

Form **990**

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

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CIVIC VENTURES</b> Doing business as <b>ENCORE.ORG</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 29542</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94129</b> <b>F</b> Name and address of principal officer: <b>MARSHA WOODEN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-3274339</b> <b>E</b> Telephone number <b>415-430-0141</b> <b>G</b> Gross receipts \$ <b>31,399,957.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ENCORE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1997</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>WE ELEVATE, ENABLE AND EXPAND THE IDEA OF SECOND ACTS FOR THE GREATER GOOD. WE AIM TO SHIFT THE</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>14</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>14</b>
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>5</b>	<b>30</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>14</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 3,680,413.	<b>Current Year</b> 31,148,708.
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	123,425.	241,276.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,398.	6,877.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,984.	3,096.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	3,807,220.	31,399,957.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	771,510.	20,373,851.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	3,507,507.	3,553,345.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>283,178.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	2,041,698.	2,273,319.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	6,320,715.	26,200,515.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	-2,513,495.	5,199,442.
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 6,671,444.	<b>End of Year</b> 14,375,876.
<b>21</b>	Total liabilities (Part X, line 26) .....	486,959.	2,991,949.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	6,184,485.	11,383,927.

**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.

<b>Sign Here</b>	Signature of officer <b>MARSHA WOODEN, VP-FINANCE &amp; OPERATIONS</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PENNY L. LANE, CPA</b>	Preparer's signature Date
	Firm's name ▶ <b>KARLSSON &amp; LANE, AN ACCOUNTANCY CORP.</b> Firm's address ▶ <b>4725 FIRST ST., STE. 226 PLEASANTON, CA 94566</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00743411</b> Firm's EIN ▶ <b>94-2590397</b> Phone no. (925) <b>271-5519</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ENCORE.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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 945,923. including grants of \$ 10,000. ) (Revenue \$ )
CHANGE THE NARRATIVE (FORMERLY ELEVATE) - PROGRAM TO BUILD ENCORE AWARENESS AND UNDERSTANDING THROUGH INNOVATIVE INITIATIVES THAT INCLUDE THE ENCORE STORY PROJECT AND ENCORE RESEARCH THROUGH LEADERSHIP.

4b (Code: ) (Expenses \$ 21,133,854. including grants of \$ 20,363,851. ) (Revenue \$ )
CATALYZE PATHWAYS AND OPPORTUNITIES (FORMERLY ENABLE) - PROGRAM TO MAKE ENCORE ACCESSIBLE BY PROVIDING PATHWAYS, TOOLS AND RESOURCES, ENCORE PRIZE, AND THE DEVELOPMENT OF THE ENCORE FELLOWSHIP NETWORK.

4c (Code: ) (Expenses \$ 813,320. including grants of \$ ) (Revenue \$ )
BUILD THE FIELD (FORMERLY EXPAND) - PROGRAM TO LEVERAGE LEADERSHIP AND BUILD THE MOVEMENT THROUGH THE ENCORE NATION CONFERENCE AND ENCORE NETWORK.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,067,412. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 24,960,509.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [X] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARSHA WOODEN - 415-430-0141 P.O. BOX 29542, SAN FRANCISCO, CA 94129

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY MOHRAZ, PHD CHAIR	3.00	X		X				0.	0.	0.
(2) PAUL IRVING VICE CHAIR	3.00	X		X				0.	0.	0.
(3) ELLEN GOODMAN SECRETARY	3.00	X		X				0.	0.	0.
(4) LEWIS FELDSTEIN TREASURER	3.00	X		X				0.	0.	0.
(5) DAVID BORNSTEIN DIRECTOR	3.00	X						0.	0.	0.
(6) SUZANNE BRAUN LEVINE DIRECTOR	3.00	X						0.	0.	0.
(7) LAURA CARTENSEN DIRECTOR	3.00	X						0.	0.	0.
(8) RON CORDES DIRECTOR	3.00	X						0.	0.	0.
(9) JAIME MAGYERA DIRECTOR	3.00	X						0.	0.	0.
(10) WEBB MCKINNEY DIRECTOR	3.00	X						0.	0.	0.
(11) JANE PAULEY DIRECTOR	3.00	X						0.	0.	0.
(12) JOSEPH PLUMMER DIRECTOR	3.00	X						0.	0.	0.
(13) BEVERLY RYDER DIRECTOR	3.00	X						0.	0.	0.
(14) LESTER STRONG DIRECTOR	3.00	X						0.	0.	0.
(15) MARC FREEDMAN CEO	40.00	X		X				371,422.	0.	31,585.
(16) ANN MACDOUGALL PRESIDENT	40.00				X			228,558.	0.	14,553.
(17) MARSHA N. WOODEN VP FINANCE & OPS	40.00				X			176,756.	0.	19,177.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PHYLLIS SEGAL VP PROGRAM	40.00					X		154,030.	0.	10,856.
(19) MARCI ALBOHER VP COMMUNICATIONS	40.00					X		147,984.	0.	21,621.
(20) NANCY PETERSON VP PROGRAM	40.00					X		147,536.	0.	18,882.
(21) JIM EMERMAN VP PROGRAM	32.00					X		142,125.	0.	10,092.
(22) GARY HUME DIRECTOR IT	40.00					X		133,640.	0.	18,454.
(23) MIKE MOWERY DIRECTOR PROGRAM	40.00					X		127,090.	0.	21,043.
<b>1b Sub-total</b> .....								1,629,141.	0.	166,263.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,629,141.	0.	166,263.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BILLIONS INSTITUTE, LLC 10 ROGERS ST. #213, CAMBRIDGE, MA 02142	G2G PROGRAM LAUNCHING CONSULTANT	169,500.

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



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	31,148,708.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			31,148,708.			
<b>Program Service Revenue</b>	<b>2 a</b> OTHER PROGRAM SERVICE REVENUE .....	<b>Business Code</b>	900099	133,076.	133,076.		
	<b>b</b> CONTRACT FEES FOR SERVICES .....		900099	95,000.	95,000.		
	<b>c</b> HONORARIA .....		900099	13,200.	13,200.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			241,276.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			6,877.			6,877.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			2,879.			2,879.
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue			<b>Business Code</b>				
<b>11 a</b> OTHER REVENUE .....		900099	217.	217.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			217.			
<b>12 Total revenue.</b> See instructions. ....			31,399,957.	241,493.	0.	9,756.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,373,851.	20,373,851.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	776,736.	582,552.	155,347.	38,837.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,154,213.	1,595,097.	503,058.	56,058.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,338.	102,616.	33,814.	1,908.
<b>9</b> Other employee benefits	271,294.	194,804.	69,086.	7,404.
<b>10</b> Payroll taxes	212,764.	155,408.	49,350.	8,006.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,215.		3,215.	
<b>c</b> Accounting	19,425.		19,425.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,139,380.	974,962.	19,125.	145,293.
<b>12</b> Advertising and promotion	55,595.	55,595.		
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	120,904.		120,904.	
<b>17</b> Travel	173,537.	140,563.	26,010.	6,964.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	589,864.	538,493.	46,623.	4,748.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	7,935.		7,935.	
<b>23</b> Insurance	12,434.	101.	12,333.	
<b>24</b> Other expenses. Itemize expenses not covered 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.)				
<b>a</b> PRINTING AND PUBLICATIO	83,249.	61,453.	19,341.	2,455.
<b>b</b> TELECOMMUNICATIONS	21,609.	7,179.	14,155.	275.
<b>c</b> STAFF DEVELOPMENT	20,914.	11,396.	8,795.	723.
<b>d</b> SUPPLIES	18,424.	6,493.	11,674.	257.
<b>e</b> All other expenses	6,834.	159,946.	-163,362.	10,250.
<b>25</b> Total functional expenses. Add lines 1 through 24e	26,200,515.	24,960,509.	956,828.	283,178.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,481,206.	1	4,146,063.	
	<b>2</b> Savings and temporary cash investments .....	4,310,758.	2	3,146,776.	
	<b>3</b> Pledges and grants receivable, net .....	837,150.	3	6,953,897.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> 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 instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	15,575.	9	19,114.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 164,941.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 73,730.	9,239.	<b>10c</b> 91,211.	
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	17,516.	15	18,815.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,671,444.	16	14,375,876.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	343,133.	17	356,573.	
	<b>18</b> Grants payable .....	35,000.	18	2,635,376.	
	<b>19</b> Deferred revenue .....	108,826.	19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	486,959.	26	2,991,949.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	2,874,006.	27	2,974,695.	
	<b>28</b> Temporarily restricted net assets .....	3,310,479.	28	8,409,232.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	6,184,485.	33	11,383,927.		
<b>34</b> Total liabilities and net assets/fund balances .....	6,671,444.	34	14,375,876.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31,399,957.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	26,200,515.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,199,442.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,184,485.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,383,927.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

CIVIC VENTURES

Employer identification number

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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,778,680.	11,575,315.	3,260,406.	3,680,413.	9,893,708.	33,188,522.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	4,778,680.	11,575,315.	3,260,406.	3,680,413.	9,893,708.	33,188,522.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						22,977,875.
<b>6 Public support.</b> Subtract line 5 from line 4.						10,210,647.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	4,778,680.	11,575,315.	3,260,406.	3,680,413.	9,893,708.	33,188,522.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	35,677.	2,205.	5,166.	3,382.	9,756.	56,186.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						33,244,708.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,106,636.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	30.71 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	35.56 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Lined area for supplemental information input.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** CIVIC VENTURES **Employer identification number** 94-3274339

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under 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:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2016

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		164,941.	73,730.	91,211.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				91,211.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	31,399,957.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	31,399,957.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	31,399,957.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	26,200,515.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	26,200,515.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	26,200,515.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS. CURRENTLY, THE 2013 THROUGH 2015 INFORMATION RETURNS ARE OPEN AND SUBJECT TO EXAMINATION. IN MANAGEMENT'S JUDGMENT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2016 AND 2015.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

**CIVIC VENTURES**

Employer identification number

**94-3274339**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
VARIOUS-AVAILABLE UPON REQUEST P.O. BOX 29542 SAN FRANCISCO, CA 94129	94-3274339	501C3	20,373,851.	0.	CASH		ENCORE FELLOWSHIP NETWORK, NEW PRIZE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **93.**

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

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

Schedule I (Form 990) (2016)

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

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

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

PART I, LINE 2:

THE ORGANIZATION MAKES DISTRIBUTIONS TO ORGANIZATIONS IN THE FORM OF GRANTS. ANY GRANTEE IS REQUIRED TO SIGN A GRANT AGREEMENT THAT ACKNOWLEDGES THE ORGANIZATION'S AUTHORITY TO WITHHOLD 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 PURPOSES OF THE GRANT, TO RETURN ANY FUNDS NOT SO EXPENDED, AND TO SUBMIT REPORTS TO THE ORGANIZATION AT SPECIFIED INTERVALS REGARDING THE GRANTEE'S PROGRESS TOWARD ACHIEVING THE GRANT PURPOSES, AND AN ACCOUNTING OF HOW THE GRANT FUNDS WERE USED. WHEN

**Part IV** Supplemental Information

THE ORGANIZATION 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 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, OFFICERS OR TRUSTEES OF 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 A GRANTOR OR SUBSTANTIAL CONTRIBUTOR.

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**Civic Ventures, dba Encore.org**  
**Detail of Grants to Others**  
January through December 2016

Name of Organization	Address	Tax ID	IRC Section	Amount of cash grant	Amount of non-cash assistance	Method of valuation	Description of non-cash assistance	Purpose of Grant
501 Commons	Attn: Kerry Kozuki Pacific Tower, Ste 1101 1200 12th Ave S, Seattle WA 98144	94-3089631	501C3	261,000	-	CASH	-	Encore Fellowship Network
Abode Services	Attn: Maureen Vittoria 40849 Fremont Blvd Fremont, CA 94538	94-3087060	501C3	25,000	-	CASH	-	Encore Fellowship Network
All Breed Rescue & Training	Attn: Sara Simon 20 Mount View Lake, Suite C Colorado Springs, CO 80907	84-1325815	501C3	25,000	-	CASH	-	Encore Fellowship Network
Alzheimer's Association	Attn: Tessie Calligeros 2290 1st Street, Suite 101 San Jose, CA 95131	13-3039601	501C3	16,851	-	CASH	-	Encore Fellowship Network
American Leadership Forum	Attn: Bonnie Ferreria 1601 Response Road, Suite 350 Sacramento, CA 95815	91-1792774	501C3	1,861,000	-	CASH	-	Encore Fellowship Network
American Red Cross Eastern SC Chapter	Attn: Nanci Conley 3531 Pampas Drive Myrtle Beach, SC 29577	53-0196605	501C3	25,000	-	CASH	-	Encore Fellowship Network
Austin Groups for the Elderly	Attn: Joyce Lauck 3710 Cedar St., Box 2 Austin, TX 78759	74-2431028	501C3	25,000	-	CASH	-	Encore Fellowship Network
Austin Habitat for Humanity	Attn: Lori Steiner 500 W Ben White Blvd Austin, TX 78704	74-2373217	501C3	50,000	-	CASH	-	Encore Fellowship Network
Bandon Community Health Center	dba Coast Community Health Center Attn: Linda Maxon 1010 1st Street, Ste 110	94-3455260	501C3	25,000	-	CASH	-	Encore Fellowship Network
Boys & Girls Club of the Midlands	Attn: Alicia Genwright 500 Gracern Road Columbia, SC 29210	57-0399808	501C3	25,000	-	CASH	-	Encore Fellowship Network
Burning Man Project	Attn: Stuart Mangrum 660 Alabama Street San Francisco, CA 94110	45-2638273	501C3	25,000	-	CASH	-	Encore Fellowship Network
Camp Courageous	Attn: Shannon Poe 12007 190th Street Monticello, IA 52310	23-7210932	501C3	25,000	-	CASH	-	Encore Fellowship Network
Caritas of Austin	Attn: Laura DeGrush 611 Neches Austin, TX 78767	74-1909670	501C3	25,000	-	CASH	-	Encore Fellowship Network
CASA Child Advocates of Montgomery Co.	Attn: Ann McAlpin 412 W Phillips, Suite 107 Conroe, TX 77301	76-0333595	501C3	25,000	-	CASH	-	Encore Fellowship Network
Catholic Charities of Central Texas	Attn: Sara Ramirez 1625 Rutherford Lane Austin, TX 78754	74-2928450	501C3	25,000	-	CASH	-	Encore Fellowship Network
Catholic Charities of Sta Clara	Attn: Gregory Kepferle 2625 Zanker Road San Jose, CA 95134	53-0196617	501C3	25,000	-	CASH	-	Encore Fellowship Network
Charlotte County Habitat for Humanity	Attn: Mike Mansfield 1750 Manzana Avenue Punta Gorda, FL 33951	59-2870908	501C3	25,000	-	CASH	-	Encore Fellowship Network
Child Advocates of Silicon Valley	Attn: Karen Scussel 509 Valley Way Milpitas, CA 95035	77-0250773	501C3	25,000	-	CASH	-	Encore Fellowship Network
City of Fremont	Attn: Asha Chandra 3300 Capitol Avenue, PO Box 5006 Fremont, CA 94537-5006	94-6027361	501C3	5,000	-	CASH	-	New Prize
City of San Jose - Office of the Mayor	Attn: Khanh Russo 200 E Santa Clara St, 18th Floor San Jose, CA 95113	94-6000419	501C3	125,000	-	CASH	-	Encore Fellowship Network
Community Gatepath	Attn: Bryan Nieder 350 Twin Dolphin Drive #123 Redwood City, CA 94065	94-1156502	501C3	25,000	-	CASH	-	Encore Fellowship Network
Community Resources for Science	Attn: Teresa Barnett 1611 San Pablo Ave, Suite 10-B Berkeley, CA 94702	94-3262587	501C3	50,000	-	CASH	-	Encore Fellowship Network
Community School of Music and Arts	230 San Antonio Circle Mountain View, CA 94040	23-7023900	501C3	25,000	-	CASH	-	Encore Fellowship Network
Corona Symphony Orchestra	Attn: Don Kindred 2830 Via Mazatlan Corona, CA 92882	83-0510994	501C3	25,000	-	CASH	-	Encore Fellowship Network
Council on Aging for Henderson County	Attn: Wendy Billings 105 King Creek Blvd Hendersonville, NC 28792	56-0936674	501C3	25,000	-	CASH	-	Encore Fellowship Network
Crossroads School	Attn: Barb Bulthuis 402 Kimbark Street Longmont, CO 80501	27-1518112	501C3	25,000	-	CASH	-	Encore Fellowship Network
Curriki	Attn: Kim Jones 20660 Stevens Creek Blvd, #332 Cupertino, CA 95014	20-3478467	501C3	25,000	-	CASH	-	Encore Fellowship Network
Downtown College Prep	Attn: Jennifer Andaluz 1400 Parkmoor Avenue San Jose, CA 95125	77-0517240	501C3	25,000	-	CASH	-	Encore Fellowship Network
Educare California at Silicon Valley	Attn: Lisa Kaufman 1399 Santee Drive San Jose, CA 95122	45-5147937	501C3	25,000	-	CASH	-	Encore Fellowship Network
Education Foundation of Sarasota County	Attn: Jennifer Vigne 1960 Landings Blvd, Ste 120 Sarasota, FL 34231	59-2320858	501C3	25,000	-	CASH	-	Encore Fellowship Network
ELS for Autism Foundation	Attn: Liezl Els 18370 Limestone Creek Raod Jupiter, FL 33458	26-3520396	501C3	25,000	-	CASH	-	Encore Fellowship Network
ESC of New England	Attn: Donna Morelle 176 Federal Street, Suite 5C Boston, MA 02110	22-2815597	501C3	348,000	-	CASH	-	Encore Fellowship Network
Experience Matters	Attn: Sally Clifford 360 E. Coronado, Ste 170 Phoenix, AZ 85004	45-3788542	501C3	6,090,000	-	CASH	-	Encore Fellowship Network
Feeding Northeast Florida	Attn: Bruce Ganger 1116 Edgewood Ave North, Units D/E Jacksonville, FL 32254	46-5014769	501C3	25,000	-	CASH	-	Encore Fellowship Network
First Tee of Silicon Valley	Attn: George Maxe 1922 The Alameda, Suite 214 San Jose, CA 95126	46-3102278	501C3	25,000	-	CASH	-	Encore Fellowship Network
Florida Guardian ad Litem Foundation	Attn: Shirley Holland PO Box 10688 Tallahassee, FL 32302	45-0501348	501C3	25,000	-	CASH	-	Encore Fellowship Network
Fort Collins Creator Hub	Attn: Stepehn Undy PO Box 271094 Fort Collins, CO 80527	47-1443625	501C3	25,000	-	CASH	-	Encore Fellowship Network
Gateway Bible Church	Attn: Gretchen Schmitt 5000 Granite Creek Rd. Scotts Valley, CA 95066	94-2395602	501C3	25,000	-	CASH	-	Encore Fellowship Network
Great Salt Lake Council	Boy Scouts of America Attn: Vic Rowberry 525 Foothill Blvd	22-1576300	501C3	25,000	-	CASH	-	Encore Fellowship Network
Greater Nashua Habitat for Humanity	Attn: Leah Shuldiner 92 Main Street Nashua, NH 03060	02-0459739	501C3	(18,750)	-	CASH	-	Encore Fellowship Network
Habitat for Humanity Westside Merced Coun	Attn: Ashlee Williams 1209 6th Street Los Banos, CA 93635	91-1914868	501C3	25,000	-	CASH	-	Encore Fellowship Network
Home of Hope, Inc.	Attn: Nilima Sabharwal 190 Tobin Clark Drive Hillsborough, CA 94010	94-3342348	501C3	25,000	-	CASH	-	Encore Fellowship Network
HomeFirst Svcs of Santa Clara County	Attn: Leland Malkus 507 Valley Way Milpitas, CA 95035	94-2684272	501C3	25,000	-	CASH	-	Encore Fellowship Network
Ile Omode	Attn: Jahi Awakoaiye 8924 Holly Street Oakland, CA 94621	94-2919235	501C3	50,000	-	CASH	-	Encore Fellowship Network
Legal Assistance for Seniors	Attn: James Treggiani 1970 Broadway, Suite 300 Oakland, CA 94612	94-2941697	501C3	25,000	-	CASH	-	Encore Fellowship Network
LOEL Senior Center	Attn: Tracy Williams 105 S Washington Street Lodi, CA 95240	94-2412399	501C3	25,000	-	CASH	-	Encore Fellowship Network
Love Inc of Lake County	Attn: Carl Ball 339 Lakewood Avenue Waukegan, IL 60085	36-3975110	501C3	25,000	-	CASH	-	Encore Fellowship Network
March of Dimes	Attn: Robert Pinnix 101 Montgomery Street San Francisco, CA 94104	13-1846366	501C3	25,000	-	CASH	-	Encore Fellowship Network
MathAction	Attn: Kayla Kirsch 2323 Broadway Oakland, CA 94612	45-4718477	501C3	50,000	-	CASH	-	Encore Fellowship Network
Midpeninsula Community Media Center	Attn: Annie Folger 900 San Antonio Road Palo Alto, CA 94303	77-0095021	501C3	25,000	-	CASH	-	Encore Fellowship Network
MINDDRIVE	Attn: Paula Guinn 2615 Holmes Kansas City, MO 64108	27-3644498	501C3	25,000	-	CASH	-	Encore Fellowship Network
Mini-Cassia Shelter Inc.	P.O. Box 334 Rupert, ID 83350	47-4915738	501C3	25,000	-	CASH	-	Encore Fellowship Network
Mission Edge	Attn: Ken Davenport, CEO 2251 San Diego Avenue, Suite B-204 San Diego, CA 92110	27-2938491	501C3	154,000	-	CASH	-	Encore Fellowship Network

Civic Ventures, dba Encore.org  
Detail of Grants to Others  
January through December 2016

Name of Organization	Address	Tax ID	IRC Section	Amount of cash grant	Amount of non-cash assistance	Method of valuation	Description of non-cash assistance	Purpose of Grant
Oakland Leaf Foundation	Attn: Odiaka Gonzalez 7700 Edgewater Dr., Suite 818 Oakland, CA 94621	81-0565800	501C3	25,000	-	CASH	Encore Fellowship Network	
Palo Alto Medical Foundation	Attn: Kathleen Kelly 701 El Camino Real Mountain View, CA 94041	94-1156581	501C3	25,000	-	CASH	Encore Fellowship Network	
Panama City Rescue Mission	Attn: Jeannie Retherford 609 Allen Avenue Panama City, FL 32401	59-1580961	501C3	25,000	-	CASH	Encore Fellowship Network	
Playing at Learning	Attn: Jill Wilker 42668 Lerwick Street Fremont, CA 94539	20-1241878	501C3	25,000	-	CASH	Encore Fellowship Network	
Playing for Change Foundation	Attn: John McKenna 1221 Electric Avenue Venice, CA 90291	20-8568061	501C3	25,000	-	CASH	Encore Fellowship Network	
Playworks, Education Energized	Attn: Patricia O'Brien 2155 South Bascom Ave #201 Campbell, CA 95008	94-3251867	501C3	25,000	-	CASH	Encore Fellowship Network	
RAFT	Attn: Grainger Marburg 1355 Ridder Park Drive San Jose, CA 95131	77-0365627	501C3	50,000	-	CASH	Encore Fellowship Network	
Rescue Mission Alliance	Attn: Alan Cother 315 North A Street Oxnard, CA 93030	23-7278002	501C3	50,000	-	CASH	Encore Fellowship Network	
Reserve Elder Service, Inc.	633 3rd Avenue, 6th Floor New York, NY 10017	81-0665063	501C3	5,000	-	CASH	New Prize	
Rosicrucian Egyptian Museum	Attn: Lorraine Kalich 1342 Naglee Avenue San Jose, CA 95126	94-1156620	501C3	25,000	-	CASH	Encore Fellowship Network	
Save The Waves Coalition	Attn: Nik Strong-Cvetich PO Box 183 Davenport, CA 95017-0183	36-4515216	501C3	25,000	-	CASH	Encore Fellowship Network	
Second Harvest Food Bank	Santa Clara and San Mateo Counties Attn: Kathrine Jackson 750 Curtner Avenue	94-2614101	501C3	25,000	-	CASH	Encore Fellowship Network	
SIREN	Attn: Maricela Gutierrez 1415 Koll Circle, Suite 108 San Jose, CA 95112	77-0487468	501C3	25,000	-	CASH	Encore Fellowship Network	
Social Ventures Partners - Los Angeles	Attn: Judy Bamberger 8055 W. Manchester, Ave, Ste 405 Playa del Rey, CA 90293	51-0563566	501C3	29,000	-	CASH	Encore Fellowship Network	
Social Ventures Partners Portland	Attn: Mark Holloway 306 SW First Avenue, Suite 158 Portland, OR 97204	93-1310734	501C3	6,409,000	-	CASH	Encore Fellowship Network	
Sonoma Humane Society	Attn: Kiska Icard, Executive Director 5345 Highway 12 West Santa Rosa, CA 95407	94-6001315	501C3	25,000	-	CASH	Encore Fellowship Network	
Square One Education Network	Attn: Karl Klimek 26100 American Drive Suite 607 Southfield, MI 48034	38-2964312	501C3	25,000	-	CASH	Encore Fellowship Network	
St. Joseph Community Services Inc.	Attn: Maria Boren 395 Daniel Webster Hwy. Merrimack, NH 03054	02-0335003	501C3	18,750	-	CASH	Encore Fellowship Network	
Sunnyvale Community Services	Attn: Marie Bernard 725 Kife Road Sunnyvale, CA 94086	94-1713897	501C3	25,000	-	CASH	Encore Fellowship Network	
Super Stars Literacy, Inc.	Attn: Jennifer Graves 333 Heegenberger Road, Suite 503 Oakland, CA 94621	51-0666163	501C3	25,000	-	CASH	Encore Fellowship Network	
SV Leadership Group Foundation	Attn: Brian Brennan 2001 Gateway Place, Ste 101E San Jose, CA 95110	91-2140464	501C3	25,000	-	CASH	Encore Fellowship Network	
Team4Tech	Attn: Julie Clugage 425 Broadway St. Redwood City, CA 94063	46-1135641	501C3	25,000	-	CASH	Encore Fellowship Network	
Techbridge	Attn: Jennifer Wei 7700 Edgewater Drive, Ste 519 Oakland, CA 94621	27-4162514	501C3	50,000	-	CASH	Encore Fellowship Network	
The College of Idaho	Attn: Tim Otter 2112 Cleveland Blvd Caldwell, ID 83605	82-0200906	501C3	25,000	-	CASH	Encore Fellowship Network	
The Family Giving Tree	Attn Jennifer Cullenbine 606 Valley Way Milpitas, CA 95035	77-0284682	501C3	35,000	-	CASH	Encore Fellowship Network	
The Gratitude Network	Attn: Randy Haykin 349 Main Street, Suite 201 Pleasanton, CA 94566	45-3452029	501C3	25,000	-	CASH	Encore Fellowship Network	
The HDF Group	Attn: Steve Scopel 1801 S Oak Street Campaign, IL 61820	68-0600605	501C3	25,000	-	CASH	Encore Fellowship Network	
The Regents of The Univ. of California	Cashier's Office P.O. Box 989062 West Sacramento, CA 95798-9062	94-6036494	501C3	25,000	-	CASH	Encore Fellowship Network	
Tillamook Estuaries Partnership	Attn: Lisa Phipps 613 Commercial Street Garibaldi, OR 97118	02-0584357	501C3	25,000	-	CASH	Encore Fellowship Network	
Tri-Valley Housing Opportunity Center	Attn: David Muellenhoff 350 Sonic Avenue, 2nd Floor Livermore, CA 94551	20-8081482	501C3	25,000	-	CASH	Encore Fellowship Network	
United Way of Central New Mexico	Attn: Larry Alei 2340 Alamo Ave, SE 2nd Floor Albuquerque, NM 87106	85-0277138	501C3	2,900,000	-	CASH	Encore Fellowship Network	
United Way of El Paso County	Attn: Deborah Zuloaga 100 N Stanton, Suite 500 El Paso, TX 79901	74-1291051	501C3	25,000	-	CASH	Encore Fellowship Network	
United Way of Larimer County	Attn: Diane Hathaway 424 Pine St., Suite 102 Fort Collins, CO 80524	84-6031503	501C3	25,000	-	CASH	Encore Fellowship Network	
United Way of San Joaquin County	Attn: Andrew Prokop 401 East Main Street Stockton, CA 95202	94-1279805	501C3	25,000	-	CASH	Encore Fellowship Network	
United Way of Volusia-Flagler Counties	Attn: Dennis Burns 3747 W International Speedway Blvd Daytona Beach, FL 32124	59-1099774	501C3	25,000	-	CASH	Encore Fellowship Network	
Volunteers of America Colorado Branch	Attn: Carrie Olenick 2660 Larimer Street Denver, CO 80205	13-1692595	501C3	25,000	-	CASH	Encore Fellowship Network	
West Valley Community Services	Attn: Josh Selo 10104 Vista Drive Cupertino, CA 95014	94-2211685	501C3	25,000	-	CASH	Encore Fellowship Network	
WestEd	Attn: Steve Schneider 300 Lakeside Dr #25 Oakland, CA 94612	94-3233542	501C3	50,000	-	CASH	Encore Fellowship Network	
YWCA of Silicon Valley	375 S. 3rd Street San Jose, CA 95112	94-1186196	501C3	25,000	-	CASH	Encore Fellowship Network	
Zero1	Attn: Joel Slayton, Executive Director 1346 The Alameda #7-109 San Jose, CA 95126	77-0534962	501C3	10,000	-	CASH	Encore Fellowship Network	
<b>Grand Total</b>				<b>20,373,851</b>				

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CIVIC VENTURES**

Employer identification number

**94-3274339**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARC FREEDMAN CEO	(i)	296,422.	75,000.	0.	13,250.	18,335.	403,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANN MACDOUGALL PRESIDENT	(i)	228,558.	0.	0.	11,428.	3,125.	243,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARSHA N. WOODEN VP FINANCE & OPS	(i)	176,756.	0.	0.	8,982.	10,195.	195,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHYLLIS SEGAL VP PROGRAM	(i)	154,030.	0.	0.	7,731.	3,125.	164,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARCI ALBOHER VP COMMUNICATIONS	(i)	147,984.	0.	0.	7,766.	13,855.	169,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY PETERSON VP PROGRAM	(i)	147,536.	0.	0.	7,607.	11,275.	166,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JIM EMERMAN VP PROGRAM	(i)	142,125.	0.	0.	6,967.	3,125.	152,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GARY HUME DIRECTOR IT	(i)	133,640.	0.	0.	6,763.	11,691.	152,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

THE BOARD SUPPORTS THE CEO OF THE ORGANIZATION SERVING AS AN INTERNATIONAL SPOKESPERSON FOR THE ORGANIZATION AND ITS MISSION, AND CONSIDERS REGULAR TRAVEL AND PUBLIC SPEAKING TO BE A SIGNIFICANT PART OF THE CEO'S RESPONSIBILITY. AS SUCH, THE BOARD AMENDED ITS TRAVEL POLICY TO ALLOW THE CEO TO SELECT BUSINESS OR FIRST-CLASS AIR TRAVEL FOR FLIGHTS AS HE DETERMINES THE BUSINESS-RELATED SITUATION WARRANTS IT, BASED ON FLIGHT DURATION, AND FLIGHT AVAILABILITY AND SCHEDULE, AND THAT THE TRAVEL POLICY BE LIMITED TO THE CEO ONLY AND THAT THE AMENDMENT BE REVIEWED WHEN REVIEWING CEO COMPENSATION AND BENEFITS. ALL TRAVEL EXPENSES ARE PROCESSED ONCE TRAVEL IS COMPLETED AND ARE SUBJECT TO A WRITTEN REIMBURSEMENT REQUEST WITH PROPER SUBSTANTIATION.



**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

CIVIC VENTURES

Employer identification number

94-3274339

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CULTURAL NORM OF WHAT IS EXPECTED IN MIDLIFE AND BEYOND. WE ARE A HUB  
AND CHAMPION OF THE ENCORE MOVEMENT - TAPPING THE EXPERIENCE OF PEOPLE  
IN THE SECOND HALF OF ADULTHOOD TO SOLVE SOCIETY'S BIGGEST PROBLEMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 SOLVING SOCIETY'S GREATEST  
CHALLENGES, INCLUDING EDUCATION, THE ENVIRONMENT AND HEALTH CARE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GENERATION TO GENERATION (FORMERLY ENCORES FOR YOUTH) IS A NATIONAL  
CAMPAIGN DESIGNED TO MOBILIZE OLDER ADULTS TO DEDICATE THEIR TIME,  
TALENTS, AND EXPERTISE TO HELP CHILDREN THRIVE.

EXPENSES \$ 2,067,412. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization CIVIC VENTURES	Employer identification number 94-3274339
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THROUGH BOARD AND STAFF ORIENTATIONS, BY ANNUAL WRITTEN DISCLOSURES 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 OR POTENTIAL CONFLICTS AT THE TIME ANY BOARD RESOLUTION IS CONSIDERED AND ADOPTED.

FORM 990, PART VI, SECTION B, LINE 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 COMPILED 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 990'S . IN ADDITION, THE BOARD OF DIRECTORS REVIEWS AND APPROVES AN ANNUAL PERSONNEL PLAN AND PAYROLL BUDGET, INCLUDING ANY BUDGETED BONUS, MERIT OR COLA INCREASES.

FORM 990, PART VI, SECTION C, LINE 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.