See the instructions for additional information the organization must report on Schedule O.		 	40			
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	,	411	ž			
C	Enter the amount of reserves on hand	d _{ch}	, 's				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1			
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	<u> </u>	Ť			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI						ons.	
Secti	on A	Governing Body and Management					
4	Cata	the number of visting mark are of the navigation bad, at the and of the Assurance	4		Yes	No	
1a	If the	the number of voting members of the governing body at the end of the tax year ere are material differences in voting rights among members of the governing body, or ere governing body delegated broad authority to an executive committee or similar mittee, explain in Schedule O	<u>1a</u> 15	,	3 3 3 3 40 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
ь 2	Did a	r the number of voting members included in line 1a, above, who are independent . any officer, director, trustee, or key employee have a family relationship or a business repther officer, director, trustee, or key employee?	1b 14 elationship with	2		*	
3		he organization delegate control over management duties customarily performed by or unvision of officers, directors, or trustees, or key employees to a management company or othe		3		✓	
4 5 6 7a	 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 					✓ ✓	
b	one or more members of the governing body?						
8	stockholders, or persons other than the governing body?						
a b 9	Each	governing body?		8a 8b	√		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Section	on B	Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C			
10a	Did t	he organization have local chapters, branches, or affiliates?		10a	Yes	No /	
b	If "Y	es," did the organization have written policies and procedures governing the activities of ites, and branches to ensure their operations are consistent with the organization's exemptons.		10b			
11a		ne organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	\		
b 12a b	Did t	ribe in Schedule O the process, if any, used by the organization to review this Form 990. he organization have a written conflict of interest policy? If "No," go to line 13 officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12a 12b	# 5 1		
C	desc	he organization regularly and consistently monitor and enforce compliance with the pribe in Schedule O how this was done	oolicy? If "Yes,"	12c			
13 14 15	Did t	the organization have a written whistleblower policy?		13 14	>>		
a b	The Other	organization's CEO, Executive Director, or top management official		15a 15b	\		
16a	Did 1	he organization invest in, contribute assets to, or participate in a joint venture or simil a taxable entity during the year?		16a		₹	
	parti orga	es," did the organization follow a written policy or procedure requiring the organization cipation in joint venture arrangements under applicable federal tax law, and take steps to hization's exempt status with respect to such arrangements?	o safeguard the	16b	23.4		
<u>Secur</u>		Disclosure he states with which a copy of this Form 990 is required to be filed ▶ California	·····			········	
18	Sect	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an able for public inspection. Indicate how you made these available. Check all that apply.	·	n 501(c)(3)s	only)	
19	Desc	twn website \(\subseteq \) Another's website \(\overline{\overli		finte	rest p	olicy,	
20		e the name, physical address, and telephone number of the person who possesses the bonization: Douglas Braley, PO Box 29542, San Francisco, CA 94129 - (415) 430-0141	ooks and records	of the	•		

Part VII	Compensation of Officers, Directors,	Trustees, Key	y Employees, High	est 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. 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 organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ted any currer	t officer, director	r, or trustee
				•	C)					
(A)	(B)	(do n	ot ch		rtion mon	e than o	one	(D)	(E)	(F)
Name and Title	Average	box.	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any					or/trusi	·	compensation from	compensation from related	amount of other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	1 a a a	Former	the	organizations (W-2/1099-MISC)	compensation from the
	organizations	recta recta	u iii	<u> </u>	胃	oyes oyes	重	organization (W-2/1099-MISC)		organization
	below dotted line)	੧ =	<u>a</u>		νę	Ĕ				and related organizations
	line)	1 g	ารเ		ō	ens				Organizations
			8			Highest compensated employee				
(1) Ruth Wooden										
Chair	3	1		1	l				o	o
(2) Michael Bailin	 	<u> </u>		Ė	\vdash		 	†	· · · · · ·	
Vice Chair	3	1		1					0	o
(3) Ellen Goodman	 -	一	-	H		 		† -		
Secretary	3	1		1					o	o
(4) Lewis Feldstein						 -		t		
Treasurer	3	✓		1				0	o	٥
(5) Laura Carstensen					Π					
Director	3	✓						0	0	o
(6) Ron Cordes										
Director	3	✓				İ		O	0	0
(7) Paul Irving										
Director	3	✓	<u> </u>				<u> </u>	0	0	0
(8) Sherry Lansing]								
Director	3	✓	<u> </u>					0	0	0
(9) Suzanne Braun Levine]								
Director	3	✓_	L			<u> </u>		0	0	0
(10) Webb McKinney		1	ĺ			Ì				
Director	3	_	<u> </u>	ļ		ļ	<u> </u>	0	0	0
(11) Judy Mohraz	. 			ł						
Director	3	✓			L	ļ <u> </u>		0	0	0
(12) Joseph Plummer			ľ							
Director	3	1		<u> </u>				0	0	0
(13) Beverly Ryder		1	1	1	1			1		
Director	3	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	0	0	o
(14) Lester Strong					1					
Director	3	. ✓	ŀ			<u> </u>		0	0	<u> </u>

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	/ees	, ar	nd F	lighe	st C	ompensated E	mployees (c	ontini	ued)	
					•	C)							
	(A)	(B)	(do n			ition more	than e	one	(D)	(E)		(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation		Estimated amount of	-
		week (list any	_	П	-		or/trust	,	from	related	10111	other	,,
		hours for	g	nsti	Officer	Key employee	ag H	Former	the	organization		compensat	
		related organizations	<u> </u>	컱	ĕ	3	lest	ner	organization (W-2/1099-MISC)	(W-2/1099-MI	3C)	from the organization	
		below dotted	o = 1	ᆲ		ğ	® Sq		(and relate	∍d
		line)	Individual trustee or director	institutional trustee		8	pen					organizatio	ıns
			•	8			Highest compensated employee						
(15) Ma	arc Freedman		\vdash	\vdash		\vdash		-			$\neg +$		
CEO		40	1		1				247,908		0		37,796
(16) Ja	mes Emerman												
	tive Vice President	40				✓			158,061		0		31,687
(17) Do	ouglas Braiey												
	resident	40		Ш			✓		129,220		0		23,781
(18) Mi	chelle Hynes	 											
	resident	40					✓	<u> </u>	124,800		0		22,127
	yllis Segal						,				1		
	resident	32	 	$\vdash \vdash$			✓	<u> </u>	112,802		0		23,716
	arci Alboher		ł				,						
-	resident	40	┝	$\vdash \vdash$		H	–	₩	112,608		0	<u> </u>	19,205
	ncy Peterson resident	40	l				1	l	101,676		٥		29,971
(22)	esident	40	.	H		 	- · · ·	 	101,878		-		23,371
3==-1			1										
(23)												,	
(0.4)	10.1007-100	<u> </u>	<u> </u>	\sqcup		ļ		ļ	ļ				
(24)			ł							 			
(25)			<u> </u>	\vdash		<u>. </u>		┢		<u> </u>	\dashv		
1	***************************************		1					ŀ	1				
1b	Sub-total		<u> </u>	•		<u> </u>			987,076		0		188,283
C	Total from continuation sheets to Part	VII, Sectio	n A					▶	0		0		
d	Total (add lines 1b and 1c)							>	987,076		0		188,283
2	Total number of individuals (including bur reportable compensation from the organi		to th	ose	list	ted	above	e) w	ho received m	ore than \$10	0,000	0 of	
	roportable componential mem are organ	2411011										Ye	s No
3	Did the organization list any former of	ficer, direc	tor, c	or tn	uste	ee,	key (emp	oloyee, or high	est compen	sate		2
	employee on line 1a? If "Yes," complete	Schedule J	for si	uch i	ındı	ıvidı	ual					3	1
4	For any individual listed on line 1a, is the	sum of re	portal	ble d	con	npe	nsatio	on a	and other comp	ensation fro	m th	e 📉	
	organization and related organizations	greater th	an \$1	150,	000)? [f "Ye	s, "	complete Sch	nedule J for	suci	h 🖄	*
	individual			٠.			•					4 1	
5	Did any person listed on line 1a receive of												in the second
04	for services rendered to the organization	rii res, c	отр	ete .	SCI	ieat	JIE J	or :	such person			5	
1	on B. Independent Contractors Complete this table for your five highest		od in	1000		ont	0001		ara that many	ad mara than	<u> </u>	10 000 of	
•	compensation from the organization. Rep												tax
	year.	30.1 00.11 , p0			٠		4.0		, our one	0		94.1124.10.110	
	(A)							Π	(B)			(C)	
	Name and business add	iress						_	Description of s			Compensation	
	Louie - PO Box 20009 Stanford, CA 94309							_	ogram Design 8				153,375
Lyie H	urst - PO Box 20009 Stanford, CA 94309							100	ogram Design 8	, Developm			148.125
	<u> </u>												
						0 .		L					8*
2	Total number of independent contractor received more than \$100,000 of compen							o t!	nose listed ab	ove) who	- & +53,	riter hade t	1

Part	VIII	Statement of Revenue					· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a resp	onse to any ques	tion in this Part	/III	<u></u> .	<u>., </u>
•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b			Tevenue		312, 313, 01 314
Gifts, lar Am	c d	Fundraising events 1c Related organizations 1d					
ons, Simi	e f	Government grants (contributions) 1e All other contributions, gifts, grants,					**,*
tributi Other	g	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$	4,778,680	,		, ,	
	h	Total. Add lines 1a-1f	<u> Þ</u>	4,778,680			
Program Service Revenue			Business Code			*	1 23
Reve	2a b	Honoraria Conference Fees	900099	35,642 600	35,642 600		
ice	c	Contract Fees for Services	900099	187,500	187,500		
Serv	d		33333				
am	е						
rogr	f	All other program service revenue.					
	<u>g</u> 3	Total. Add lines 2a–2f	>	223,742			4∰ - 15,®A - 81£ - 3
	3		ends, interest,	1,388			1,388
	4	Income from investment of tax-exempt b	ond proceeds ▶	1,308			1,368
	5	Royalties		34,289			34,289
		(i) Real	(ii) Personal		, , , , , , , , , , , , , , , , , , ,		1
	6a	Gross rents			The state of the s	1、100% 14%	
	b	Less: rental expenses					
	C	Rental income or (loss)	1	szementő kö		2 <u> </u>	
	d 7a	Net rental income or (loss) Gross amount from sales of (i) Securities		.75	***		× 1 * **/
		assets other than inventory	(4, 24.6.				
	b	Less. cost or other basis		***		18 1 × 18 1 × 18	
		and sales expenses .				The second of th	
	C	Gain or (loss)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
60	d	Net gain or (loss)	•	My to the			
venu	8a	Gross income from fundraising events (not including \$		i i i			NAME OF THE PARTY
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a	1				
5	b	Less: direct expenses b		• <u>Å</u>	₹ % .	2 1 3 3 4 C 2	
	c 9a	Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19	events . ►		, A		*
	ь	Less: direct expenses b	<u></u>	****	4.8"		
	c	Net income or (loss) from gaming act					
		Gross sales of inventory, less		· ***	7Q1 (%)	* ***	*
		returns and allowances	·		,		
	b	Less: cost of goods sold b. Net income or (loss) from sales of inv		<u> </u>	34,0 ,0	<u> </u>	
		Miscellaneous Revenue	Business Code			*	
	11a					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
	b						
:	C						
	d	All other revenue	<u> </u>				
	е 12	Total. Add lines 11a-11d		E 020 000		,	

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				
8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,366,250	1,366,250		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	200,000	200,200	•	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	250,5665	200,200	7. 3.	4
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	400.400			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	489,483	416,061	39,364	34,059
7	Other salaries and wages	1,242,066	1,090,232	118,208	33,627
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	101,007 142,210	88,092	9,962	2,953
10	Payroll taxes	120,148	83,944 105,253	57,064 10,571	1,202 4,324
11	Fees for services (non-employees)	120,140	103,233	10,371	4,324
а	Management		1	1	
b	Legal	4,426		4,426	
C	Accounting	14,625		14,625	
d	Lobbying			7.3.3	
e f	Professional fundraising services See Part IV, line 17 Investment management fees		, <u>'</u> , <u>'</u> , <u>'</u> ,	* 12.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				**************************************
12	Advertising and promotion	1,134,961	1,029,059	80,901	25,000
13	Office expenses	201,500 8,490	201,500 992	7,498	
14	Information technology	0,430	332	7,490	
15	Royalties		-		
16	Occupancy	227,670		227,670	
17	Travel	170,805	166,401	4,405	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates				
23	Insurance	28,290 8,680	6,837	21,453	
24	Other expenses. Itemize expenses not covered	8,660	₩. 3. ·	8,680	
	above (List miscellaneous expenses in line 24e. If	` ` '	,		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		··· · · · · · · · · · · · · · · · · ·		
а	Telephone & Internet	33,957	7,920	26,036	
b	Postage & Shipping	7,433	2,864	4,538	31
C	Printing & Publications	15,179	9,648	5,531	
d	Hospitality, membership & other	20,337	2,065	17,772	500
e 25	All other expenses Shared cost allocation Total functional expenses. Add lines 1 through 24e		332,306	(338.204)	5,898
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	5,581,493	5,123,583	350,125	107,785

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X . (A) (B) Beginning of year End of year 1 53,016 988,725 2 Savings and temporary cash investments 2 6,356,555 5,303,607 3 3 5,087,904 4,697,144 Accounts receivable, net 4 30,225 101,437 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Assets 6 o 0 Notes and loans receivable, net 7 0 0 8 Inventories for sale or use 0 8 0 Prepaid expenses and deferred charges 43,924 9 96,719 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b (152,287) 38,563 10c 28,687 Investments—publicly traded securities 11 11 0 0 12 Investments-other securities. See Part IV, line 11 . 0 12 0 13 Investments—program-related See Part IV, line 11. 13 0 0 Intangible assets 14 ol 14 0 15 Other assets. See Part IV, line 11 43,400 15 15,920 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 11,653,588 11,232,239 17 Accounts payable and accrued expenses 17 467,540 331.795 18 Grants payable 117,500 18 342,250 19 Deferred revenue 19 0 49,150 20 20 ol 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 ol 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 O 0 Secured mortgages and notes payable to unrelated third parties . . . 23 23 o 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 16,110 0 26 Total liabilities. Add lines 17 through 25 . 601,150 26 723,195 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 2,053,391 2,182,491 Temporarily restricted net assets 28 8,999,047 28 8,326,553 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here > and 1 complete lines 30 through 34. 30 30 0 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 n 0 33 Total net assets or fund balances 33 11,052,438 10,509,044 Total liabilities and net assets/fund balances . 11,653,588 11,232,239

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Page	- 1	'n

. 01111 9	50 (2012)			Pa	ege ≀∠
Part	XI Reconciliation of Net Assets				
	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			38,099
2	Total expenses (must equal Part IX, column (A), line 25)	2			31,493
3	Revenue less expenses. Subtract line 2 from line 1	3		(54	3,394)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,05	52,438
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		10,50	09,044
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			- h	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in "	3 1	
	Schedule O.			هنگ آن است	ا المثلا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			3	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or 🕌	÷ Diží	it.
	reviewed on a separate basis, consolidated basis, or both:		3	, J. 33.4.	7
	Separate basis Consolidated basis Both consolidated and separate basis			r fii	لننگ،
b	Were the organization's financial statements audited by an independent accountant?		. 2t) <u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were auditionable to the statement of the year were auditionable to the statement of the year were auditionable to the year were all the year	ed on	a 🕌	٠ اربي چ	
	separate basis, consolidated basis, or both:			· .	, 1
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u>M</u>	n grip	5289
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		I .		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate of th			; /	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O	plain	in 🤲		2
_					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth			
	the Single Audit Act and OMB Circular A-133?		· 3a	3	✓
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3t		<u> </u>
			F	om 990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

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.

20**12**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Civic Ventures, dba Encore.org 94-3274339 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. b Type II c Type III-Functionally integrated **d** Type III–Non-functionally integrated e 🗆 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting 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) and Yes No 11g(l) (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) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vti) Amount of monetary organization in col (i) listed in your (described on lines 1-9 the organization in organization in colsupport governing document? col. (i) of your (i) organized in the above or IRC section. support? U.S? (see instructions)) No Yes No (A) (B) (C) (D) (E)

Total

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 14,453,351 3,049,999 4,775,259 1,634,306 4,731,940 28,644,855 2 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 3 14,453,351 3,049,999 4,775,259 1,634,306 4,731,940 28,644,855 The portion of total contributions by each person (other than unit governmental or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 17,288,632 Public support. Subtract line 5 from line 4. 11,356,222 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (c) 2010 (b) 2009 (d) 2011 (e) 2012 (f) Total Amounts from line 4 7 14,453,351 3,049,999 4,775,259 1,634,306 4,731,940 28,644,855 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 171,027 35,930 3,918 1,877 214,140 Net income from unrelated business. activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 Million. r WK 28,858,994 Gross receipts from related activities, etc. (see instructions) 12 744,698 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 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 14 39.35 % Public support percentage from 2011 Schedule A, Part II, line 14 15 40.94 % 331/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \square b 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	in the organization falls to quality	under the te	ests listed bei	ow, please co	implete Fait	11.7	
	on A. Public Support					 	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		ţ			[
	received. (Do not include any "unusual grants")		<u> </u>				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1			ļ	
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u></u>	1				
4	Tax revenues levied for the						
	organization's benefit and either paid		}				
	to or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to the						
	organization without charge					1	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	<u> </u>		1			
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1]	
	persons that exceed the greater of \$5,000]					
	or 1% of the amount on line 13 for the year		1				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			1284	\$ 5.00 M		
	line 6.)					WW	
	on B. Total Support				-		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		<u> </u>				
р	Unrelated business taxable income (less	1	1				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		ļ				
11	Net income from unrelated business						
	activities not included in line 10b, whether	l				[
	or not the business is regularly carried on			<u></u>	ļ		
12	Other income. Do not include gain or						
	loss from the sale of capital assets	ļ	1				
40	(Explain in Part IV.)	<u> </u>	 	<u> </u>		ļ	
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	L	ala firmt	d Abject Court	- 665 to		= F01(c)(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he						n 501(c)(3)
Cooti	on C. Computation of Public Suppor			<u> </u>	· · · ·	· · · · ·	
<u> 15</u>	Public support percentage for 2012 (line			13 column (f)		15	%
16	Public support percentage for 2012 (inte					16	
	on D. Computation of Investment In			· · · · ·	- * - 	1 10 1	70
17	Investment income percentage for 2012			ov line 13 colu	mn (fl)	17	%
18	Investment income percentage from 201						70
19a	331/2% support tests—2012. If the organ						
	17 is not more than 33½%, check this box						
b	331/3% support tests—2011. If the organic						
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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SCHEDULE D (Form 990)

Supplemental Financial Statements

90,

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Civic Ventures, dba Encore.org Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Heid at the End of the Tax Year a Total number of conservation easements . . 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	ck any of th	e follov	ving that are a	significant use of its
.a	☐ Public exhibition		d	□ Loan	or exchang	ge prog	rams	
b	☐ Scholarty research		е	☐ Other	r			
C	□ Preservation for future generations							
4	Provide a description of the organizat	tion's collections	and expl	ain how t	hey further	the org	janization's exe	mpt purpose in Part
	XIII.							
5	During the year, did the organization							
	assets to be sold to raise funds rather							
Par	IV Escrow and Custodial Arra	•	•		anization	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amoun							
18	Is the organization an agent, trustee,							
	included on Form 990, Part X?					• •		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	iete the fo	ollowing to	able:	_	1	\
	Barrier and testing					<u> </u>		Amount
C.	Beginning balance					10		
d	Additions during the year					10		····
e	Distributions during the year					1e		
f	Ending balance					1f		
2a b	Did the organization include an amount of "You" overland the arrangement in Pro-							
	If "Yes," explain the arrangement in Pa t V Endowment Funds. Complete							
ı aı	Endownient Funds: Compil	(a) Current year		or year			(d) Three years bac	
1a	Beginning of year balance	(a) contine year	(5)	01 7003	(0) 1110 300	3 5407	(a) Times years bac	top : our years back
b	Contributions							
c	Net investment earnings, gains, and							
_	losses							
d	Grants or scholarships				ļ			
e	Other expenditures for facilities and							
_	programs							
f	Administrative expenses		 					
g	End of year balance		†					
2	Provide the estimated percentage of t	he current vear e	nd balanc	e (line 1a	i, column (a	ı)) held :	as:	
а	Board designated or quasi-endowmer	nt 🕨	%	- (***-	,,	,,		
b	Permanent endowment	%						
c	Temporarily restricted endowment ▶	 %						
	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.	•				
3a	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for t	he
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIII the intended uses							
Part						<u></u>		
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings			ļ				
C	Leasehold improvements		4,040	<u> </u>	···		(112)	3,928
d	Equipment	•	176,934	ļ	·····	_	(152,175)	24,759
<u>e</u>	Other	<u>. </u>		<u> </u>				
Total.	Add lines 1a through 1e. (Column (d) rr	nust equal Form S	990, Part .	X, column	n (B), line 10	O(c).)	▶	28,687

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
	al derivatives			
	-held equity interests			

(A)		***************************************		
(B) (C)				
(D)				
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				
(G)				
(H)				
(i)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		**	· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments – Program Related	J. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5) (6)		· 		
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
(10)		· · · · · · · · · · · · · · · · · · ·		
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			* * * * * * * * * * * * * * * * * * *
Part IX	Other Assets. See Form 990, Pa	······································		
) Description		(b) Book value
	it for Rental Office - San Francisco			11,020
	it for Rental Office - Washington DC dable Deposit for Room Rental for 2013 C			3,400
(4)	dable Deposit for Room Rental for 2013 C	onierence		1,500
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	4)			
Part X	umn (b) must equal Form 990, Part X, co		<u></u> ▶	15,920
1.	Other Liabilities. See Form 990, (a) Description of liability	(b) Book value	I	1
	I income taxes	(D) DOON VAIDE		
(2)				
(3)			,	
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)			₹	X 7
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(10)				\$\$\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}{\partial}\tag{\partial}\part
(11)	(h) must equal Form 000. Day V and (Dilling 05) ha		, , , , , , , , , , , , , , , , , , ,	•
	(b) must equal Form 990, Part X, col. (B) line 25.)	and of the factories to the	nalastiania Caracial III II II II II	
liability for u	SC 740) Footnote. In Part XIII, provide the tincertain tax positions under FIN 48 (ASC 7	40) Check here if the text of	anization s financial statements the footnote has been provided in	nat reports the organization's n Part XIII

ı	Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	5,038,099
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
٠a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	0	1	
С	Recoveries of prior year grants	2c	0	1 1	
d	Other (Describe in Part XIII.)	2d	0	1	
е	Add lines 2a through 2d	<u> </u>		2e	0
3	Subtract line 2e from line 1			3	5,038,099
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С				4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5,038,099
Part	XII Reconciliation of Expenses per Audited Financial Statem				
1	Total expenses and losses per audited financial statements			1	5,581,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			# C. J.	
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0	ŝžt.	
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines 2a through 2d	-		2е	0
3	Subtract line 2e from line 1			3	5,581,493
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			\$ ⁷ 5.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o	· * ; ;]	
b	Other (Describe in Part XIII.)	4b		,	•
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)		5	5,581,493
Part	XIII Supplemental Information				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.				
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Schedule D (For	m 990) 2012	Page 5
Part XIII	m 990) 2012 Supplemental Information (continued)	

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

1545-0047	12
OMB No	20

Open to Public Inspection

Employer identification number ► Attach to Form 990.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, --------**%**□ (h) Purpose of grant or assistance 29 √ Yes Encore Fellows **Encore Fellows Encore Fellows** Encore Fellows 94-3274339 Purpose Prize Purpose Prize Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Cash 0 Cash Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 100,000 25,000 10,000 25,000 25,000 25,000 20,000 (d) Amount of cash grant 25,000 25,000 141,000 174,000 100,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 501(c)(3) 501(0)(3) 501(c)(3) 501(2)(3) 501(c)(3) 501(c)(3) **501(c)(3)** 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 59-2870908 95-4782503 94-1546643 91-1792774 59-2870908 20-1532382 84-0809393 45-3788542 20-0971486 26-0283970 51-0454157 36-3290904 (D) EIN (6) Eagle Academy Fdn - 105 E 22nd (9) Experience Matters - 5151 N 19th (12) Fisher House of Emerald County (1) A New Way of Life - PO Box 1331 Garden Hwy Sacramento 95833 (5) Charlotte Cty Habitat for Human 1750 Manzana Av Punta Gorda 33951 1 (a) Name and address of organization 350 Boatner Rd Elgin AFB FL 32542 (4) Camp Kesem - PO Box 164 10655 Memorial, Houston TX 77024 Charleston Rd Palo Alto CA 94306 Paonia Ct Colorado Springs 80915 (8) Enterprise Comm Partners - 1 Whitehall St 11 FI New York 10004 (10) FHN - 1045 W Stephenson St. (11) Financial Mentors of America (3) American Leadership Forum Civic Ventures, dha Encore ord (7) Energy Resource Ctr 5920 Ave Ste 200 Phoenix, AZ 85015 (2) Abilities United - 525 East 875288 Los Angeles CA 90087 St, 6th Fl, New York NY 10010 or government Winnetka, IL. 60093 Freeport, IL 61032 Part II

Schedule I (Form 990) (2012)

Cat. No. 50055P

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

2012

OMB No. 1545-0047

Open to Public Inspection

► Attach to Form 990.

Employer Identification number

1	(PAGE 2 of 4)	4)					94-3274339
Part I General Information on Grants and Assistance	າ on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and	ain records to sub	stantiate the amou	unt of the grants or	assistance, the c	rantees' eligibility for	or the grants or assistanc	e. and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?	•	' .			No No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	uzation's procedu	res for monitoring	the use of grant fur	nds in the United	States.		
Part II Grants and Other As	ssistance to Go	vernments and	Organizations i	n the United Si	tates. Complete if	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered	vered "Yes" to Form 990
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ny recipient that	received more the	nan \$5,000. Part	Il can be duplic	ated if additional	space is needed.	
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Grameen America 1480 Broadwy							
(2) Marine Science Institute 500	166/649-07	501(c)(3)	000,01	O	u casu		Encore Fellows
Discovery Pwy Redwood Cty 95063	94-1719649	501(c)(3)	10,000	0	Cash		Encore Follows
(3) Music for Minors 883 N Shorelin Blvd C120 Mountain View CA 94043	94-2494433	(6)(-)(0)	000 52	G			
(4) Neighborhood Trust 1112 St		TENTAL DE	200				Encore reliows
Nicholas Ave New York NY 10032	13-3849263	501(c)(3)	20,000	0	Cash		Facore Fellows
(5) NYCHA 250 Broadway							
New York, NY 10007	13-6400571	Housing Auth	20,000	0	Cash		Fucore Fellows
(6) Parasol Tahoe Comm Fnd 169						Alternative Control	
Highway 50 Stateline, NV 89449	88-0362053	501(c)(3)	12,500	0	Cash		Encore Fellows
(7) Pines of Sarasota 1501 N Orange							
Ave Sarasota, FL 34236	59-0700567	501(c)(3)	25,000	0	Cash		Encore Fellows
(8) Project Baobob 340 Churchill							
Ave Portland OR 97219	02-0532299	501(c)(3)	25,000	0	Cash		Encore Fellows
(9) RAFT - 1355 Ridder Park Dr							
San Jose, CA 95131	77-0365627	501(c)(3)	25,000	0	Cash		Encore Fellows
(10) Social Ventures Partner 221 NW	•						
2nd Ave Portland OR 97209	93-1310734	501(c)(3)	173,000	0	Cash		Encore Fellows
(11) Sonoma Ecology Ctr PO Box					•		
1486 Eldridge CA 95431	94-3136500	501(c)(3)	12,500	0	Cash		Encore Fellows
(12) Sustainable So Bronx 1231							
Lafayette Ave Bronx NY 10474	02-0535999	501(c)(3)	10,000	0	0 Cash		Encore Fellows
2 Enter total number of section 501(c)(3) and government	501(c)(3) and gov	ernment organizat	organizations listed in the line 1 table	ne 1 table			59
	rganizations listed	in the line 1 table					△

Schedule I (Form 990) (2012)

Cat. No. 50055P

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

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

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W.	ł
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OMB No 1545-0047

Open to Public Inspection

Employer identification number 94-3274339 ► Attach to Form 990. Civic Ventures, dha Encore ord
Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ward the grants or	or assistance? es for monitoring	the use of grant fur	nds in the United	States		· · · · · · · · · · · · · · · · · · ·
Part II Grants and Other Ass	sistance to Go	vernments and	Organizations i	n the United St	ates. Complete	f the organization answ	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
4 tot Name and address of accompanies (b) FIN (b) FIN (b) FIN	Pecipient mat	eceived more tr	da Amount of cash	e can be duplicated the second	ritore than \$5,000. Part II can be duplicated it additional space is needed	space is needed.	1 C C C C C C C C C C C C C C C C C C C
or government	(4)	if applicable	grant	cash assistance	(book, FMV. appraisal, other)	(g) Description of non-cash assistance	(n) Furbose or grant or assistance
(1). The Family Gnt. 315 W.36th.St							
New York, NY 10018	13-3910716	501(c)(3)	10.000	0	0 Cash		Encore Fellows
.(2). Tower Fund SJSU-1.Washington				·			
Sq., San Jose CA 95192	83-0403915	501(c)(3)	25.000	0	0 Cash		Encore Fellows
(3) Treehouse End 1. Treehouse.Cl		•					
Easthampton. MA 01027	22-3848537	501(c)(3)	100.000	0	o Cash.		Purpose Prize
(4). Turnaround for Children 25.W							
45th St New York NY 10036	06-1495529	501(c)(3)	10.000	D	0 Cash		Encore Fellows
(5) United Way of Central NM 2340.							
Alamo Ave SE Albuquerque 87106	85-0277138	501(c)(3)	155.250	0	olcash		Encore Fellows
(9)							
(7)					*		100000000000000000000000000000000000000
(8)							
				100			
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	501(c)(3) and gove yanizations listed	ernment organization the line 1 table	ions listed in the lir	ne 1 table			29
For Paperwork Reduction Act Notice, see the Instructions for Form	e the Instructions	for Form 990.		Ca	Cat. No 50055P		Schedule I (Form 990) (2012)

Schedule I (Form 980) (2012)

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) 0 Cash (d) Amount of non-cash assistance 200,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients ~ (a) Type of grant or assistance 1 Purpose Prize Awards information. Part IV Part III N 4 S φ

The organization makes distributions to organizations in the form of grants. Any grantee is required to sign a grant agreement that acknowledges the grantization's authority to withhold..... funds not so expended, and to submit reports to the organization at specified intervals regarding the grantee's progress soward achieving the grant purposes, and an accounting of how..... When the graanization makes grants to organizations or individuals, it shall keep adequate records and case histories to show: (1) the name and address of the recipient: (2) the amount..... officers, or trustees or the organization; (b) a grantor or substantial contributor to the organization or a member of the family of either; and (c) a corporation controlled by distributed; (3) the purposes for which the aid was given; (4) the manner in which the recipient was selected; and (5) the relationship, if any, between the recipient and (a) members, and/or recover grant funds in case such funds are, or appear to be, misused. The agreement will require the grantee to use the funds only for the purposes of the grant, to return any a grantor or substantial contributor. grant funds were used.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Civic Ventures, dba Encore.org 94-3274339 Part I Questions Regarding Compensation No Yes 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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: The organization? 5a 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 compensation contingent on the net earnings of. 6a If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7

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

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

8

Partil 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)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	oldsvotroit (C)	JED Total of political	
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	(F) Compensation reported as deferred in prior Form 990
	8	247,909	0	0	22.500	15.296	285.705	0
¹ Marc Freedman, CEO	Ξ				•			* * * * * * * * * * * * * * * * * * *
	8	158,061	0	0	14,225	17,462	189,748	0
² James Emerman. Exec. VP	Ξ							
	€	129,220	0	0	11,630	12,152	153,001	0
3 Douglas Braley. VP Finance	€							
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Schedule J (Form 990) 2012 Part III Supplemental Information

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

201**2**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ Attach to Form 990 or 990-EZ. Employer identification number Name of the organization Civic Ventures, dba Encore.org 94-3274339 Core, Part III 4d: Other Program Services: Encore College Initiative encourages colleges to create and promote educational pathways to to encore careers. The project invests in innovation and encourages colleges and social sector employers to work together to unleash the potential of older adults as a new workforce for social change, www.encore.org/colleges. (Expenses \$206,092; Grants \$0; Revenue: \$0.) Core, Part VI 11a: Board-adopted resolutions that state the Form 990 and its related Schedules be reviewed and approved, on behalf of the Board, by the Audit Committee and the Treasurer prior to filing, and that the Form 990 and its related Schedules be delivered to the full Board at the regularly scheduled meeting following the approval. Core, Part VI 12c: The organization monitors and enforces its conflict of interest policy through board and staff orientations; by annual

written disclosures by board and staff; by written disclosure statements by board, staff, and key volunteers evaluating and recommending

grant awards to organizations and individuals; and by requesting for and reporting in meeting minutes any disclosures of real

Core, Part VI 15: The organization's Board of Directors must review and approve the initial and any subsequent adjustments to compensation for any board members, officers, and key employees. At the time of review, a committee of the board reviews data complied by the Vice President of Finance detailing the key management positions and related compensation for other nonprofit organizations similar to the organization in budget size, program activity, and funding sources. Data is drawn from individual research/contacts, organizational websites, and published Form 990s. In addition, the Board of Directors reviews and approves an annual personnel plan and payroll budget, including any budgeted bonus, merit, or COLA increases.

Core, Part VI 19: The organization makes its governing documents, Form 1023, Form 990, conflict of interest policies, and audited financial statements available to any party making the request. All documents exist in paper or digital form and are provided at no charge via first-class mail or e-mail.

Core, Part IX 11g: "Fees for services other" includes: Moving expenses: \$21,209; Payroll fees: \$10,854; Computer and computer programming

or potential conflicts at the time any board resolution is considered and adopted.