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CLIENT'S COPY

### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

**DECEMBER 31, 2018** 

### PREPARED FOR:

VENTURE 511 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337

### PREPARED BY:

BOULAY PLLP 7500 FLYING CLOUD DRIVE, SUITE #800 MINNEAPOLIS, MN 55344

### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

### RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

### **SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2019

### Form 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-1878	

For calendar year 2018, or fiscal year beginning

, 2018, and ending

Department of the Treasury

Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

41-1720155

VENTURE Name and title of officer RYAN SKOOG

PRESIDENT, CEO

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	4,493,655.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here <b>b Balance Due</b> (Form 8868, line 3c)	5b	

### **Declaration and Signature Authorization of Officer** Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X I authorize BOULAY PLLP	to enter my PIN 40155
ERO firm name	Enter five numbers, t do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.	. ,
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	
cer's signature ▶ Date ▶	
art III Certification and Authentication	

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41396641088

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date = 08/28/19ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Offic

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A F	For the	e 2018 calendar year, or tax year beginning	and	ending		
	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addre	e VENTURE				
	Name chang	Doing business as			41-1	720155
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	r
	Final return	511 EAST TRAVELERS TRAD	952-	886-7676		
	termir ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	4,558,122.
	Amen return				H(a) Is this a group r	eturn
	Application	Finame and address of principal officer: <b>NIA</b>	N SKOOG		for subordinates	? Yes X No
	pendi	<sup>ng</sup>  17545 KODIAK AVENUE, LAF	KEVILLE, MN 550	44	H(b) Are all subordinates in	ncluded? Yes No
1	Гах-ех	empt status: X 501(c)(3) 501(c) (		or 527	1	list. (see instructions)
JΙ	Websi	te: ► VENTURE.ORG			H(c) Group exemption	n number
K	orm of	forganization: X Corporation Trust As	sociation Other ►	<b>L</b> Year		M State of legal domicile; MN
		Summary		•	•	Ÿ.
	1	Briefly describe the organization's mission or most	significant activities: WE S	PEND O	UR GREATEST	ENERGY ON
Governance		THE WORLD'S GREATEST NEEDS				
nar	2	Check this box if the organization discor				
Ş.	3	Number of voting members of the governing body (	(Part VI, line 1a)		3	11
	4	Number of independent voting members of the gov				8
<b>ფ</b>		Total number of individuals employed in calendar y				8
iţi		Total number of volunteers (estimate if necessary)				2754
Activities &		Total unrelated business revenue from Part VIII, col				0.
ď		Net unrelated business taxable income from Form 9				0.
			·		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			3,511,348.	4,531,471.
nue	9				0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			3,851.	-834.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-18,351.	-36,982.
	1	Total revenue - add lines 8 through 11 (must equal			3,496,848.	
		Grants and similar amounts paid (Part IX, column (A			1,922,952.	2,236,221.
	1	Benefits paid to or for members (Part IX, column (A			0.	0.
"	45	Salaries, other compensation, employee benefits (F			390,155.	409,478.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.
pen	b	Total fundraising expenses (Part IX, column (D), line				
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		1,103,110.	1,185,552.
		Total expenses. Add lines 13-17 (must equal Part IX			3,416,217.	3,831,251.
		Revenue less expenses. Subtract line 18 from line			80,631.	662,404.
- JO	1	sassas m.e .eemm		Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			1,284,831.	2,045,489.
ASS	21	Total liabilities (Part X, line 26)			158,390.	256,644.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		1,126,441.	1,788,845.
	art II	Signature Block				
Und	er pena	alties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of my	y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her		RYAN SKOOG, PRESIDENT,	CEO			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	j	LANCE R. MADSON		0	8/28/19 self-emplo	P00131735
Prep	parer	Firm's name ▶ BOULAY PLLP		Firm's EIN ▶	41-0887288	
-	Only	Firm's address 7500 FLYING CLOUI	D DRIVE, SUITE #	800		
		MINNEAPOLIS, MN 5			Phone no. 95	2-893-9320
May	/ the II	RS discuss this return with the preparer shown above				X Yes No

Pai	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	VENTURE CREATES AND ORGANIZES ADVENTUROUS AND SACRIFICIAL EXPERIENCES	
	TO RAISE FUNDS AND AWARENESS FOR MISSION'S INITIATIVES AROUND THE	
	WORLD, WHILE PROVIDING AN INTENTIONAL DISCIPLESHIP PROGRAM FOR	
	PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE SPECIFICALLY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 3,555,795. including grants of \$ 2,236,221.) (Revenue \$	
	VENTURE PLAYS A DIRECT ROLE IN PROMOTING BIBLICAL JUSTICE THROUGH	
	ORGANIZING TRIPS AND SENDING SHORT-TERM MISSION TEAMS INTO STRATEGIC	
	LOCATIONS. THE ORGANIZATION ACCOMPLISHES ITS MISSION BY RAISING	
	AWARENESS AND FUNDS THROUGH ENDURANCE CHALLENGES AND PHYSICAL	
	SACRIFICE. PHYSICAL CHALLENGES, INCLUDING BIKING ACROSS CONTINENTS,	
	RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK, OR CLIMBING	
	FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND	
	REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE	
	THE POOR AND VULNERABLE.	
	ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THI	 E
	TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN	
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	
	/ (Expenses a final control of the final control of	—— <i>'</i>
4c	(Code:) (Expenses \$	
40	(Code:) (Expenses \$	—— '
4.7	Other granus and inco (Decoribe in Cabadrda O.)	
4d	Other program services (Describe in Schedule O.)	
4	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 3,555,795.	

12390828 400318 101786

## Form 990 (2018) 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?	2	Х	
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 Revenue Procedure 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	Ť		
_	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,			
•	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	<u> </u>		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			. v
	endowments, or 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		<u> X</u>
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	Х	
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,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 22	$\vdash$
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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Form	990 (2018) VENTURE 41-172 (	155	Р	age 4
Pai	t 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		<u>X</u>
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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			1,77
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes,"			
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	"		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D.	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	Note. All Form 990 filers are required to complete Schedule O  Tt 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			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	OOO	(25 : 1 :
832004	4 12-31-18	Form	990	(2018)

Form 990 (2018) VENTURE
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 8								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b							
7	•	70	Х						
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X						
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76	- 21						
·	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f		7f		х					
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	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.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	120							
а		13a							
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	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 in 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	1a	11			
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2				2	Х	
_					- 25	
3	Did the organization delegate control over management duties customarily performed by or under the			_		x
	of officers, directors, or 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 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately account to the control of the power to elect or approximately account to the control of the				37	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	Ū			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Cod	de.)			I
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, aff	filiates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fil	ing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res," desci	ribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a	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					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
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	nd 990-T (S	Section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain	n in Schedi	ule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial	
	statements available to the public during the tax year.		<b>.</b>			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and re	cords >			
	RYAN SKOOG - 952-886-7676		·			
	17545 KODIAK AVENUE, 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga	niza			nper	ısat			
(A)	(B)			(C	C)	,		(D)	(E)	(F)
Name and Title	Average		Position do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per week					is botl or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				, p		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	ll trus	nal trı		loyee	om p				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TIM SKOOG	line) 7 • 5 0	<u>=</u>	Ĕ	₹	. Ye	불'등	P			
CHAIRMAN OF THE BOARD	7.30	Х		х				0.	0.	0.
(2) RYAN SKOOG	7.50							1		
PRESIDENT, CEO		Х		х				0.	0.	0.
(3) BRAD AHLM	7.50									
MEMBER		Х						0.	0.	0.
(4) LINDA FURRY	7.50									
MEMBER		Х						0.	0.	0.
(5) STEPHEN M. HOSMER	7.50									
MEMBER		Х						0.	0.	0.
(6) DR. MARK GEIER, J.D.	7.50									
MEMBER		Х				_		0.	0.	0.
(7) TOM TOMLINSON	7.50	1								
MEMBER		Х				_		0.	0.	0.
(8) ROGER LANE	7.50									
MEMBER		Х				_		0.	0.	0.
(9) DR. KRISTEN LEIGH WILLARD	7.50									
MEMBER (110) AND ON GWITTH	7.50	Х				-		0.	0.	0.
(10) AARON SMITH MEMBER	7.50	х						135,676.	0.	0.
(11) PAUL HURCKMAN	7.50	^				<u> </u>		133,070.	0.	0.
SECRETARY	7.50	Х		Х				76,672.	0.	0.
		25				$\vdash$		70,072	•	•
		1								
		1								
-										
· · · · · · · · · · · · · · · · · · ·		_						·		000

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

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u> oloy</u>	ees,	and	<u> Hig</u>	ghes	st C	ompensated Employee	S (continued)				
	(A) Name and title	(B) Average hours per		(C) Position (do not check more than one box, unless person is both an					(D) Reportable	(E) Reportable			(F)	
		week (list any hours for	offi	cer an		irecto	or/trus	tee)	compensation from the organization	compensation from related organization (W-2/1099-MI	d ns	com	nount o other pensa om the	tion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	anizati d relate anizatio	ed
		,			0	¥	工业	4						
			<u>.</u>											
			_											
			-											
			<u> </u>											
			<u> </u>											
	Sub-total								212,348.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	212,348.		0.			0.
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	<del></del>		<b>V</b>	1
3	Did the organization list any <b>former</b> officer,	•			•	•	•		•			3	Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	on fr	om :	any	unre	elate	ed organization or individ			5		Х
Sec	tion B. Independent Contractors													
	Complete this table for your five highest co the organization. Report compensation for										pensat			
	(A) Name and business	address	NO	ONE	3				<b>(B)</b> Description of s	ervices	С	ompe	s) nsation	า
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)	· ·	ot lir	nited	d to t	thos	•	ted	above) who received mo	ore than				
	,					_								

Form 990 (2018) VENTURE
Part VIII Statement of Revenue VENTURE

		Check if Schedule O conta	ains a response	or note to anv lin	e in this Part VIII			
				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					312 311
Contributions, Gifts, Grants and Other Similar Amounts	. c	Membership dues						
اع ق	-	Fundraising events		141,727.				
ffts, r A	d	Related organizations		,				
nia	9	Government grants (contribution						
ons	f	All other contributions, gifts, grant						
uti	•	similar amounts not included abov		389.744.				
Q ţ		Noncash contributions included in lines 1		377,130.				
o d	e h	Total. Add lines 1a-1f			4,531,471.			
<u> </u>		Total / Nad iiiieo Ta Ti		Business Code				
4	2 a	•		Buomedo Gode				
vice	2 b							
Ser	c	-	·					
m S	d	_						
gra	е							
Program Service Revenue		All other program service rever	nue					
		Total. Add lines 2a-2f						
-	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		50.				
	b	Less: cost or other basis						
		and sales expenses		884.				
		Gain or (loss)		-834.	-			
		Net gain or (loss)		·····	-834.	-834.		
enne	8 a	Gross income from fundraising including \$141,7						
Other Revenu		contributions reported on line						
er		Part IV, line 18		26,601.	-			
돭		Less: direct expenses		63,583.	26.000			26.000
		: Net income or (loss) from fund		<b>&gt;</b>	-36,982.			-36,982.
	9 a	Gross income from gaming ac						
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from gam	-	······				
	10 a	Gross sales of inventory, less i						
		and allowances			-			
		Less: cost of goods sold						
		Net income or (loss) from sales  Miscellaneous Revenue		Business Code				
	11 2	IVIISCEIIAHEOUS NEVEHUE		Dusiness Code				
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d		<b></b>				
	12	Total revenue. See instructions			4,493,655.	-834.	0.	-36,982.

# Form 990 (2018) VENTURE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a 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>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations				·	
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	2,236,221.	2,236,221.			
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	156,872.	110,253.	36,725.	9,894.	
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	231,572.	162,753.	54,213.	14,606.	
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes	21,034.	15,775.	5,259.		
11	Fees for services (non-employees):					
а	Management					
b	Legal					
С	Accounting	31,307.		31,307.		
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)					
12	Advertising and promotion	41,554.		18,218.	23,336.	
13	Office expenses	150.	60.	90.		
14	Information technology	315,170.	309,170.		6,000.	
15	Royalties					
16	Occupancy	-3,000.		-3,000.		
17	Travel	18,110.	13,157.	990.	3,963.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	5,063.		5,015.	48.	
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	5,215.	4,997.	218.		
23	Insurance	42,567.	33,722.	8,845.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)					
а	MISSION EXPENSES	406,445.	406,445.			
a b	TOUR EXPENSES	251,686.	251,686.			
C	BANK FEES	33,631.	1,483.	494.	31,654.	
d	MISCELLANEOUS	20,129.	8,362.	5,607.	6,160.	
	All other expenses	17,525.	1,711.	9,272.	6,542.	
25	Total functional expenses. Add lines 1 through 24e	3,831,251.	3,555,795.	173,253.	102,203.	
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)					
					5 <b>000</b> (2212)	

## Form 990 (2018) Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,120,924.	1	1,827,804.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	ated em	plovees, Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sec					
.		employees' beneficiary organizations (see instr		· ·		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8				126,091.	8	185,967
-	9	Inventories for sale or use  Prepaid expenses and deferred charges			120,031.	9	103,307
						9	
	iua	Land, buildings, and equipment: cost or other	400	30 819			
		basis. Complete Part VI of Schedule D	10a	30,819. 15,601.	21,316.	40-	15,218
		Less: accumulated depreciation			21,310.	10c	13,210
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			16 500	13	16 500
	14	Intangible assets			16,500.	14	16,500
	15	Other assets. See Part IV, line 11			1 004 001	15	2 045 400
	16	Total assets. Add lines 1 through 15 (must equ			1,284,831.	16	2,045,489
	17	Accounts payable and accrued expenses			38,640.	17	16,018
	18	Grants payable			119,750.	18	240,626
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and forme					
<u> </u>		key employees, highest compensated employe	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
ן ב	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	ayables <sup>·</sup>	o related third			
		parties, and other liabilities not included on line	s 17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			158,390.	26	256,644
		Organizations that follow SFAS 117 (ASC 95	8), chec	k here ▶ X and			
Ş		complete lines 27 through 29, and lines 33 a	nd 34.				
nce	27	Unrestricted net assets			525,660.	27	648,085
ala	28	Temporarily restricted net assets			600,781.	28	1,140,760
g	29	Permanently restricted net assets				29	
اج		Organizations that do not follow SFAS 117 (A	ASC 958	), check here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ţ\$ (	30	Capital stock or trust principal, or current funds	3			30	
sse	31	Paid-in or capital surplus, or land, building, or e				31	
ا <u>۲</u>	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			1,126,441.	33	1,788,845
	34	Total liabilities and net assets/fund balances			1,284,831.	34	2,045,489

Form	1 990 (2018) <b>VENTURE</b>	41-172	0155	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	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)		<b>4,49</b> 3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,831		
3	Revenue less expenses. Subtract line 2 from line 1	3	662		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,126	, 4	<u>41.</u>
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	1,788	8,84	<u>45.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
			$\rightarrow$	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 in Schedule (	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			l
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form <sup>9</sup>	990 (	2018)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

**Employer identification number** Name of the organization VENTURE 41-1720155 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1793589.	2552730.	3180528.	3511348.	4531472.	<u> 15569667.</u>
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	1793589.	2552730.	3180528.	3511348.	4531472.	15569667.
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)						1495713.
	Public support. Subtract line 5 from line 4.						14073954.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1793589.	2552730.	3180528.	3511348.	4531472.	15569667.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						15569667.
	Gross receipts from related activities,	•	,			12	133,571.
13	First five years. If the Form 990 is for	-			•		
804	organization, check this box and stor	here	togo				<b>&gt;</b>
	ction C. Computation of Publi		_				00 30
	Public support percentage for 2018 (I					14	90.39 %
	Public support percentage from 2017					15	
16a	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17-							
17a	'a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	_				· · · · · · · · · · · · · · · · · · ·	~	
J.	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances test	_					
	more, and if the organization meets the				-		▶ □
10	organization meets the "facts-and-circ			•	,		<b>\</b>
Ιδ	Private foundation. If the organization	n did not check a l	oox on line 13, 162	ı, 100, 17a, 0r 17b	, check this box at	iu see instructions	s

### 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
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	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
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 in line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here	·····					
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	)18 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						<b>&gt;</b>
k	33 1/3% support tests - 2017. If the						ind
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						<b>&gt;</b>

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 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		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

Pal	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		<u> </u>
Sec	tion B. Type i Supporting Organizations		V	N <sub>2</sub>
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	7 7 1			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ruotiono		
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	.,,,
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? 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		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions					
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.			
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 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	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 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-functional	lly integrat	ed Type III supporting orga	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	ιv	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrik	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1_	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI				
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			
	(OCC INSTRUCTIONS.)			

<u>VENTURE</u> 41-1720155

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CENTRAV, INC.	1,807,106.	1,495,713.
Total Excess Contributions to Schedule A, Part II, Line 5		1,495,713.

### **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 Open to Public Inspection

**Employer identification number** 

Name of the organization

41-1720155 **VENTURE** 

Pai			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		•
	for charitable purposes and not for the benefit of the donor or		
Pai	impermissible private benefit?		Yes No
			t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	. —	•
	Protection of natural habitat	Preservation of a certifie	d historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		•
		eture included in (a)	
	Number of conservation easements on a certified historic structure.  Number of conservation easements included in (c) acquired af		20
a	. , .	•	2d
3	listed in the National Register  Number of conservation easements modified, transferred, rele		
3	year	ased, extiliguished, or terminated by the ort	gariization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
Ŭ	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
_	<b>&gt;</b>		,
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$	, ,	<b>,</b>
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	0 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	2 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	· · · · · · · · · · · · · · · · · · ·	
	the following amounts required to be reported under SFAS 11	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

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Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	Similar A	Ssets	(contin	ued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d	I 🔲 L	oan or exc	hange progra	ams					
b	Scholarly research	е	· 🗌 c	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	y further th	ne organizatio	on's exemp	ot purpose	in Part X	all.		
5	During the year, did the organization solicit or	receive donations of	of art, hist	orical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the o	organizatio	n answered	"Yes" on F	orm 990, P	art IV, lii	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for co	ontribution	s or other as	sets not in	cluded				_
	on Form 990, Part X?							$\square$	Yes		No
b											
									Amount	:	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete in	the organization an	swered "	Yes" on Fo	orm 990, Part	: IV, line 10					
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back (	<b>d)</b> Three year	rs back	(e) Four	years l	<u>sack</u>
1a											
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	•									
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	red for the	organizatio	n	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered										
	Description of property	(a) Cost or o basis (investr			or other (other)	1 ' '	cumulated reciation		(d) Bool	k value	<del>;</del>
1a	Land										
b	<b>9</b>										
С	Leasehold improvements										
d	Equipment			3	0,819.		15,601	. •	15	5,21	<u>.8.</u>
	Other										
Total	II. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, columr	1 (B), line 1	0c.)			<b>&gt;</b>	15	5,21	<u>.8.</u>

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(6)(7)(8)(9)

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements Complete on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	Pai	rt XI	Reconciliation of Revenue per Audited Financial Staten	nents With I	Revenue per Re	turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 3 and 4c. (This must equal Form 990, Part I line 12)  Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part II, line 25. a Donated services and use of facilities c Other losses and losses per audited financial statements c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 2 2c d Other (Describe in Part XIII) e Add lines 2a through 2d 2 2c d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: b Other losses d Other (Describe in Part XIII) e Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18) For year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 3 and 4d. (This must equal Form 990, Part IX, line 18) For year alpustments For Add lines 3 and 4d. (This must equal Form 990, Part IX, line 18) For year alpustments For Add lines 3 and 4d. (This must equal Form 990, Part IX, line 18) For year alpustments For Add lines 3 and 4d. (This must equal Form 990, Part IX, line 18) For year alpustments For Add lines 3 and 4d. (This must equal Form 990, Part IX, line 18) For year and 4d. (This must equal Form 990, Part IX, line 18) For year and 4d. (This must equal Form 990, Part IX, line 18) For year and 4d. (This must equal Form 990, Part IX, line 18) For year and 18 through 1			Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) 2 d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 Total revenue. Add lines 4 and 4b 5 Total revenue. Add lines 4 and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 7 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part II, line 12. 1 Total expenses and losses per audited financial statements 2	1	Total	revenue, gains, and other support per audited financial statements			1	4,673,655.
b Donated services and use of facilities  C Recoveries of prior year grants  d Other (Describe in Part XIII)  e Add lines 2a through 2d  3	2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
C   Recoveries of prior year grants   2c   2d   2d   2d   2d   2d   2d   2d	а	Net ur	nrealized gains (losses) on investments	2a			
d Other (Describe in Part XIII)	b	Donat	ed services and use of facilities	2b	180,000.		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 25.  2	С	Recov	veries of prior year grants	2c			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 3 and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Cother losses 2 2c 2 180,000. b Prior year adjustments 2 Amounts included on Form 990, Part IX, line 25: a Use 2 180,000. c Other losses 2 2c 2 180,000. c Other losses 2 2c 2 180,000. c Other losses 2 2c 3 3 3,831, amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b 4 a 4 b 4 c 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses, Add lines 3 and 4b. Also complete this part to provide any additional information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Provide the descriptions required for Part II, lines 1s and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X line 2; Part X line 2; Part X l	d	Other	(Describe in Part XIII.)	2d			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 12) b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  5 4, 493, Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 Part VIII Part V	е					2e	180,000.
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) Conglete if the organization answered "Ves" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Complete if the organization answered "Ves" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other losses d Other (Describe in Part XIII) Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must aqual Form 990, Part I, line 18) Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part XIII Supplemental Information.  Part XIII Supplem	3	Subtra	act line <b>2e</b> from line <b>1</b>			3	4,493,655.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  Complete if the organization answered "Yees" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial Statements With Expenses per Return.  Complete in the organization answered "Yees" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities 2 b Prior year adjustments 2 c Cother losses 4 c Other (Describe in Part XIII.) 2 c Add lines 22 through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part VIII, line 7b 4 b Other (Describe in Part XIII.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)  Part XIII Supplemental Information.  PART X, LINE 2:  THE ORGANIZATION IS A NONPROFIT ENTITY AND, THEREFORE, IS EXEMPT FROM  PEDERAL, AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL  REVENUE CODE AND APPLICABLE STATE STATUTES. DUE TO ITS EXEMPT STATUS, TO ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT TAX UNCERTAINTIES THAT WOULD REQUIRE DISCLOSURE. THE ORGANIZATION FILES A RETURN IN THE U.S. FEDERAL AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT	4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
c Add lines 4a and 4b  5	а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Part X, LINE 2:  THE ORGANIZATION IS A NONPROFIT ENTITY AND, THEREFORE, IS EXEMPT FROM  PEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL PART AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL PART AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT	b	Other	(Describe in Part XIII.)	4b			_
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 180, 3 3,831, 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X II. Supplemental Information  PART X , LINE 2:  THE ORGANIZATION IS A NONPROFIT ENTITY AND, THEREFORE, IS EXEMPT FROM  FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. DUE TO ITS EXEMPT STATUS, TORGANIZATION DOES NOT HAVE ANY SIGNIFICANT TAX UNCERTAINTIES THAT WOULD REQUIRE DISCLOSURE. THE ORGANIZATION FILES A RETURN IN THE U.S. FEDERAL AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT	С	Add li	nes <b>4a</b> and <b>4b</b>			4c	0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses not included on Form 990, Part III, lines 1 and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part X lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2:  THE ORGANIZATION IS A NONPROFIT ENTITY AND, THEREFORE, IS EXEMPT FROM  FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. DUE TO ITS EXEMPT STATUS, TORGANIZATION DOES NOT HAVE ANY SIGNIFICANT TAX UNCERTAINTIES THAT WOULD REQUIRE DISCLOSURE. THE ORGANIZATION FILES A RETURN IN THE U.S. FEDERAL AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT		Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,493,655.
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2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2: THE ORGANIZATION IS A NONPROFIT ENTITY AND, THEREFORE, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. DUE TO ITS EXEMPT STATUS, TORGANIZATION DOES NOT HAVE ANY SIGNIFICANT TAX UNCERTAINTIES THAT WOULD REQUIRE DISCLOSURE. THE ORGANIZATION FILES A RETURN IN THE U.S. FEDERAL AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT							
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b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.  Part XIII Supplemental Information  PART X, LINE 2:  THE ORGANIZATION IS A NONPROFIT ENTITY AND, THEREFORE, IS EXEMPT FROM  FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL  REVENUE CODE AND APPLICABLE STATE STATUTES. DUE TO ITS EXEMPT STATUS, TORGANIZATION DOES NOT HAVE ANY SIGNIFICANT TAX UNCERTAINTIES THAT WOULD REQUIRE DISCLOSURE. THE ORGANIZATION FILES A RETURN IN THE U.S. FEDERAL AND MINNESOTA JURISDICTIONS. MANAGEMENT OF THE ORGANIZATION BELIEVES IT	2		·	1 1	100 000		
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NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE YEARS PRIOR TO 2015.		<i>-</i> 1111	MADOIN CONIDDICTIONS: IMMICHIMI CI	TILL ORGI	11111111111111111111111111111111111111		TVDD II ID
	ON	LON	GER SUBJECT TO TAX EXAMINATIONS FOR T	HE YEARS	PRIOR TO	2015	5.

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization

**Employer identification number** 

VENTURE				41-172015	55
	rmation on A	ctivities Out	side the United States. Comple		
Form 990, Part I	V, line 14b.				
1 For grantmakers. Does	s the organization	n maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility f	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Described United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,			PROGRAM SERVICES - MISSION		
INDIA, MALDIVES,	0	0	SUPPORT		448,821.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,			DDOGDAN GEDALTGE MIGGION		
BRUNEI, BURMA,	0	0	PROGRAM SERVICES - MISSION		1 707 400
CAMBODIA,	1	0	AND REFUGEE SUPPORT		1,787,400.
3 a Subtotal	0	0			2,236,221.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,236,221.

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

Schedule F (Form 990) 2018

VENTURE

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>(b)</b> IRS code section and EIN (if applicable)		(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						
			REFUGEE SUPPORT	126,034.		0.		
		SOUTH ASIA	ANTI TRAFFICKING	421,921.		0.		
		EAST ASIA AND THE PACIFIC	FEEDING	80,447.		0.		
		EAST ASIA AND THE PACIFIC	FEEDING	0.		1377130.	EOOD	
		PACIFIC	FEEDING	0.		13//130.	FOOD	
		EAST ASIA AND THE		4 ===0				
		PACIFIC	REFUGEE SUPPORT	4,750.		0.		
		EAST ASIA AND THE						
		PACIFIC	REFUGEE SUPPORT	75,951.		0.		
		EAST ASIA AND THE						
		PACIFIC	REFUGEE SUPPORT	12,800.		0.		
		EAST ASIA AND THE						
			MISSION SUPPORT	9,099.		0.		

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

3	Enter total	number	of oth	er organizati	ions or entitie	25

Page 2

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	I Inited States	(Schedule F (Form C	900) Part II line 1	1)	raye
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	REFUGEE SUPPORT	21,250.		0.		
		SOUTH ASIA	MISSION SUPPORT	2,400.		0.		
		EAST ASIA AND THE PACIFIC	SUSTAINABLE FARMS	50,000.		0.		

41-1720155 VENTURE Schedule F (Form 990) 2018 Page 3 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) (d) Amount of (e) Manner of (f) Amount of (g) Description of (c) Number of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance EAST ASIA AND THE MISSION SUPPORT PACIFIC 2 3,250. CHECK 0. EAST ASIA AND THE FEEDING PACIFIC 1 0. 51,190.

# Schedule F (Form 990) 2018 VENTURE Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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 required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

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**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **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

Open to Public Inspection

venture						41-1720	ntification number
	- Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	line 1		
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	sed funds through any of the following sed funds through any of the following Solicitate for oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursured	tion of tion of fundra (includ	non-g gover aising ding of onal fi	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b>_</b>				
List all states in which the organization or licensing.			utions	or has been notified	litis e	exempt from re	gistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form 9	990 or	990-E	<b>Z</b> .	Sche	dule G (Form 9	90 or 990-EZ) 2018

41-172015<u>5 Page 2</u> Schedule G (Form 990 or 990-EZ) 2018 VENTURE Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 168,328. 168,328. Gross receipts 141,727 141,727. 2 Less: Contributions 26,601. 26,601. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 3,500. 3,500. 33,264. 33,264. 7 Food and beverages 16,953. 16,953. 8 Entertainment 9,866. 9,866. Other direct expenses 63,583. **10** Direct expense summary. Add lines 4 through 9 in column (d) -36,982. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2018

Sch	ledule G (Form 990 or 990-EZ) 2018 <b>VENTURE</b> 41-1	720155	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	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party >		
,	If "Yes," enter name and address of the third party:		
•	7 1 100, Office flame and address of the time party.		
	Name ▶		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
Ŀ	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	VENTURE	41-1720155	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Inform</b>	nation (continued)		
		(continuous)		
-				

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

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

Par	TI Types of Property							
		(a)	(b)	(c)	(d)		_	
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	lion ai	Hourits	•
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	1,377,130.	FAIR MARKET	VA]	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28_	Other ( )							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part IV, L	Jonee Acknowledg	jement 29			<b>V</b>	
20-	Dunion the constitution and the constitution are the			antari in Dant I. limaa d Alaman	-b 00 th -t it		Yes	No
30a	During the year, did the organization receive by must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		X
h						Sua		
о 31	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance po	nlicy that re	auires the review o	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties of	-	•	•	***************************************	JI		
JŁa	contributions?	`		, ,		32a		х
h	If "Yes," describe in Part II.					<u>JE</u> a		
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is che	cked.			
	describe in Part II.	(5) 101		co.ami (a) io one	<del></del> ,			

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

Schedule M (Form 990) 2018

832142 10-18-18 Schedule M (Form 990) 2018

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

VENTURE

**Employer identification number** 41-1720155

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVES VULNERABLE POPULATIONS IN SOUTH EAST ASIA, THROUGH OUR FOUNDATIONS, REFUGEE FEEDING PROGRAMS, ANTI-TRAFFICKING INITIATIVES, EDUCATION AND DISCIPLESHIP PROGRAMS, AND OTHER SUSTAINABLE COMMUNITY DEVELOPMENT PRACTICES. ALL PROGRAMS ARE FACILITATED THROUGH THE LOCAL CHURCH, AS AN EXPRESSION AND RESPONSE TO THE GOSPEL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: YOUTH CAMPS, LEAD SERVICE PROJECTS, PERFORM RELIEF WORK IN REFUGEE CAMPS, ASSIST WITH ORPHANAGES, TEACH ENGLISH AS A SECOND LANGUAGE CLASSES, AND DISTRIBUTE GOSPEL MATERIALS. THE TEAMS ALSO WORK TO RAISE AWARENESS OF ISSUES LIKE THE NEED FOR CLEAN WATER, AND THE HORROR OF HUMAN TRAFFICKING.

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, ISSUES RELATED TO THE STRATEGIC PLAN OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY MEMBERS.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization VENTURE Employer identification number 41-1720155

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,

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:

A.) 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

D.) UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN

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.

832212 10-10-18

Name of the organization  VENTURE	Employer identification number $41-1720155$
A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUD	ES COMPENSATION
MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIREC	TLY, FROM THE
ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON MATT	ERS PERTAINING TO
THAT MEMBER'S COMPENSATION. NO VOTING MEMBER OF THE BOARD	OR ANY COMMITTEE
WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO R	ECEIVES, 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 REQUES	т.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR SELECTING AND OVERSEEING THE INDEPENDENT A	CCOUNTANT HAS
NOT CHANGED FROM THE PRIOR YEAR.	

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print VENTURE 41-1720155 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 511 EAST TRAVELERS TRAIL return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURNSVILLE, MN 55337 Enter the Return Code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 RYAN SKOOG ullet The books are in the care of ullet 17545 KODIAK AVENUE - LAKEVILLE, MN 55044 Telephone No. ▶ 952-886-7676 Fax No.

<ul><li>I1</li></ul>	f the organization does not have an office or place of business in the United States, check this box			
<ul><li>I1</li></ul>	f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If th	is is fo	r the whole group	, check this
box	▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all	memb	ers the extension	is for.
1	I request an automatic 6-month extension of time until <a href="NOVEMBER 15">NOVEMBER 15</a> , 2019 , to file the the organization named above. The extension is for the organization's return for:    X calendar year 2018   tax year beginning , and ending		npt organization re	eturn for
2	If the tax year entered in line 1 is for less than 12 months, check reason:  Change in accounting period  Initial return  Fina	al retur	n	
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2019)

# TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

### FOR THE YEAR ENDING

**DECEMBER 31, 2018** 

### PREPARED FOR:

VENTURE 511 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337

#### PREPARED BY:

BOULAY PLLP 7500 FLYING CLOUD DRIVE, SUITE #800 MINNEAPOLIS, MN 55344

### **AMOUNT OF TAX:**

**BALANCE DUE OF \$25** 

#### MAKE CHECK PAYABLE TO:

STATE OF MINNESOTA

### MAIL TAX RETURN TO:

MINNESOTA ATTORNEY GENERALS OFFICE CHARITIES DIVISION 445 MINNESOTA STREET, SUITE 1200 ST. PAUL, MN 55101-2130

### **RETURN MUST BE MAILED ON OR BEFORE:**

**NOVEMBER 15, 2019** 

### **SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER AND 2018 ANNUAL REPORT ON THE CHECK OR MONEY ORDER.

# Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

# **STATE OF MINNESOTA**

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

	_
G2	

SECTION A: Organization Information	
Legal Name of Organization <u>VENTURE</u>	
Federal EIN: 41-1720155	Fiscal Year-End: 12312018 mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address:	Physical Address:
Contact Person 511 EAST TRAVELERS TRAIL	Contact Person 511 EAST TRAVELERS TRAIL
Street Address BURNSVILLE, MN 55337	Street Address BURNSVILLE, MN 55337
City, State, and ZIP Code 952-886-7676	City, State, and ZIP Code 952-886-7676
Phone Number	Phone Number
Email Address	Email Address
Organization's website: VENTURE • ORG	
List all of the organization's alternate and former names (attach	list if more space is needed).  Alternate Former Alternate Former
List all names under which the organization solicits contribution.	
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317.	A? X Yes No
5. Total amount of contributions the organization received from Mi	nnesota donors: \$\$
6. Has the organization's tax-exempt status with the IRS changed?  Yes X No If yes, attach explanation.	
7. Has the organization significantly changed its purpose(s) or proc Yes X No If yes, attach explanation.	gram(s)?

# **CHARITABLE ORGANIZATION ANNUAL REPORT FORM** (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gove $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	rnment agency?				
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):					
	Name of Professional Fundraiser	Compensation				
	Street Address	City, State, and ZIP Code				
10.	0. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.					
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? $X$ Yes $X$ No If yes, provide the following information for the five highest paid individuals:					
	Name and title	Compensation*	Other compensation			
	AARON SMITH MEMBER	135,676.	0.			
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10 issued by the organization and its related organizations to the individual. See Minn. St	,				

3(i) and Minn. Stat.  $\S$  317A.011 for definitions.

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

# **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

1.	Contributions Received	\$ <u>4,531,471.</u> 1
2.	Government Grants	\$ 2
3.	Program Service Revenue	\$ 3
4.	Other Revenue	\$ 
5.	TOTAL INCOME	\$ 4,493,655.

### **EXPENSES**

6.	Program Expenses	\$ 3,555,795. <sub>6</sub>
7.	Management & General Expenses	\$ <b>173,253.</b> 7
8.	Fund-raising Expenses	\$ 102,203.8
9.	TOTAL EXPENSES	\$ 3,831,251.9
10.	EXCESS or DEFICIT	\$ 662,404. 10
	(Line 5 minus Line 9)	

### **ASSETS**

11. Cash	\$ 1,827,804. <sub>11</sub>	
12. Land, Buildings & Equipment	\$ 15,218. <sub>12</sub>	
13. Other Assets	\$ <b>202,467.</b> 13	
14. TOTAL ASSETS	\$ 2,045,489. 14	

### **LIABILITIES**

FUND	BALANCE/NET WORTH	\$ 1,788,845.
18.	TOTAL LIABILITIES	\$ 256,644. 18
17.	Other Liabilities	\$ 17
16.	Grants Payable	\$ <u>240,626.</u> 16
15.	Accounts Payable	\$ 

(Line 14 minus Line 18)

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

# Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	mns B, C, and D must equal Column A. The amour	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments, organizations, and individuals outside the U.S.	2,236,221.	2,236,221.		
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees	156,872.	110,253.	36,725.	9,894.
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	231,572.	162,753.	54,213.	14,606.
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits	21 221			
	Payroll taxes	21,034.	15,775.	5,259.	
11.	Fees for services (non-employees):				
	Management				
	Legal	21 207		21 207	
	Accounting	31,307.		31,307.	
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other	/1 FE/		10 210	22 226
	Advertising and promotion	41,554. 150.	60.	18,218.	23,336.
13.	Office expenses	315,170.	309,170.	90.	6,000.
14.	Information technology	313,170.	309,170.		0,000.
15.	Royalties	-3,000.		-3,000.	
16.	Occupancy	18,110.	13,157.	990.	3,963.
17.	Travel	10,110.	15,157.	990•	3,903.
18.	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19.		5,063.		5,015.	48.
20.	Interest	3,003.		3,013.	10.
	Payments to affiliates				
22.	Depreciation, depletion, and amortization	5,215.	4,997.	218.	
23.	Insurance	42,567.	33,722.	8,845.	
24.	Other expenses. Itemize expenses not covered	==,	,	-,	
[	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.	MISSION EXPENSES	406,445.	406,445.		
	TOUR EXPENSES	251,686.	251,686.		
	BANK FEES	33,631.	1,483.	494.	31,654.
	ALL OTHER EXPENSE STMT 1	37,654.	10,073.	14,879.	12,702.
25.	Total functional expenses. Add lines 1 through 24d	3,831,251.	3,555,795.	173,253.	102,203.
26.	Joint costs. Check here  ☐ if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation			·	

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

# Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat.  $\S$  309.52, subd. 3.

We, the undersigned, state and acknowledge the	at we are duly constituted	officers of this organization	n, being the
PRESIDENT, CEO	(Title) and <b>EXECUTI</b>	E DIRECTOR	(Title) respectively, and
that we execute this document on behalf of the orga	anization pursuant to the re	esolution of the	
BOARD OF DIRECTORS	(Board of	Directors, Trustees, or Mar	naging Group) adopted on the
day of, 20, approving the	e contents of the documen	t, and do hereby certify tha	at the
BOARD OF DIRECTORS	(Board of	Directors, Trustees, or Mar	naging Group) has assumed, and will continue
to assume, responsibility for determining matters of	policy, and have supervise	ed, and will continue to sup	pervise, the operations and finances of the
organization. We further state that the information su	upplied is true, correct and	complete to the best of or	ur knowledge.
			_
RYAN SKOOG		PAUL HURCKMAN	<u> </u>
Name (Print)		Name (Print)	
Signature		Signature	
PRESIDENT, CEO		EXECUTIVE DIR	ECTOR
Title		Title	
Date		Date	

VENTURE 41-1720155

ANNUAL REPORT ALL OTHER EXPENSES FOR FUNCTIONAL EXPENSE STATEMENT 1 STATEMENT									
DESCRIPTION	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING					
MISCELLANEOUS	20,129.	8,362.	5,607.	6,160.					
DUES & SUBSCRIPTIONS	9,017.	0.	9,017.	0.					
MEALS AND ENTERTAINMEN	5,006.	1,083.	57.	3,866.					
PRINTING AND MAILING	3,338.	464.	198.	2,676.					
TELEPHONE	164.	164.	0.	0.					
TOTAL TO LINE 24D OF STATEMENT OF FUNCTIONAL EXPENSE	37,654.	10,073.	14,879.	12,702.					

Burnsville, Minnesota

Financial Statements

December 31, 2018 and 2017

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### INDEPENDENT AUDITOR'S REPORT

Board of Directors Venture Burnsville, Minnesota

We have audited the accompanying financial statements of Venture (a nonprofit organization), which comprise the statements of financial position as of December 31, 2018 and 2017, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

# **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Venture as of December 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Change in Accounting Principle**

As described in Note 1 to the financial statements, in fiscal year 2018 Venture adopted Accounting Standards Update 2016-14, *Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities* (ASU 2016-14). As required by ASU 2016-14, certain provisions of the new standard were applied retrospectively to the previously issued comparative fiscal year 2017 financial statements. Our opinion is not modified with respect to this matter.

Minneapolis, Minnesota August 13, 2019

Boulay PLLP

# Statements of Financial Position

	December 31					
ASSETS	2018	2017				
Command Assacts						
Current Assets Cash	ф. 4.007.004	ф. 4.400.004				
	\$ 1,827,804	\$ 1,120,924				
Other current assets	6,341	6,341				
Inventory in transit to donee	179,626	119,750				
Total current assets	2,013,771	1,247,015				
Property and Equipment						
Vehicles	20,201	20,201				
Furniture and equipment	8,870	11,662				
Computers	1,748	1,748				
Totals	30,819	33,611				
Less accumulated depreciation	15,601	12,295				
Net property and equipment	15,218	21,316				
Intangible asset	16,500	16,500				
Total assets	\$ 2,045,489	\$ 1,284,831				
LIABILITIES AND NET ASSETS  Current Liabilities  Accounts payable  Accrued compensation  Promises to give  Total current liabilities	\$ - 16,018 <u>240,626</u> 256,644	\$ 23,646 14,994 119,750 158,390				
Commitments and Contingencies  Net Assets  Without donor restrictions With donor restrictions Total net assets	648,085 1,140,760 1,788,845	525,660 600,781 1,126,441				
Total liabilities and net assets	\$ 2,045,489	\$ 1,284,831				

Notes to Financial Statements are an integral part of this Statement.

**VENTURE** 

Statement of Activities

Year Ended December 31, 2018

	Without Donor Restrictions			Total
Revenue and Support				
Contributions	\$ 1,041,075	\$ 1,971,540	\$	3,012,615
Special events (net of costs of direct		, ,		
benefits to donors of \$63,583)	104,745	-		104,745
Gifts-in-kind	180,000	1,377,129		1,557,129
Loss on sale of equipment	(834)	-		(834)
Net assets released from restrictions	2,808,690	(2,808,690)		`-
Total revenue and support	4,133,676	539,979		4,673,655
Expenses				
Program services:				
Missions and missionary programs	2,799,251	-		2,799,251
Expeditions	893,744	-		893,744
Supporting services:				
General and administrative	213,253	-		213,253
Fundraising	105,003	-		105,003
Total expenses	4,011,251	-		4,011,251
Change in Net Assets	122,425	539,979		662,404
Net Assets - Beginning of Year	525,660	600,781		1,126,441
Net Assets - End of Year	\$ 648,085	\$ 1,140,760	\$	1,788,845

**VENTURE** 

# Statement of Activities

Year Ended December 31, 2017

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and Support			
Contributions	\$ 778,111	\$ 1,365,583	\$ 2,143,694
Special events (net of costs of direct			
benefits to donors of \$56,192)	91,924	-	91,924
Gifts-in-kind	168,864	1,257,379	1,426,243
Gain on sale of assets	3,851	-	3,851
Net assets released from restrictions	2,633,304	(2,633,304)	-
Total revenue and support	3,676,054	(10,342)	 3,665,712
Expenses			
Program services:			
Missions and missionary programs	2,471,596	-	2,471,596
Expeditions	846,336	-	846,336
Supporting services:			
General and administrative	194,559	-	194,559
Fundraising	72,590	-	72,590
Total expenses	3,585,081		3,585,081
Change in Net Assets	90,973	(10,342)	80,631
Net Assets - Beginning of Year	434,687	611,123	 1,045,810
Net Assets - End of Year	\$ 525,660	\$ 600,781	\$ 1,126,441

**VENTURE** 

# Statement of Functional Expenses

Year Ended December 31, 2018

		<b>Program Services</b>		Supporting Services				
	Missions and							
	Missionary			General and			Total	
	Programs	Expeditions	Total	Administrative	Fundraising	Total	Expenses	
Personnel costs								
Salaries and related costs	\$ 109,202	\$ 163,804	\$ 273,006	\$ 90,938	\$ 24,500	\$ 115,438	\$ 388,444	
Payroll taxes	10,885	4,890	15,775	5,259	· -	5,259	21,034	
Total personnel costs	120,087	168,694	288,781	96,197	24,500	120,697	409,478	
Tour expenses	-	251,686	251,686	-	-	-	251,686	
Grants and missionary support	1,265,537	-	1,265,537	-	-	-	1,265,537	
Food gift-in-kind expenses	1,377,129	-	1,377,129	-	-	-	1,377,129	
Special events, direct benefit to donor	-	-	-	63,583	-	63,583	63,583	
Professional fees	-	-	-	56,307	-	56,307	56,307	
Advertising and promotion	-	-	-	18,218	23,336	41,554	41,554	
Dues and subscription	-	-	-	9,017	-	9,017	9,017	
Insurance expenses	23,268	10,454	33,722	8,845	-	8,845	42,567	
Meals and entertainment	747	336	1,083	57	3,866	3,923	5,006	
Travel expense	5,263	7,894	13,157	990	3,963	4,953	18,110	
Printing and mailing	320	144	464	198	2,676	2,874	3,338	
Office supplies	41	19	60	90	-	90	150	
Conferences and board meetings	-	-	-	5,015	48	5,063	5,063	
Bank and processing fees	1,023	460	1,483	494	31,654	32,148	33,631	
Rent expense	-	-	-	12,000	-	12,000	12,000	
Web platform and license fee expense	-	309,170	309,170	-	6,000	6,000	315,170	
Web platform gift-in-kind expense	-	137,200	137,200	-	2,800	2,800	140,000	
Telephone expense	66	98	164	-	-	-	164	
Miscellaneous	5,770	2,592	8,362	5,607	6,160	11,767	20,129	
Depreciation	-	4,997	4,997	218	-	218	5,215	
Total expenses	2,799,251	893,744	3,692,995	276,836	105,003	381,839	4,074,834	
Less special events, direct benefit to donor				(63,583)		(63,583)	(63,583)	
Total Functional Expenses	\$ 2,799,251	\$ 893,744	\$ 3,692,995	\$ 213,253	\$ 105,003	\$ 318,256	\$ 4,011,251	

Notes to Financial Statements are an integral part of this Statement.

Statement of Functional Expenses

Year Ended December 31, 2017

		Program Services					
	Missions and				Supporting Services		
	Missionary			General and			Total
	Programs	Expeditions	Total	Administrative	Fundraising	Total	Expenses
Personnel costs							
Salaries and related costs	\$ 107,524	\$ 161,285	\$ 268,809	\$ 88,352	\$ 13,500	\$ 101,852	\$ 370,661
Payroll taxes	10,088	4,532	14,620	4,873	Ψ 10,000	4,873	19,493
Total personnel costs	117,612	165,817	283,429	93,225	13,500	106,725	390,154
Tour expenses		363,034	363,034	_	_	_	363,034
Grants and missionary support	1,073,684	-	1,073,684	_	_	_	1,073,684
Food gift-in-kind expenses	1,257,379	_	1,257,379	_	_	_	1,257,379
Special events, direct benefit to donor	-	_	-,,	56,192	_	56,192	56,192
Professional fees	_	_	-	43,051	_	43,051	43,051
Advertising and promotion	_	_	-	7,800	_	7,800	7,800
Dues and subscription	_	_	-	9,159	_	9,159	9,159
Insurance expenses	19,916	8,948	28,864	8,396	_	8,396	37,260
Meals and entertainment	624	280	904	452	3.566	4,018	4,922
Travel expense	-	-	-	10,723	7,360	18,083	18,083
Printing and mailing	322	145	467	200	1,319	1,519	1,986
Office supplies	401	180	581	872	, -	872	1,453
Conferences and board meetings	-	-	-	6,364	1,461	7,825	7,825
Bank and processing fees	1,055	474	1,529	510	26,590	27,100	28,629
Rent expense	-	_	-	12,000	· -	12,000	12,000
Web platform and license fee expense	-	165,827	165,827	-	3,200	3,200	169,027
Web platform gift-in-kind expense	-	137,200	137,200	-	2,800	2,800	140,000
Telephone expense	-	-	-	65	-	65	65
Miscellaneous	603	271	874	1,553	12,794	14,347	15,221
Depreciation	-	4,160	4,160	189	-	189	4,349
Total expenses	2,471,596	846,336	3,317,932	250,751	72,590	323,341	3,641,273
Less special events, direct benefit to donor				(56,192)		(56,192)	(56,192)
Total Functional Expenses	\$ 2,471,596	\$ 846,336	\$ 3,317,932	\$ 194,559	\$ 72,590	\$ 267,149	\$ 3,585,081

Notes to Financial Statements are an integral part of this Statement.

# Statements of Cash Flows

Years Ended December 31,		2018		2017
Cash Flows from Operating Activities				
Change in net assets	\$	662,404	\$	80,631
Adjustments to reconcile change in net assets to net cash from operating activities				
Depreciation		5,215		4,349
Loss (gain) on sale of equipment		834		(3,851)
Change in assets and liabilities				
Other current assets		-		(2,327)
Inventory in transit to donee		(59,876)		-
Accounts payable		(23,646)		17,452
Accrued compensation		1,024		(10,620)
Promises to give		120,876		-
Net cash from operating activities		706,831		85,634
Cash Flows from Investing Activities				
Purchase of property and equipment		-		(20,634)
Proceeds from sale of equipment		49		4,800
Net cash from (used for) investing activities		49		(15,834)
Net Increase in Cash		706,880		69,800
Cash – Beginning of Year		1,120,924		1,051,124
Cash – End of Year	\$	1,827,804	\$	1,120,924

Notes to Financial Statements

December 31, 2018 and 2017

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

# Nature of Organization and Activities

Venture (the Organization) is a nonprofit corporation organized in 1992 under the laws of the State of Minnesota. Venture seeks to use our greatest energies to respond to the world's greatest needs. We identify some of the gravest injustices and greatest needs, like human trafficking in Nepal, forced child labor in Vietnam, the cycle of war and violence in eastern and central Africa and its dire impact on the children there, or the genocide and the resulting refugee situation in Thailand and Burma. We then partner with leaders, organizations, and communities in these areas to develop strategies to address these injustices and offer hope. With these needs and strategies, we then engage individuals, campuses, churches, and groups to actively respond through self-sacrifice to raise awareness and funds through biking, hiking, and running, inviting individuals, churches, schools, and organizations to sacrificially participate in bringing hope in a way that inspires their communities. This process changes everyone involved. Above all, we respond in obedience to Christ, who first saved us. In responding to dire needs around the world, we become a picture of His love and hope. In responding, we open doors to share the saving Gospel of Jesus wherever we go.

The Organization accomplishes its mission through the following programs:

Missions and missionary programs – the Organization sends and supports well prepared missionaries to focus areas, providing opportunities for people to give financial support to missionaries, nationals, and projects, which includes providing food aid to international locations.

Expeditions – the Organization fosters a community of people who actively respond to the Gospel through physical sacrifice.

### Accounting Estimates

Management uses estimates and assumptions in preparing these financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported support, revenues, and expenses. Actual results could differ from those estimates.

Significant management estimates include the estimate of the fair value of gifts in kind, including inventory in transit to donee and the related promise to give, and the allocation of expenses between program services and supporting services. It is at least reasonably possible that these estimates could change in the near term.

# Recently Adopted Accounting Pronouncement

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958); Presentation of Financial Statements of Not-for-Profit Entities* (ASU 2016-14), which addresses how not-for-profit organizations classify their net assets, as well as the information presented in the financial statements and related disclosures. The Organization has adopted this standard as of January 1, 2018 and has adjusted the presentation of its financial statements accordingly. The primary effects of the new standard are the classifications of net assets and activities into the two categories of "with donor restrictions" and "without donor restrictions", rather than the previous three categories of unrestricted, temporarily restricted, and permanently restricted net assets, and additional required disclosures of the availability and liquidity of resources. ASU 2016-14 has been applied retrospectively to the fiscal year 2017 comparative financial statements.

Notes to Financial Statements

December 31, 2018 and 2017

### Basis of Presentation

The Organization presents its financial statements on the accrual basis of accounting. The Organization reports its financial position and activities according to two classes of net assets, based on the existence or absence of donor-imposed restrictions, as follows:

- Net assets without donor restrictions net assets that are not subject to donor-imposed stipulations.
- Net assets with donor restrictions net assets subject to donor-imposed restrictions. Some donor
  restrictions are temporary in nature, such as those that can be fulfilled by actions of the
  Organization pursuant to those stipulations or that expire by the passage of time. Other donorimposed restrictions are perpetual in nature, where the donor stipulates that resources be
  maintained in perpetuity.

### Contributions

All contributions are considered to be available for unrestricted support use unless specifically restricted by the donor. Contributions received that are restricted by the donor for future periods or specific purposes are reported as increases in net assets with donor restrictions.

When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

### Cash

The Organization maintains its accounts primarily at one financial institution. The Organization's cash balances exceed amounts insured by the Federal Deposit Insurance Corporation. Management believes the Organization is not exposed to any significant credit risk related to cash.

### Inventory in Transit to Donee and Promises to Give

Inventory in transit to donee represents shipments of in-kind food donations that were in transit at each year end to an international donee location where the food will be distributed and for which the Organization retains title and risk of loss until such shipment is received by the donee. The inventory in transit is valued at its estimated initial donated fair value. A related promise to give liability in a like amount at each year end is recorded to reflect the promised commitment of such goods to the international donee.

The Organization additionally entered into several agreements to give specified amounts that are payable within one year of the date of the financial statements. These commitments are considered unconditional promises to give and the remaining amounts that have not been paid as of December 31, 2018 are reflected as a promise to give liability.

Notes to Financial Statements

December 31, 2018 and 2017

### Long-Lived Assets

Property and equipment are stated at cost. Maintenance and repairs are expensed as incurred. Major improvements and betterments are capitalized. Depreciation is provided over estimated useful lives by use of the straight-line method. Estimated useful lives for property and equipment are as follows:

### Estimated Useful Life

Computers 5 years
Furniture and equipment 7 - 10 years
Vehicles 5 years

The intangible asset consists of costs of a domain name. Due to this asset having an indeterminate life, no amortization is reflected.

Long-lived assets, such as property and equipment and purchased intangible assets, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If circumstances require a long-lived asset be tested for possible impairment, the Organization first compares undiscounted cash flows expected to be generated by an asset to the carrying value of the asset. If the carrying value of the long-lived asset is not recoverable on an undiscounted cash flow basis, impairment is recognized to the extent that the carrying value exceeds its fair value. Fair value is determined through various valuation techniques including, but not limited to, discounted cash flow models, quoted market values and third-party independent appraisals. There were no impairment losses recognized in 2018 and 2017.

### Income Taxes

The Organization is a nonprofit entity and therefore is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state statutes. Due to its exempt status, the Organization does not have any significant tax uncertainties that would require disclosure. The Organization files a return in the U.S. federal and Minnesota jurisdictions. Management of the Organization believes it is no longer subject to tax examinations for the years prior to 2015.

### Basis of Allocating Functional Expenses

Expenses charged to programs and supporting services, if not directly identifiable, are allocated on a reasonable basis that is consistently applied. Allocated costs include those for administration and general, personnel related expenses and costs for operational support. These costs are allocated based on the various factors including time spent on programs or based upon program revenues. General and administrative expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

### Fair Value

The Organization's accounting for fair value measurements of assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring or nonrecurring basis adheres to the Financial Accounting Standards Board (FASB) fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

Notes to Financial Statements

December 31, 2018 and 2017

The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access at the measurement date
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability
- Level 3 inputs are unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The carrying value of accounts payable, promises to give and other financial working capital items approximate fair value at December 31, 2018 and 2017, due to the short term nature of these items.

### Recently Issued Accounting Pronouncements

In May 2014, and subsequently amended, the FASB issued ASU No. 2014-09, which amended *Revenue from Contracts with Customers (Topic 606)* of the Accounting Standards Codification. The core principle of the new guidance is that an entity should recognize revenue to reflect the transfer of goods and services to customers in an amount equal to the consideration the entity receives or expects to receive. The guidance will be effective for the Organization for annual periods beginning January 1, 2019. The Organization expects that adoption of this guidance will not have a material impact on its financial statements.

In February 2016, the FASB issued Accounting Standards Update (ASU) No. 2016-02, *Leases (Topic 842)*, which provides guidance for accounting for leases. The new guidance requires entities to recognize the assets and liabilities for the rights and obligations created by leased assets, initially measured at the present value of the lease payments. The accounting guidance for lessors is largely unchanged. The ASU is effective for annual periods beginning after December 15, 2019, with early adoption permitted. The Organization is currently evaluating the impact that the adoption of this guidance will have on the Organization's financial statements.

In June 2018, the FASB issued ASU No. 2018-08, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. The new guidance was issued to clarify and improve current guidance about whether a transfer of assets (or the reduction, settlement, or cancellation of liabilities) is a contribution or an exchange transaction. The amendments clarify how an entity determines whether a resource provider is participating in an exchange transaction by evaluating whether the resource provider is receiving commensurate value in return for the resources transferred. The new standard is to be applied on a modified prospective basis, although retrospective application is permitted. For transactions of non-public entities in which the entity serves as the resource recipient, the amendments are effective for annual periods beginning after December 15, 2018 and interim periods within annual periods beginning after December 15, 2019. For transactions of non-public entities in which the entity serves as the resource provider, the amendments are effective for annual periods beginning after December 15, 2019 and interim periods within annual periods beginning after December 15, 2020. Early adoption of the amendment is permitted. The Organization is currently evaluating the impact that the adoption of this guidance will have on the Organization's financial statements.

In August 2018, the FASB issued ASU No. 2018-13, *Fair Value Measurement (Topic 820)*. This ASU improves the effectiveness of the notes to financial statements through changes in disclosure requirements for fair value measurement. The ASU is effective for annual periods beginning January 1, 2020. The Organization is currently evaluating the impact that adoption of this guidance will have on its consolidated financial statements.

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In August 2018, the FASB issued ASU No. 2018-15, Intangibles-Goodwill and Other-Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract of the Accounting Standards Codification. This ASU was issued to provide additional guidance on the accounting for costs of implementation activities performed in a cloud computing arrangement that is a service contract. The amendments align the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop internal-use software. The accounting for the service element of a hosting arrangement that is a service contract is not affected by the amendments in this ASU. The ASU is effective for annual periods beginning after December 15, 2020, with early adoption permitted. The Organization is currently evaluating the impact that the adoption of this guidance will have on the Organization's financial statements.

### Subsequent Events

The Organization has evaluated subsequent events through August 13, 2019, the date which the financial statements were available to be issued.

### 2. EXPEDITION PROGRAM AND CLOUD COMPUTING APPLICATION DEVELOPMENT

During 2015, the Organization entered into a contract and began incurring costs related to the development of a cloud-based computing application for the management and support of its expeditions program and the Organization's vision of an application that enables participants to have a measurable social impact for every mile they bike, hike, or run. During 2018 and 2017, the Organization incurred approximately \$355,000 and \$209,000 of costs, respectively, related to this development, which includes approximately \$50,000 in each year of costs that were donated by the developer of the application. The application was launched in 2018 and is available for public use. The Organization also incurs related platform license fees of \$100,000 per year in 2018 and 2017, of which \$90,000 of these platform license fees in each year were also donated by the developer as further described in Note 4.

The cloud computing application development costs incurred during 2018 and 2017 of \$355,000 and \$209,000, respectively, have been included in expenses rather than at least a portion of the costs being capitalized as the arrangement was determined to be a service contract.

The functionality within the application is designed to not only support the Organization's various expeditions, but to also include the ability for the donors to contribute to the expeditions. Management estimates that of the total costs incurred of approximately \$455,000 in 2018 and \$309,000 in 2017 (including the platform license fee of \$100,000 in both 2017 and 2018), \$446,000 and \$303,000 relates to the expedition program, respectively, and \$8,800 and \$6,000 relates to the fund-raising element of the application, respectively. This estimate of expense allocation is a significant management estimate.

### 3. NET ASSETS

Net assets with donor restrictions are restricted for the following purposes at December 31:

	2018		2017		
Expeditions Missions and Missionary programs	\$	498,917 641,843	\$	389,692 211,089	
Totals	\$	1,140,760	\$	600,781	

Notes to Financial Statements

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Net assets with donor restrictions were released from donor restrictions as follows for 2018 and 2017 as a result of incurring the expenses satisfying their restricted purpose:

	 2018	 2017
Expeditions Missions and Missionary programs	\$ 458,591 2,350,099	\$ 293,363 2,339,941
Totals	\$ 2,808,690	\$ 2,633,304

### 4. GIFTS-IN-KIND

Donated goods and services are recorded at their estimated fair value.

Donated services are recognized as contributions if the services create or enhance a nonfinancial asset, or require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization. The Organization has estimated the approximate fair value of professional services provided at no charge by related parties (Note 5) to be \$3,000 per year for 2018 and 2017. In addition, the Organization has estimated the approximate fair value of professional services provided at no charge by unrelated parties to be approximately \$75,000 and \$66,000 for the years ended December 31, 2018 and 2017, respectively. These professional services related to cloud application software development of approximately \$50,000 per year for both 2018 and 2017 (Note 2), and legal services of approximately \$25,000 and \$16,000 which were provided for the Organization during the years ended December 31, 2018 and 2017, respectively. The Organization also received a donation of related platform license fees for the cloud application of \$90,000 per year in 2018 and 2017. The approximate fair value of professional services and license fees is included in gifts-in-kind contributions and expenses in the statements of activities and functional expenses. The related expense is included in expeditions and fundraising for the cloud application software implementation and related license fees. The donated legal services are recorded in general and administrative expense.

The Organization receives a significant amount of donated services from unpaid volunteers who assist in various activities and which do not meet the criteria above. No amounts have been recognized in the statement of activities because these services do not qualify for recognition under accounting principles generally accepted in the United States of America.

The Organization is also provided rent-free space from a related party (Note 5). The Organization has estimated the approximate fair value of rent for this space to be approximately \$1,000 per month. This space was provided rent free for twelve and ten months during the years ended December 31, 2018 and 2017, respectively. The approximate fair value of \$12,000 and \$10,000 is included in gift-in-kind contributions and rent expense in the statement of activities for the years ended December 31, 2018 and 2017, respectively.

The Organization also receives food donations for its missions programs. The Organization has estimated the fair value of these donations, based on information provided by the donor, to be approximately \$1,377,000 and \$1,257,000 for 2018 and 2017, respectively. The approximate fair value of food donations is included in gifts-in-kind contributions and mission program expenses in the statements of activities and functional expenses. Gift-in-kind expense is recorded when the goods are approved for distribution for program use. The Organization does not sell donated gifts-in-kind and only distributes the goods for program use.

At each year end, the Organization had certain shipments of the contributed food inventory that were in transit to an international donee location where the food will be distributed. The Organization retains title to such goods and bears risk of loss until the goods reach the donee location. Therefore, the Organization has recorded inventory in transit to donee of approximately \$180,000 and \$120,000 at December 31, 2018 and 2017, respectively, based on the estimated donated fair value of the food shipment. The Organization has also recorded a related promise to give liability in a like amount at each year end to reflect the promised commitment of such goods to the international donee.

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### 5. TRANSACTIONS WITH RELATED PARTIES

The Organization is related to three other corporations under common management control. The existence of that control could result in financial position and changes in net assets of the Organization that are significantly different from those that would have been obtained if the entities were autonomous.

The Organization received contributions (exclusive of gifts-in-kind) totaling approximately \$1,134,000 and \$582,000 from these corporations and related individuals during 2018 and 2017, respectively.

The Organization has paid the three corporations approximately \$35,000 and \$42,000 for the years ended December 31, 2018 and 2017, respectively. The amounts paid primarily relate to airfare and travel services.

The Organization subleased office space from one of the related corporations under a sublease agreement which expired in October 2017. The sublease agreement required monthly lease payment of approximately \$1,000. During 2017, the Organization entered into a new verbal, month-to-month agreement with the related corporation under which the Organization is provided use of this office space rent-free beginning in March 2017. Rent expense, including the gift-in-kind of the use of this office space rent-free, was approximately \$12,000 per year in 2018 and 2017.

### 6. CONCENTRATIONS

The Organization has received contributions and gifts-in-kind from corporations under common control with the Organization and related individuals of the Organization that comprised approximately 22% and 16% of the Organization's revenue and support in 2018 and 2017, respectively, as discussed in Notes 4 and 5.

The Organization has received food gifts-in-kind from an unrelated party that comprised approximately 30% and 34% of the Organization's revenue and support in 2018 and 2017, respectively.

## 7. PROFIT SHARING PLAN

The Organization participates in a discretionary 401(k) profit sharing plan sponsored by a related party for substantially all employees who have attained a certain age and met service requirements. The Organization makes a safe harbor matching contribution of 100% of the employee's elective deferral not to exceed 4% of eligible compensation. Contributions to the plan are subject to certain limits under the Internal Revenue Code. Contributions of approximately \$7,000 per year were made for 2018 and 2017.

### 8. LIQUIDITY AND AVAILABILITY

The following reflects the Organization's financial assets as of the statement of financial position date, reduced by amounts that have donor-imposed restrictions:

Financial Assets at Year End: Cash		2018		
		1,827,804		
Less: Donor-Imposed Restrictions: Restricted for Expeditions Restricted for Missions and Missionary programs Total Donor-Imposed Restrictions		(498,917) (641,843) (1,140,760)		
Net financial assets after donor-imposed restrictions to meet general expenditures within one year	\$	687,044		

Notes to Financial Statements

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The donor-imposed restrictions represent contributions received from donors with stipulations that the amounts are to be expended for specific program purposes, but for which the restricted purposes have not yet been fulfilled at year end. It is anticipated the majority of such donor restrictions will be fulfilled within the next year as the related program expenditures are made. The Organization maintains sufficient resources to meet those requirements. The Organization maintains its cash or other financial assets to be available for expenditures, liabilities, and other obligations, and the Organization's working capital and cash flow needs vary throughout the year. Management monitors its liquidity needs on a regular basis and maintains the majority of its resources in bank deposit accounts.