Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning and e	ending				
	heck if pplicable	C Name of organization		D Employer identific	cation number		
	Addres	VENTURE					
	Name change	Doing business as		41-17201	55		
	Initial return Final return/	511 FAST TRAVELERS TRATE.	Room/suite	E Telephone number 952-886-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 9,665,233.				
	Ameno			H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: KIAN SKOOG		for subordinates	? Yes X No		
	pendin	1/10/ KIRBEN AVE, LAKEVILLE, MN 55044		H(b) Are all subordinates in	cluded? Yes No		
<u> 1 T</u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1) o	r 527	If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemption			
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1992 N	1 State of legal domicile; MN		
-	1	Briefly describe the organization's mission or most significant activities: WE SP	END O	UR GREATEST	ENERGY ON		
Governance		THE WORLD'S GREATEST NEEDS AS AN ACTIVE RE					
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u>9</u> 5		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4			
es 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	11		
Λįţį		Total number of volunteers (estimate if necessary)			3278		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.		
		2		Prior Year	Current Year		
ě	l	Contributions and grants (Part VIII, line 1h)		6,079,477.	7,430,587.		
Revenue	l	Program service revenue (Part VIII, line 2g)		-60,265 .	135,888. 87,706.		
Вe		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-14,008.	-9,597 .		
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,005,204.	7,644,584.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,629,903.	4,782,696.		
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4)		777,995.	1,109,887.		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Sen	h	Total fundraising expenses (Part IX, column (D), line 25) 258, 35		· ·	•		
ĔŽ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,570,616.	1,665,208.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,978,514.	7,557,791.		
	I	Revenue less expenses. Subtract line 18 from line 12		26,690.	86,793.		
or es			Ве	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,281,229.	4,464,155.		
Ass J Ba	21	Total liabilities (Part X, line 26)		262,049.	229,823.		
Flet	22	Net assets or fund balances. Subtract line 21 from line 20		4,019,180.	4,234,332.		
Pa	ırt II	Signature Block					
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer	has any knowledge.			
Sigr		Signature of officer		Date			
Her	е	RYAN SKOOG, PRESIDENT, CEO					
		Type or print name and title	1.5	Ooto Lau E	DTIN		
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		LANCE R. MADSON		1/13/24 self-employe			
	arer	Firm's name BOULAY PLLP		Firm's EIN 4	1-0887288		
use	Only	Firm's address 11095 VIKING DRIVE-STE 500		DI 0.5	2 002 0220		
		EDEN PRAIRIE, MN 55344		Phone no. 95	2-893-9320		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

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6,813,434.

including grants of \$

3

Total program service expenses

Other program services (Describe on Schedule O.)

) (Revenue \$

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Form 990 (2023) VENTURE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	├°		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩.
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 41	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	-
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٦,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 1		1

Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	26			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			10	x	

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Paı	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
	1	1		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	L_
За			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
	were not tax deductible?		6b		_
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		X
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		_
10	Section 501(c)(7) organizations. Enter:	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncome?	16		X

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	9								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х						
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?		Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ı							
	This doctor b regulate information about policies has required by the internal neverted doctor		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	120	X							
13	Did the organization have a written whistleblower policy?		Х							
14	Did the organization have a written document retention and destruction policy?		Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization									
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure		ı							
17	List the states with which a copy of this Form 990 is required to be filed MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s onlv) availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	, ,								
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial							
=	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									
	RYAN SKOOG - 952-886-7676									
	17167 KIRBEN AVE, LAKEVILLE, MN 55044									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((C)	•		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per	box	unles	ss per	rson i	s both	n an tee)	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal trı		loyee	om pe		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAUL HURCKMAN	40.00	드	드	0	호	工品	Œ			
EXECUTIVE DIRECTOR		Х		Х				114,122.	0.	0.
(2) KRISTEN WILLARD	40.00									
MEMBER		Х						89,569.	0.	0.
(3) TIM SKOOG	5.00									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(4) RYAN SKOOG	5.00									
PRESIDENT, CEO		Х		Х				0.	0.	0.
(5) BRAD AHLM	5.00									
TREASURER		Х		Х				0.	0.	0.
(6) TERRY BOYNTON	5.00									
MEMBER		Х						0.	0.	0.
(7) SETH NIELSEN	5.00									
MEMBER		Х						0.	0.	0.
(8) TERRY LIJEWSKI	5.00	1							_	_
MEMBER		Х						0.	0.	0.
(9) ANDREA LATHROP	5.00	ļ								
MEMBER	-	Х						0.	0.	0.
-	L	1	<u> </u>	<u> </u>	<u> </u>		1			- 000 (aaaa)

Form 990 (2023)

Form 990 (2023) VENTURE									41-17	2015	55 F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not c	ss per	ition more son i	than o s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	(F) Estimat amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)			
1b Subtotal								203,691.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A							203,691.		0.		0.
Total number of individuals (including but n compensation from the organization										<u> </u>		1
Did the organization list any former officer,	director trust	ee k	ev e	mnl	ove	e or	hia	hest compensated emp	lovee on		Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su	uch individual										3	Х
and related organizations greater than \$150Did any person listed on line 1a receive or a),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .		<u></u>			5	Х
Complete this table for your five highest countered the organization. Report compensation for the organization.										ensatio	n from	
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	Con	(C) npensatio	on
Total number of independent contractors (ii)	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					C			· 		Fo	orm 990	(2023)

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VENTURE

Form 990 (2023) VENTURE
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		·	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10 10	4	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
چ و		Membership dues 1b	222.066				
ts,		Fundraising events 1c	332,066.				
를 돌		d Related organizations 1d					
ini		e Government grants (contributions)					
ΪŜ	1	f All other contributions, gifts, grants, and					
the state		similar amounts not included above 1f	7,098,521.				
ΞÓ		Noncash contributions included in lines 1a-1f	2,475,423.				
a S		n Total. Add lines 1a-1f		7,430,587.			
			Business Code				
	2	REGISTRATION FEES	713990	135,888.	135,888.		
Program Service Revenue	_			= 11 / 1111			
ne A							
n S							
<u>ra</u>		d					
5		e					
<u>م</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f		135,888.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		59,867.			59,867.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6						
		a Gross rents 6a 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)	(::\ Other:				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,028,891.	10,000.				
	-	b Less: cost or other basis					
e		and sales expenses 7b 2,011,052.	0.				
ther Revenue		Gain or (loss) 7c 17,839.	10,000.				
Re		d Net gain or (loss)		27,839.			27,839.
ē	8	a Gross income from fundraising events (not					
₽		including \$ 332,066. of					
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
		b Less: direct expenses 8b	9,597.				
		Net income or (loss) from fundraising events	, -	-9,597.			-9,597.
		a Gross income from gaming activities. See					,
	9						
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
<u>"</u> T			Business Code				
snc	11 :	a [
Miscellaneous Revenue		<u> </u>					
ella Ver							
Be		d All other revenue					
Σ							
		Total rayanua See instructions		7,644,584.	135,888.	0.	78,109.
	12	Total revenue. See instructions		,,0==,004.	1 133,000.	ı .	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

332009 12-21-23

Form **990** (2023)

Form 990 (2023) VENTURE Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	330,460.	330,460.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	174,994.	174,994.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,277,242.	4,277,242.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	203,691.	138,163.	46,648.	18,880
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	858,267.	582,160.	196,555.	79,552
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	45.000	25 245	11 222	
10	Payroll taxes	47,929.	35,947.	11,982.	
11	Fees for services (nonemployees):	05 100		10 550	
а	Management	27,100. 6,673.	7,350. 6,673.	19,750.	
b	Legal		6,673.	62.400	
С	Accounting	65,809.	2,400.	63,409.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	14 002		14 002	
f	Investment management fees	14,093.		14,093.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	59,272.	31,560.	6,679.	21,033
12	Advertising and promotion	11,080.	5,113.	3,380.	21,033
13	Office expenses	116,583.	44,744.	36,909.	34,930
14	Information technology	110,303.	44,/44•	30,303.	34,330
15	Royalties	27,733.	4,836.	22,897.	
16	Occupancy	21,133.	4,030.	22,057.	
17	Travel Payments of travel or entertainment expenses				
18	,				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	33,155.	7,316.	24,463.	1,376
19 20		33,133.	,,,,,,,,,	24,403.	1,510
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,530.	93,841.		1,689
23	Insurance	85,128.	66,711.	18,417.	_,005
23 24	Other expenses. Itemize expenses not covered	23,2231	50,,210	= 3 , = 2	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TOUR EXPENSES	536,695.	536,695.		
b	MISSION EXPENSES	382,460.	382,460.		
c	BANK FEES	59,109.	7,196.	1,853.	50,060
d	FUNDRAISING EVENT EXPEN	44,231.	16,261.	,	27,970
	All other expenses	100,557.	61,312.	18,972.	20,273
25	Total functional expenses. Add lines 1 through 24e	7,557,791.	6,813,434.	486,007.	258,350
26	Joint costs. Complete this line only if the organization		,	,	,
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

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VENTURE

Form 990 (2023) Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,004,980.	1	2,306,425
	2	Savings and temporary cash investments				2	611,801
	3	Pledges and grants receivable, net		112,000.	3	35,720	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per				
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
ပ္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			195,955.	8	157,553
¥	9	B			44,025.	9	24,775
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	385,014.			
	b	Less: accumulated depreciation	219,070.	181,588.		165,944 1,145,437	
1	11	Investments - publicly traded securities	1,726,181.	11	1,145,437		
1	12	Investments - other securities. See Part IV, line		12			
1	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets	16,500.	14	16,500		
1	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			4,281,229.	16	4,464,155
1	17	Accounts payable and accrued expenses			66,094.	17	72,270
1	18	Grants payable	195,955.	18	157,553		
1	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
န္မ 2	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u> </u>		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	-			24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D			262 040	25	229,823
- 2	26	Total liabilities. Add lines 17 through 25			262,049.	26	229,823
ဖွ		Organizations that follow FASB ASC 958, che	eck nere				
ے ا	07	and complete lines 27, 28, 32, and 33.			953,366.	07	1,627,818
<u>a</u>	27 20	Net assets without donor restrictions			3,065,814.	27	2,606,514
8 2 5 2	28	Net assets with donor restrictions			3,003,014.	28	2,000,314
5		Organizations that do not follow FASB ASC 9					
ے ا	00	and complete lines 29 through 33.			00		
st 3	29 20	Capital stock or trust principal, or current funds				29	
\SS(30 24	Paid-in or capital surplus, or land, building, or en				30	
ا ب	31 22	Retained earnings, endowment, accumulated in			4,019,180.	31	4,234,332
- 1	32 33	Total net assets or fund balances			4,281,229.	32	4,464,155
	33	Total liabilities and net assets/fund balances			1 ,401,443.	აა	Form 990 (202

41-1720155 Page **12** VENTURE Form 990 (2023)

	rt XI Reconciliation of Net Assets				9 -
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,64	4,5	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,55	7,7	91.
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,01	9,1	80.
5	Net unrealized gains (losses) on investments	5	12	8,3	59.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,23	4,3	<u>32.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Inspection

Open to Public

OMB No. 1545-0047

Name of the organization Employer identification number **VENTURE** 41-1720155

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1	\bigcap	A church, convention of ch	•		-	•	I)(A)(i).	
2		A school described in sect				` ` ` ` `		
3	一	A hospital or a cooperative		· ·		/b)(1)(A)(ii	i).	
4	Ħ	A medical research organiz						the hospital's name
7	ш	city, and state:	anon operated in con	njanotion with a noophal	GCCCTIDGG	000110	11 17 0(B)(1)(A)(III). Emoi	the respitate riams,
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	wernmental unit describe	ed in
5				nege of university owned	or operati	ed by a go	verninental unit describi	eu III
_	$\overline{}$	section 170(b)(1)(A)(iv). (C						
6	\	A federal, state, or local gov	-					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	-					
а		Type I. A supporting orga	* *					aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_		
		organization. You must o			majority o	in the direct	toro or tradecood or the ot	зррогинд
b		Type II. A supporting org	-		ion with its	e eunnorte	nd organization(s) by hav	/ina
		control or management o	•					-
		-			arrie persor	iis iiiai coi	nition of manage the supp	ported
		organization(s). You mus			in connect	مطانيي مما	and functionally integrate	ad with
С			-				• •	eu witti,
_		its supported organization		·				
d			= ::				• • • • • •	
		that is not functionally int	-		•		•	veness
		requirement (see instructi	•					
е							Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f		er the number of supported of	-					
<u>g</u>		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
		organization		above (see instructions))	Yes	No		cappert (coe metractions)

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Schedule A (Form 990) 2023

VENTURE

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5194165.	4031269.	6470538.	6079477.	7430587.	29206036.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5194165.	4031269.	6470538.	6079477.	7430587.	29206036.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1415416.
6	Public support. Subtract line 5 from line 4.						27790620.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	5194165.	4031269.	6470538.	6079477.	7430587.	29206036.
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		7.	68,075.	61,036.	59,867.	188,985.
9	Net income from unrelated business			•	·	•	<u> </u>
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						29395021.
	Gross receipts from related activities,	etc (see instruction	ins)			12	169,089.
	First 5 years. If the Form 990 is for the			ourth or fifth tax v			
	organization, check this box and stor	-		· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	94.54 %
	Public support percentage from 2022					15	92.34 %
	33 1/3% support test - 2023. If the					ore, check this bo	
	stop here. The organization qualifies						T
b	33 1/3% support test - 2022. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	•		
h	10% -facts-and-circumstances test	-	-		-		
~	more, and if the organization meets the	•				•	. = , 0 0,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization				•		
	ato roundation. Il tile organizatio	ala not oncon a l	55% OIT III 10 10, 108	., .OD, 17a, O1 17D	, or look trill box at		/Farm 000\ 0002

Schedule A (Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	, ,	` '	` '			,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
				•			
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						nd
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

41-1720155 Page 4

Schedule A (Form 990) 2023

VENTURE

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ıle A (Forn	n 990)	2023

332024 12-21-23

Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	tion of type i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

41-1720155 **VENTURE** Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

VENTURE

41-1720155

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\\\$\\\$\\\	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 216,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

VENTURE

41-1720155

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD PACKS - FORTIFIED RICE & SOY PROTEIN MEAL		
3			
		\$\$,475,423.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
3/153 12-26		\$	Schedule B (Form 990) (20

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** VENTURE 41-1720155 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number VENTURE 41-1720155

Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization's property, subject to the organization's exclusive legal control? Port or charitable purposes and not for the benefit of the donor or donor advisors or organization from 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Conservation Gasements held by the organization or education) Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of open space Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I total number of conservation easements Did lacreage restricted by conservation easements in cluded on line 2a decided on	Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
2 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements 2a Description 2b Descr		organization answered Tes Off Offi 990,1 artiv, line		(b) Funds and other accounts
2 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements 2a Description 2b Descr	1	Total number at end of year		
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Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Itel at the End of the Tax Y 2a			. —	
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of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public		Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.	
	1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and b	palance sheet works
		of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in furthe	rance of public
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and balar	nce sheet works of
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,		art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
provide the following amounts relating to these items.				
(i) Revenue included on Form 990, Part VIII, line 1		(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	2	If the organization received or held works of art, historical treat	sures, or other similar assets for financial gair	n, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:		·	_	
a Revenue included on Form 990, Part VIII, line 1				
b Assets included in Form 990, Part X \$	b			\$

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

Schedule D (Form 990) 2023

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		385,014.	219,070.	165,944.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. line 1	0c. column (B))		165,944.

Schedule D (Form 990) 2023

a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or end	-of-vear market value
Eta analist ataut setti sa	(b) Book value	(b) Metrica of Valuation. Cost of one	or your market value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
D)			
(E)			
(F)			
(G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Port IV line	11a Cas Form 000 Part V line 12	
(a) Description of investment	(b) Book value		of year market value
· · · · · · · · · · · · · · · · · · ·	(b) book value	(c) Method of valuation: Cost or end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets			
Other Assets Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [2] (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of (a) [1] (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of the organization and the organization a		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of the organization and the organiz	Description		(b) Book value
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
Complete if the organization answered "Yes" of the	Description (B))		
Complete if the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" of the organization and the organization a	Description (B))		
Complete if the organization answered "Yes" of (a) [a]	Description (B))		
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. (art X) Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description (B))		
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2)	Description (B))		
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3)	Description (B))		
Complete if the organization answered "Yes" of (a) [a]	Description (B))		
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description (B))		
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. (art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description (B))		
Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description (B))		
Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. (art X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description (B))		

Schedule D (Form 990) 2023

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12		Revenue per Re	turn	
1	Takah ang			1	7,827,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			'	7,027,4324
a	Net unrealized gains (losses) on investments	2a	128,359.		
b	Donated services and use of facilities		78,602.	-	
c	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	206,961.
3	Subtract line 2e from line 1			3	206,961. 7,620,491.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,093.		
b	Other (Describe in Part XIII.)		14,093. 10,000.		
	Add lines 4a and 4b			4c	24,093.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	24,093. 7,644,584.
Par	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returr	ו
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				7 (10 200
1	Total expenses and losses per audited financial statements			1	7,612,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	70 602		
а	Donated services and use of facilities		78,602.	-	
b	Prior year adjustments			-	
c d	Other losses Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	78 602.
3	Subtract line 2e from line 1			3	78,602. 7,533,698.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				.,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,093.		
	Other (Describe in Part XIII.)		14,093. 10,000.		
	Add lines 4a and 4b			4c	24,093.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	24,093. 7,557,791.
Par	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			; Part >	ζ, line 2; Part ΧΙ,
PAR	T X, LINE 2:				
THE	ORGANIZATION IS A NONPROFIT ENTITY AND,	THEREFO	RE, IS EXE	мрт	FROM
FED	ERAL AND STATE INCOME TAXES UNDER SECTION	501(C)	(3) OF THE	IN	<u> </u>
REV	ENUE CODE AND APPLICABLE STATE STATUTES.	DUE TO	ITS EXEMP	T S	TATUS, THE
ORG	ANIZATION DOES NOT HAVE ANY SIGNIFICANT T	AX UNCE	ERTAINTIES	THA	r WOULD
REÇ	UIRE DISCLOSURE.				
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
REA	LIZED GAIN FROM THE SALE OF FIXED ASSETS				10,000.
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:				
					40.000
	LIZED GAIN FROM THE SALE OF FIXED ASSETS			Schoo	10,000. Jule D (Form 990) 2023
332054	09-28-23			Scried	iuie D (FULITI 990) 2023



SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identif	fication number
VENTURE					41-172015	5.5
	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other a		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance? <u> </u>	Yes No
~	ribe in Part V the	e organization's _l	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
United States.	aa fallaiaa Dad	l line O table se				
3 Activities per Region. (TI (a) Region	(b) Number of		n be duplicated if additional space is n		vity listed in (d)	(f) Total
(a) Hogien	offices	`employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	1	specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
SOUTH ASIA -						
AFGHANISTAN,						
BANGLADESH, BHUTAN,						
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	MISSION SUP	PORT	992,735.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,				MISSION AND	REFUGEE	
CAMBODIA,	0	0	PROGRAM SERVICES	SUPPORT		3,169,507.
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,						
BOTSWANA, BURKINA			DDOGDAM GEDALIGE	WI GGION GUD	DOD#	60.000
FASO,	0	0	PROGRAM SERVICES	MISSION SUP	PORT	68,000.
EUROPE - TURKEY	0	0	PROGRAM SERVICES	MISSION SUP	PORT	47,000.
						1
3 a Subtotal	0	0				4,277,242.
b Total from continuation		-				1,2,7,242.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				4,277,242.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	REFUGEE SUPPORT	342,257.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	FEEDING	2554024.		0.	FOOD	
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	REFUGEE SUPPORT	16,336.	WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	REFUGEE SUPPORT	17,000.	WIRE	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	ANTI TRAFFICKING	183,500.	WIRE	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	REHAB & REFUGEE					
		BHUTAN, INDIA,	SUPPORT	12,000.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MISSION SUPPORT	68,000.	WIRE	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	ANTI TRAFFICKING	87,503.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Page 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of (c) Number of (d) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance EAST ASIA AND THE PACIFIC -AUSTRALIA, BRUNEI, BURMA MISSION SUPPORT & FEEDING 129,890. CHECK 0. MISSION SUPPORT & FEEDING SOUTH ASIA 126,894. CHECK 0 MISSION SUPPORT & FEEDING EUROPE - TURKEY 47,000. CHECK 0.

 Schedule F (Form 990) 2023
 VENTURE
 41-1720155
 Page 4

 Part IV | Foreign Forms

rait	IV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the o	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corp	poration (see the Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S.	. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the o	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cert	tain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund	d (see the Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the o	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fore	eign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did	the organization have any operations in or related to any boycotting countries during the tax year? If		

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Yes X No

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
MONTHLY COMMUNICATION IS REQUIRED FROM THE GRANT RECIPIENT AS TO THE
PROGRESS OF THE PROGRAM, PROJECT, OR TRAINING INITIATIVE. PICTURES AND
DOCUMENTARY EVIDENCE ARE REQUIRED. THERE IS AN ANNUAL ON-SITE
INSPECTION FROM A MEMBER OF THE STAFF OR BOARD MEMBERS TO GAIN
FIRST-HAND VERIFICATION AS TO THE PROPER USE OF FUNDS. WHEN NO ON-SITE
VISIT IS POSSIBLE ANNUALLY, EXTRA DOCUMENTATION OF THE PROJECT VIA
PERSONAL CONTACT, COMMUNICATION, AND PICTURES OR DOCUMENTARY EVIDENCE
WILL SUFFICE. RECEIPTS MUST BE OBTAINED BY THE GRANTEE IN ACCORDANCE
WITH ESTABLISHED ACCEPTABLE FORMS OR RECEIPTS AS ESTABLISHED BY THE
IRS.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

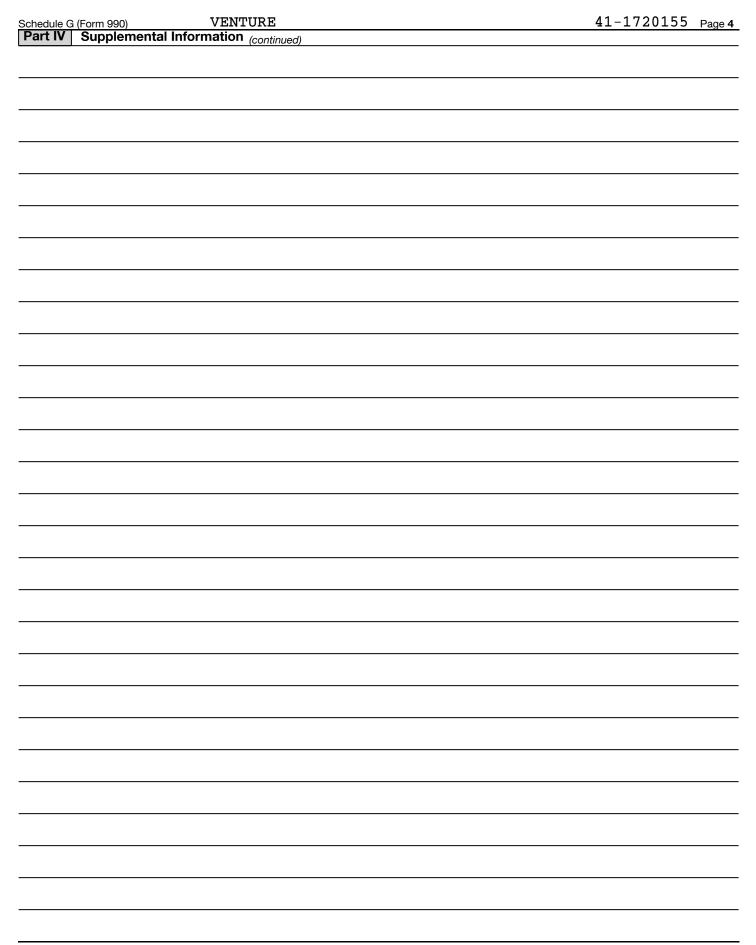
vame of the organization VENTURE						41-1720	ntification number 155		
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1				
required to complete this par									
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations 	e Solicitat f Solicitat	tion of	non-g gover	overnment grants nment grants					
c Phone solicitations d In-person solicitations	g Special	lullula	aisirig	events					
2 a Did the organization have a written of	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	ofessi	onal fu	undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of from activi		(iv) Gross receipts from activity	tò (d) Amount paid (or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No						
Γotal									
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration		

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

Schedule G (Form 990) 2023

Pa					IV, line 18, or reported	
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	332,066.			332,066.
	2	Less: Contributions	332,066.			332,066.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ey	7	Food and beverages	2,500.			2,500.
۵	8	Entertainment	388.			388.
		Other direct expenses	6,709.			6,709.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			9,597.
	11	Net income summary. Subtract line 10 from li				-9,597.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
\exists	1	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	s 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		gaming moonie dammary. Gabitaet IIIIe 7				
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
		the organization licensed to conduct gaming ac No," explain:		states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	ear?	Yes No
	_					

Sch	edule G (Form 990) 2023 VENTURE 41-1	. / <u>/ / U</u>	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
С	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	t III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization VENTURE							Employer identification number $41-1720155$
Part I General Information on Grants an	d Assistance						11 1/20133
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's proc 	ance?				-		
Part II Grants and Other Assistance to D recipient that received more than \$5	omestic Organ	nizations and Domesti	c Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ICCM							
770 N. HIGH SCHOOL RD							
INDIANAPOLIS, IN 46214		501(C)(3)	0.	34,614.			ANTI TRAFFICKING
SPEED THE LIGHT 8405 PULSAR PLACE COLUMBUS, OH 43240		501(C)(3)	0.	259,712.			ANTI TRAFFICKING
THE REEL HOPE PROJECT 2909 S WAYZATA BLVD #11 MINNEAPOLIS, MN 55405		501(C)(3)	0.	29,749.			FOOD SECURITY
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations	•	•	le line 1 table				

41-1720155 VENTURE Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance MISSIONARY SUPPORT 0. 174,994. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go t	o wwv	w.irs.gov/Forn	1990 fo	or insti	ructions and the lat	test inform	ation.			In	spect	ion	
Name of the organization	n								Em	ployer	r ident	ificati	on nu	mber
	VENTURI										201	55		
Part I Excess I	Benefit Trans	actio	ns (section 5	01(c)(3), secti	on 501(c)(4), and se	ction 501(c)	(29) orga	ınizatio	ns on	ly)			
Complete i	f the organization	answe	ered "Yes" on	Form 9	90, Pa	ırt IV, line 25a or 25b	; or Form 9	90-EZ, P	art V, I	ine 40	b			
1 (a) Name of disqual	ified person	(b) Re	elationship bet		•	ified (c) Descripti	on of trar	nsactio	n		<u> </u>		cted?
			person and o	ryariiza	ılıori		., .					Yes		No
(1)												+	\dashv	
(2)												-		
<u>(3)</u> <u>(4)</u>													-+	
(5)														
(6)													-	
2 Enter the amount o	of tax incurred by	the ord	ganization man	agers	or disa	ualified persons dur	ing the veal	r under				-		
section 4958	-	•		•						\$				
3 Enter the amount o														
			•											
Part II Loans to	and/or From	ıInte	rested Per	sons										
Complete i	f the organization	answe	ered "Yes" on	Form 9	90-EZ,	Part V, line 38a, or	Form 990, I	Part IV, lii	ne 26;	or if th	ne orga	anizati	on	
reported ar	n amount on Forn	า 990,	Part X, line 5,	6, or 22	2.									
(a) Name of			proved ard or	d or agreement										
interested person	with organiz	zation	of loan		zation?	principal amount			defa	ault?		nittee?	agree	_
				То	From				Yes	No	Yes	No	Yes	No
<u>(1)</u>				<u> </u>							—			-
(2)				1							├ ─			-
(3)											\vdash			
(4)				1							\vdash	-		-
(5)				1							+-			
(6)											\vdash			
<u>(7)</u> <u>(8)</u>				1							+			
(9)														
(10)														
Total	<u>'</u>	<u></u>				\$								1
Part III Grants of	r Assistance	Bene	efiting Inter	estec	l Per	sons								
Complete i	f the organization	answe	ered "Yes" on	Form 9	90, Pa	ırt IV, line 27.								
(a) Name of intere	sted person	(t) Relationship	betwe	en	(c) Amount of		(d) Type	of		(е) Purp	ose o	f
			interested pers		d	assistance		assistan	ice		;	assist	ance	
			the organiz	ation										
		1												
(2)														
(3)		+												
(4)		+								\dashv				
(5)										+				
(6)		+								_				
(7)														

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

Schedule L (Form 990) 2023

(8) (9) (10)

Part IV	Business Transactions Involvi	ng Interested Per	sons					<u> </u>
	Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 28a, 28	b, or 28c.				
(a) Name of interested person					(d) Description of transaction	(e) Sha organiz reven	ues?
(A) CENT	IDAM TMC	SUBSTANTIAL CONTRIB 277,102. SALARIES						No X
		SUBSTANTIAL				RENT EXPENS		X
(3)	.RAV INC.	BODSTANTIAL	CONTRIB	22,	091.	KENI EXPENS		
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10) Part V	Supplemental Information							
i ait v	Provide additional information for respo	nses to questions on S	Schedule I. See i	nstructions				
	1 Tovido additional impirmation for respe	noco to questiono on c	oriedale E. Gee i	noti dotiono.				
SCH L,	PART IV, BUSINESS TH	RANSACTIONS	INVOLVIN	G INTER	ESTE	D PERSONS:		
(A) NA	ME OF PERSON: CENTRA	/ INC.						
	LATIONSHIP BETWEEN IN		RSON AND	ORGANI	ZATI	ON:		
	NTIAL CONTRIBUTOR							
		UTOM. CATART	EC AND O	MUED DII	CTNE	CC EVDENCEC		
(D) DE	SCRIPTION OF TRANSACT	TION: SALARI	ES AND O	THER BU	SINE	SS EXPENSES		
(A) NA	ME OF PERSON: CENTRA	7 TNC						
				000111				
	LATIONSHIP BETWEEN IN	NTERESTED PE	RSON AND	ORGANI	ZATT	ON:		
SUBSTA	NTIAL CONTRIBUTOR							
(D) DE	SCRIPTION OF TRANSACT	rion: RENT E	XPENSE					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

VENTURE Employer identification number 41-1720155

Par	ti Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts report Form 990, Part VII	ed on		(d) Method of det cash contribut		_	3
1	Art - Works of art			,	, ,					
	Art - Historical treasures									
	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
	Securities - Publicly traded									
9 10	Securities - Closely held stock									
	Securities - Partnership, LLC, or									
11	• • • • • • • • • • • • • • • • • • • •									
12	trust interests Securities - Miscellaneous									
13	Qualified conservation contribution -									
13	I Pata da atmostrara									
14	Qualified conservation contribution - Other									
 15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	Х	33	2,475,	423.	FAIR	MARKET	VAI	JUE	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
	Archeological artifacts									
25	Other (DONATED AIRFARE)	Х	1	39,	,000.	FAIR	MARKET	VAI	JUE	
26	Other (DONATED RENT)	X	1	22,	,897.	FAIR	MARKET	VAI	LUE	
27	Other (DONATED EXPENSE)	X	1	16,	705.	FAIR	MARKET	VAI	JUE	
28	Other ()									
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ementL	29					
									Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that	t it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to	be used f	or				
	exempt purposes for the entire holding period?							30a		_X_
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance po	olicy that re	quires the review of	of any nonstandard	contribut	ions?		31		<u> </u>
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell i	noncash					
	contributions?							32a		_X_
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column ((a) is chec	ked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

VENTURE

Employer identification number 41-1720155

V21(101)2
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPERIENCE GENERATIONAL TRANSFORMATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BUSINESSES AND CHURCHES, OR UTILIZE MILES (VENTUREMILES.ORG) TO RAISE
FUNDS AND CREATE AWARENESS.
IN ADDITION, WE ARE SHARING WITH THE CHURCH IN THE US WHAT WE HAVE
LEARNED FROM THE GLOBAL CHURCH TO LAUNCH DISCIPLE-MAKING MOVEMENTS THAT
HAVE TRANSFORMED COMMUNITIES WORLDWIDE.
FORM 990, PART VI, SECTION A, LINE 2:
TIM SKOOG AND RYAN SKOOG ARE FATHER AND SON.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ENTIRE BOARD OF DIRECTORS MUST VOTE TO ELECT AND APPROVE NEW MEMBERS TO
THE BOARD.
FORM 990, PART VI, SECTION A, LINE 7B:
HIRING, FIRING, CAPITAL EXPENDITURES OVER \$1,000, DEBT OR FINANCING, AND
ISSUES RELATED TO THE STRATEGIC PLAN OF THE ORGANIZATION ARE SUBJECT TO
APPROVAL BY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY THE FINANCIAL COMMITTEE OF THE BOARD OF DIRECTORS,
THE BOARD PRESIDENT, THE EXECUTIVE DIRECTOR, THE INDEPENDENT ACCOUNTANT,

11491115 400318 101786

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization VENTURE Employer identification number 41-1720155

AND AN OUTSIDE FINANCIAL ADVISOR.

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

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B.) HAS READ AND UNDERSTANDS THE POLICY, C.) HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN D.) ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR. IF AT ANY TIME DURING THE YEAR THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REVIEWS COMPENSATION COMPARABILITY DATA FOR ORGANIZATIONS

OF A SIMILAR SIZE IN A SIMILAR FIELD. THE ORGANIZATION'S POLICY IS TO MAKE

SURE THAT COMPENSATION IS ROUGHLY EQUAL TO THE MEAN IN THE RANGE OF

COMPARABLE ENTITIES. A VOTING MEMBER OF THE BOARD OF DIRECTORS WHO

RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION IS

PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.

A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION

MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE

ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO

2023.05000 VENTURE

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization 41-1720155 **VENTURE** THAT MEMBER'S COMPENSATION. NO VOTING MEMBER OF THE BOARD OR ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE UPON REQUEST. PART XII, LINE 2C EXPLANATION THE PROCESS FOR SELECTING AND OVERSEEING THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.