## **Return of Organization Exempt From Income Tax**

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

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

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



AI	For th	e 20 19 calendar year, or tax year beginning and e	enaing									
B	Check if applicab	e: C Name of organization		D Employer identific	cation number							
	Addre chang											
	Name chang	Doing business as		41-17201	55							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number								
	Final return	511 EAST TRAVELERS TRAIL		952-886-7	7676							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	5,229,566.							
	Amen return	BOUNDVILLE, MN 33337		H(a) Is this a group re	eturn							
	Applic tion	r Name and address of principal officer. It I AM DICOOG		for subordinates	?							
	pendi	<sup>ng</sup> 17545 KODIAK AVENUE, LAKEVILLE, MN 5504	44	H(b) Are all subordinates in								
1	Tax-ex	empt status: 🗴 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) o	or 527	lf "No," attach a	list. (see instructions)							
		te: VENTURE . ORG		H(c) Group exemption								
K	Form o	f organization: 🚺 Corporation Trust Association Other 🕨	L Year	of formation: 1992 N	State of legal domicile: MN							
Pá	art I	Summary										
•	1	Briefly describe the organization's mission or most significant activities: WE SP										
ő		THE WORLD'S GREATEST NEEDS AS AN ACTIVE RE	ESPONS	E TO THE GO	SPEL.							
Activities & Governance	2	Check this box I if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets. 9							
ove	3											
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			6							
es é	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8							
viti	6	Total number of volunteers (estimate if necessary)			3382							
Vcti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····	7b	0.							
				Prior Year	Current Year							
ē	8	Contributions and grants (Part VIII, line 1h)		4,531,471.	5,194,165.							
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.							
sev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-834.	2,050.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-36,982.	-42,346.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,493,655.	5,153,869.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,236,221.	2,794,115.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		409,478.	508,642.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ăX	. b	Total fundraising expenses (Part IX, column (D), line 25)  112,20		1 105 550	000 850							
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,185,552.	982,752.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,831,251.	4,285,509.							
	19	Revenue less expenses. Subtract line 18 from line 12		662,404.	868,360.							
S OF				ginning of Current Year	End of Year							
Assets	20	Total assets (Part X, line 16)		2,045,489.	3,001,950.							
etA	1	Total liabilities (Part X, line 26)		256,644.	344,745.							
Ž. P	art II	Net assets or fund balances. Subtract line 21 from line 20		1,788,845.	2,657,205.							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
Here	<b>RYAN SKOOG, PRESIDENT,</b> Type or print name and title	CEO				
	Type of print name and the					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	LANCE R. MADSON		11/12	/20 self-employed	P0013173	5
Preparer	Firm's name 🕨 BOULAY PLLP			Firm's EIN 🕨 41	-0887288	
Use Only	Firm's address 🕨 7500 FLYING CLOU	D DR-STE 800				
	MINNEAPOLIS, MN	55344		Phone no. 952 -	893-9320	
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)			X Yes	No
932001 01-2	D-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b>	(2019)

	990 (2019) VENTURE t III Statement of Program Service Accomplishments	41-1720155	Page 2
1 41	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		123
•	VENTURE CREATES AND ORGANIZES ADVENTUROUS AND SACRIFICI	AL EXPERIENCES	S
	TO RAISE FUNDS AND AWARENESS FOR MISSION'S INITIATIVES		
	WORLD, WHILE PROVIDING AN INTENTIONAL DISCIPLESHIP PROG		
	PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XNo
	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 ot	hers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$3,972,445. including grants of \$2,794,115. ) (Re	venue \$	
	VENTURE PLAYS A DIRECT ROLE IN PROMOTING BIBLICAL JUSTI	CE THROUGH	
	ORGANIZING TRIPS AND SENDING SHORT-TERM MISSION TEAMS I	NTO STRATEGIC	
	LOCATIONS. THE ORGANIZATION ACCOMPLISHES ITS MISSION E	Y RAISING	
	AWARENESS AND FUNDS THROUGH ENDURANCE CHALLENGES AND PH		
	SACRIFICE. PHYSICAL CHALLENGES, INCLUDING BIKING ACROS		
	RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK	-	
	FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPO		
	REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MI	SSION TO SERVI	Ε
	THE POOR AND VULNERABLE.		
4b	TEAMS       TEAMS       HOLD       PASTOR       CONFERENCES       DISTRIBUTION         (Code:      ) (Expenses \$ including grants of \$) (Regime to the second sec	venue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Re	venue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 3,972,445.		
		Form 9	<b>90</b> (2019
			201
32002	SEE SCHEDULE O FOR CONTINUATION		2013
	SEE SCHEDULE O FOR CONTINUATION         2         .12 400318 101786         2019.05000 VENTURE	(S)	1017

Pa	TIV 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
	Part VI	11a	~	<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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
	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	L
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1
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	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
19	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "–		
18		40	х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	├──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	L
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Form 990 (2019)

VENTURE

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	<u> </u>
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? 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
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Par	t 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		37	
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 <i>e-file</i> (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	90		<u> </u>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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?	7a	х	
		7b	X	<u> </u>
	It "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	10		<u> </u>
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) <b>VENTURE</b>		41-172			age 6
Par	t VI Governance, Management, and Disclosure For each "Ye	es" response to lines 2 throu	igh 7b below, and for	a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or					
	Check if Schedule O contains a response or note to any line in this Pa	rt VI				X
Sec	tion A. Governing Body and Management					
			1	•	Yes	No
1a	Enter the number of voting members of the governing body at the end of the		1a	9		
	If there are material differences in voting rights among members of the governing bod					
	body delegated broad authority to an executive committee or similar committee, expla					
b	Enter the number of voting members included on line 1a, above, who are inc	•	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship				77	
-	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily p		·			
	of officers, directors, trustees, or key employees to a management company					X X
4	Did the organization make any significant changes to its governing documer					X
5	Did the organization become aware during the year of a significant diversion					X
6				6		
7a	Did the organization have members, stockholders, or other persons who had				x	
	more members of the governing body?			7a		
D	Are any governance decisions of the organization reserved to (or subject to a			76	x	
0	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written action		-	0-	x	
	The governing body?			<u>8a</u> 8b	X	
ь 9				uo .		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Secti organization's mailing address? <i>If "Yes," provide the names and addresses of</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not re					_ 23
	(This Section B requests information about policies not re	equired by the internal nevel	lue Coue.j		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing					
-	and branches to ensure their operations are consistent with the organization	- 	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all memb			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to revie		Ū			
12a	Did the organization have a written conflict of interest policy? If "No," go to			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually				Х	
	Did the organization regularly and consistently monitor and enforce complian					
	in Schedule O how this was done			12c	х	
13	5			13	Х	
14	Did the organization have a written document retention and destruction polic	cy?		. 14	Х	
15	Did the process for determining compensation of the following persons inclu	ude a review and approval b	y independent			
	persons, comparability data, and contemporaneous substantiation of the de	eliberation 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 instruction	ions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint ve	enture or similar arrangemer	nt with a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the	ne organization to evaluate i	ts participation			
	in joint venture arrangements under applicable federal tax law, and take step					
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed			(a)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024		990-1 (Section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that					
40	Own website X Another's website X Upon request		,	nd for	مادا	
19	Describe on Schedule O whether (and if so, how) the organization made its g	governing accuments, confl	or or interest policy, a	and tinano	udi	
00	statements available to the public during the tax year.	on the proprietical backs	and records			
20	State the name, address, and telephone number of the person who possess RYAN SKOOG $-952-886-7676$	ses the organization's books	and records			
		044				
932004	01-20-20	~		Form	1 <b>990</b>	(2019)
552000	6			1011		(2010)
.111	12 400318 101786 2019.05	5000 VENTURE			10	178

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Form 990 (	2019) VENTURE	41-1720155	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est 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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's	s tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizati	ons), regardless of amount of compens	ation.
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.

See instructions for the order in which to list the persons above.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus <sup>:</sup>	iee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		æ	bensi		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TIM SKOOG	7.50	-	<u> </u>	0	×	Ξœ	ш.			
CHAIRMAN OF THE BOARD		х		x				0.	Ο.	0.
(2) RYAN SKOOG	7.50									
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		X						0.	0.	0.
(7) TOM TOMLINSON	7.50	37						•	0	0
MEMBER		Х						0.	0.	0.
(8) ROGER LANE MEMBER	7.50	х						0.	0.	0.
(9) PAUL HURCKMAN	7.50	Λ		-		-		0.	0.	0.
SECRETARY, EXECUTIVE DIRECTOR	7.50	х		x				80,788.	0.	3,792.
(10) TERRY LIJEWSKI	7.50	~						00,700.	0.	5,752.
MEMBER	7.50	х						0.	0.	0.
932007 01-20-20	I	I	I	I	I	I		1		Form <b>990</b> (2019)

Form 990 (2019) VENTURE									41-17	201	155	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Fet	timate	Ч
Name and the	hours per					than o s both		compensation	compensatio	n I		ount	
	week					r/trust		from	from related			other	
	(list any	or						the	organizations			bensat	lion
	hours for	irect						organization	(W-2/1099-MIS	I		om the	
	related	e or c	tee			sated		, i i i i i i i i i i i i i i i i i i i	(00-2/1099-0013	<sup>0</sup>			
	organizations	ustee	trust		æ	bens		(W-2/1099-MISC)			•	anizati	
	below	ıal tr	onal		ploye	ee						l relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
	iiiie)	lno	<u> </u>	0ff	Key	e, Hi	ß			$\rightarrow$			
		1											
										-+			
										$\rightarrow$			
										$\rightarrow$			
1b Subtotal								80,788.		0.	.,	3,79	92.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								80,788.		0.	:	3,79	
2 Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·	200 of reportable			,,,,	
		use	iistee	u au	ove	) vvi i	Jie	ceiveu more than \$100,0	Job of reportable				0
compensation from the organization											<del></del>	Yes	No
										ſ	_	res	NO
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a		isatir	on fr	0m :	anv	unre	late	ed organization or individ	ual for services	····	-		
										- 1	5		х
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	<u>piete Scheaule</u>	<u> </u>	or su	<u>cn p</u>	bers	on .					5		23
										<u> </u>			
1 Complete this table for your five highest con										ensat	ion tro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wit	<u>hin</u>		ear.				
(A)				_				(B)		~	(C		
Name and business	address	NC	ONE				_	Description of s	ervices		ompen	Isatior	ו
							-						
							$\dashv$						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to t	thos	e list	ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				C	)							
											Form <b>S</b>	<b>990</b> (2	2019)

Forn	1 99(	0 (2	2019) VENTURE				41-1720	155 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Ū.			Fundraising events 1c	133,407.				
ar A			Related organizations 1d					
s, s		е	Government grants (contributions) 1e					
tion S		f	All other contributions, gifts, grants, and					
ibu				<u>,060,758.</u>				
ut p		-		<u>,638,103.</u>				
<u>م م</u>		h	Total. Add lines 1a-1f		5,194,165.			
	-			Business Code				
Program Service Revenue	2							
Serv		b c						
E S		d						
Be		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	rest, and				
			other similar amounts)	►				
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
	_		(i) Real	(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss)       6c         Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
	'	a	assets other than inventory <b>7a</b>	2,200.				
		b	Less: cost or other basis					
e			and sales expenses <b>7b</b>	150.				
venue		с	Gain or (loss) 7c	2,050.				
		d	Net gain or (loss)		2,050.	2,050.		
Other Re	8	а	Gross income from fundraising events (not including \$ 133,407. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8		10.016			10.016
			Net income or (loss) from fundraising events	<b>▶</b>	-42,346.			-42,346.
	9	а	Gross income from gaming activities. See	_				
		Ŀ	Part IV, line 19 99 Less: direct expenses 99					
			Less: direct expenses 9 Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		-	and allowances	)a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
10				Business Code				
e e	11	а						
ane		b						
Miscellaneous Revenue		С						
Mis			All other revenue					
			Total. Add lines 11a-11d		5 152 0C0		0	10 246
	12		Total revenue. See instructions	🕨	5,153,869.	2,050.	0.	-42,346. Form <b>990</b> (2019)
93200	9 01-	20-	20					FUTH 330 (2019)

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	1 6 7 . 0 0 0	1 6 7 . 0 0 0		
	and domestic governments. See Part IV, line 21	167,008.	167,008.		
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	2 627 107.	2,627,107.		
4	Benefits paid to or for members	2/02//20/0	2,02,720,0		
5	Compensation of current officers, directors,				
-	trustees, and key employees	98,149.	70,113.	23,054.	4,982
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	384,517.	274,682.	90,317.	19,518.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	05.056	10, 100		
10	Payroll taxes	25,976.	19,482.	6,494.	
11	Fees for services (nonemployees):				
	Management				
	Legal	20 517		20 517	
	Accounting	30,517.		30,517.	
	, , , , , , , , , , , , , , , , , , ,				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	48,312.		21,724.	26,588.
13	Office expenses	1,917.	782.	1,135.	20,000
14	Information technology	359,340.	353,340.	,	6,000
15	Royalties	•			•
16	Occupancy				
17	Travel	27,007.	10,507.		16,500.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,009.		303.	706.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,938.	4,938.		
23	Insurance	41,362.	32,770.	8,592.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TOUR EXPENSES	284,329.	284,329.		
b	MISSION EXPENSES	122,425.	122,425.		
с	BANK FEES	26,374.	2,386.	795.	23,193.
d	DUES & SUBSCRIPTIONS	16,365.		16,365.	
е	All other expenses	18,857.	2,576.	1,565.	14,716.
25	Total functional expenses. Add lines 1 through 24e	4,285,509.	3,972,445.	200,861.	112,203
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)				

Form 990 (2019)

Form 990 (2019) VENTURE
Part IX Statement of Functional Expenses

11 2019.05000 VENTURE

1 4							
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,827,804.	1	2,701,138.
	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 any current or	r former	officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			185,967.	8	274,183.
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,814.			
	b	Less: accumulated depreciation		17,685.	15,218.	10c	10,129.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			16,500.	14	16,500.
	15				15		
	16	Total assets. Add lines 1 through 15 (must equ			2,045,489.	16	3,001,950.
	17	Accounts payable and accrued expenses			16,018.	17	25,171.
	18	Grants payable			240,626.	18	319,574.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
abil		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D				25	
	26				256,644.	26	344,745.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			648,085.	27	1,260,068.
Ba	28	Net assets with donor restrictions		<u></u> L	1,140,760.	28	1,397,137.
pur		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipmen	it fund		30	
As	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
Nei	32	Total net assets or fund balances			1,788,845.	32	2,657,205.
	33	Total liabilities and net assets/fund balances			2,045,489.	33	3,001,950.
							$E_{0}$ (2010)

<u>,001,950.</u> Form **990** (2019)

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# Form 990 (2019) Part X Balance Sheet

VENTURE

Form	990 (2019) <b>VENTURE</b>	41-17	20155	Pag	<sub>ge</sub> 12
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)	1	5,153		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,285		
3	Revenue less expenses. Subtract line 2 from line 1	3	868		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,788	8,84	<u>45.</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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,657	,20	<u> 35.</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></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	e 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	e audit,			
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			(		

Form **990** (2019)

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Department of the Treasury

(Form	990	or	990	-EZ)
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## **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.

OMB No. 1545-0047
2019
Open to Public Inspection

Internal Revenue Service Solution Service Solution Service Inspection Inspection											
Name of the organization								Employer identification number			
	VENTURE 41-1720155										
Pa	rtl	Reason	for Public (	Charity Status	(All organizations must co	mplete th	is part.) Se	e instruction	3.		
The o	organ	ization is not a	a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	n <b>170(b)</b> (1	I)(A)(i).			
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	,
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	ollege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organizati	on that norma	lly receives a substa	antial part of its support fi	om a gove	ernmental	unit or from tl	ne general p	bublic described in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	anization described	l in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	rant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:									
10		An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, members	hip fees, an	d gross receipts fror	n
					ect to certain exceptions,						
		income and ι	Inrelated busir	ness taxable income	e (less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.	
		See section	509(a)(2). (Cor	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	sively to test for public sa	ety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in	
		lines 12a thro	ough 12d that o	describes the type o	of supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	giving	
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting	
		organizatio	n. <b>You must c</b>	omplete Part IV, S	ections A and B.						
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ing	
		control or r	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
с		] Type III fur	nctionally inte	grated. A supportir	ng organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.			
d		J Type III no	n-functionally	v integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	ation(s)	
		that is not f	functionally int	egrated. The organi	zation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	reness	
		requiremen	it (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	V.			
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	integrated, or	Type III non-functio	onally integrated supporting	ng organiz	ation.				
f	Ente	er the number	of supported c	organizations							
g				about the support		(iv) Is the ora:	anization listed				
	(	<ul> <li>i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in	,	(vi) Amount of othe support (see instruction	
		organization	I		above (see instructions))	Yes	No	support (see in	istructions)	support (see instruction	
											_
											_
											_
Tota											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990-EZ) 2019 VENTURE

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2552730.	3180528.	3511348.	4531472.	5194165.	18970243.
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	2552730.	3180528.	3511348.	4531472.	5194165.	18970243.
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)						2568517.
	Public support. Subtract line 5 from line 4.						16401726.
See	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2552730.	3180528.	3511348.	4531472.	5194165.	18970243.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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	Total support. Add lines 7 through 10						18970243.
12	Gross receipts from related activities,					12	138,386.
13	First five years. If the Form 990 is for	-			•		
Sec	organization, check this box and stor ction C. Computation of Publi	o here c Support Per	centage				····· <b>&gt;</b>
	_		-	olump (f))		44	86.46 %
	Public support percentage for 2019 (I					14	
15	Public support percentage from 2018 33 1/3% support test - 2019. If the o						
108		0		,		,	
	stop here. The organization qualifies 33 1/3% support test - 2018. If the o						
L.	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the "fac						-
	meets the "facts-and-circumstances"			-	-	-	
F	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				• •		►
18	Private foundation. If the organization		•	•			s b
				,,,			) or 990-EZ) 2019
					SCHE	Same A (FOLIII 990	01 330-EZ) 20 19

932022 09-25-19

# Schedule A (Form 990 or 990-EZ) 2019 VENTURE 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
~	amount on line 13 for the year						<u> </u>
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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						
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 first, second, thir	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 2019 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	<b>33 1/3% support tests - 2019.</b> If the	organization did I	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box an	id stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	▶∟
b	33 1/3% support tests - 2018. If the	organization did I	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
93202	23 09-25-19				Sch	edule A (Forn	n 990 or 990-EZ) 2019



Yes No

### 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.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		110		
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
	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		
360	tion B. Type I Supporting Organizations			
			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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions,	) 	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? <i>Provide details in</i> <b>Part VI.</b>	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.	<u>3b</u>		0040
932025	5 09-25-19 Schedule A (Form 9	90 or 95	νυ-⊏Ζ)	2019

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1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 VENTURE

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

Schedule A	(Form 990 or 990-EZ)	2019 VENTURE
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	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	м
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
<u> </u>	From 2016			
d	From 2017			
<u>e</u>	From 2018			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019 VENTURE

Part VI	<b>Supplemental Information.</b> Provide th Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a line 1; Part IV, Section D, lines 2 and 3; Part IV Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	ne explanations required by Part II, line a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Par /, Section E, lines 1c, 2a, 2b, 3a, and 3 on E, lines 2, 5, and 6. Also complete th	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V, nis part for any additional information.
932028 09-25-1	9	20	Schedule A (Form 990 or 990-EZ) 2019

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2019

Name of the organization		Employer identification numbe		
VENTURE		41-1720155		
Organization type (che	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
, ,	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.		
General Rule				
-	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribute			
Special Rules				
sections 509( any one contr	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 ibutor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the am 0-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from		
year, total cor	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or ec- cruelty to children or animals. Complete Parts I, II, and III.			

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

### VENTURE

41-1720155 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,253,316. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 148,650. Noncash \$ (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution V 3

		\$700,900.	Person A
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4   		\$106,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06-19		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) n 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

41-1720155

### VENTURE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

24 2019.05000 VENTURE

Name of or	ganization			Employer identification numb
VENTUF	RE			41-1720155
Part III	from any one contributor. Complete columns (	(a) through (e) and the following lin charitable, etc., contributions of \$1,00	e entry. For organi	7), (8), or (10) that total more than \$1,000 for the y zations r. (Enter this info. once.)  \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
-	Transferee's name, address,	and ZIP + 4	Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address,	(e) Transfer o and ZIP + 4		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer o		onship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
<u>Part I</u>				
ŀ		(e) Transfer o	f gift	
	Transferee's name, address,	and ZIP + 4	Relati	onship of transferor to transferee
923454 11-06-	-19			Schedule B (Form 990, 990-EZ, or 990-PF) (2

25 2019.05000 VENTURE SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 9	90)
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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.



Nam	e of the organization VENTURE				Employer identification numb 41-1720155	er
Pa		Funds or Other S	imilar Funde	s or Act		
l a	organization answered "Yes" on Form 990, Part IV, line					
	organization answered fes on Form 990, Part IV, inte	(a) Donor advise	ed funds	(1	) Funds and other accounts	
4	Total number at and of year			, ···		
1	Total number at end of year         Aggregate value of contributions to (during year)					
2 3	Aggregate value of grants from (during year)					
4						
5	Aggregate value at end of year	riting that the assets he	ld in donor advi	l sed funds	2	
5	are the organization's property, subject to the organization's e	-				No
6	Did the organization inform all grantees, donors, and donor ad					10
•	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				·	No
Pa	t II Conservation Easements. Complete if the orga	anization answered "Ye	s" on Form 990,	Part IV, I	line 7.	
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreati	on or education)	Preservation of	of a histor	rically important land area	
	Protection of natural habitat		7		ed historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form	of a con	servation easement on the last	
	day of the tax year.				Held at the End of the Tax Ye	ear
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
с	Number of conservation easements on a certified historic struct	cture included in (a)			2c	
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on	a historic struct	ure		
	listed in the National Register			[	2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or t	erminated by th	e organiz	ation during the tax	
	year					
4	Number of states where property subject to conservation ease			-		
5	Does the organization have a written policy regarding the period					
	violations, and enforcement of the conservation easements it h					No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, ar	nd enforcing cor	iservatior	easements during the year	
_			<i>.</i> .			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation	ation eas	ements during the year	
•	► \$	action the requirement	a of contion 170	//b///D//;		
8	Does each conservation easement reported on line 2(d) above					No
۵	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation					NO
9	balance sheet, and include, if applicable, the text of the footnot					
	organization's accounting for conservation easements.	te to the organization s	initalicial statell		l describes the	
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or O	ther Si	milar Assets.	
	Complete if the organization answered "Yes" on Form 9		-			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement	and balar	nce sheet works	
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education	, or research in f	urtherand	ce of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these iter	ns.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and	balance	sheet works of	
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	r research in fur	herance	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	sures, or other similar a	ssets for financi	al gain, p	rovide	
	the following amounts required to be reported under FASB AS	-				
а	Revenue included on Form 990, Part VIII, line 1				► \$	

b Assets included in Form 990, Part X

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

► \$

Sche	dule D (Form 990) 2019 VENTURE							41-17			age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	_oan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "	'Yes" on	Form 990	), Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	-						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V</b> Endowment Funds. Complete	if the organization ar	nswered "	'Yes" on Fo					1		
		(a) Current year	<b>(b)</b> Pr	rior year	(c) Two year	rs back	(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
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	•		, column (a)	)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment										
с		_%									
0-	The percentages on lines 2a, 2b, and 2c sho				al a duatio takau						
38	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neio ar	ia administer	eatortr	ie organiza	ation	1	Yes	No
	by: (i) Unrelated organizations								20(1)	res	No
	<b>U</b>								3a(i) 3a(ii)		
h	(ii) Related organizations										
1	Describe in Part XIII the intended uses of the								30		L
Par	t VI Land, Buildings, and Equipm			1103.							
	Complete if the organization answere		) Part IV	line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or c	ŕ		or other	, ,	ccumulate	ed	(d) Boo	k valu	e
		basis (investr		.,	(other)	• • •	preciation		(, 000	valu	-
<b>1</b> a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			2	7,814.		17,6	85.	1	0,1	29.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	0c.)		<u>.</u>		1	0,1	29.
		-	-			-					

Schedule D (Form 990) 2019

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### Part VII Investments - Other Securities.

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

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

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
	(a) Description of liability ederal income taxes	
(1) F		
(1) F (2)		
(1) F (2) (3)		
(1) F (2) (3) (4)		
(1) F (2) (3) (4) (5)		
(1) F (2) (3) (4) (5) (6)		
(1) F (2) (3) (4) (5) (6) (7)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ....

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

X

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 VENTURE			41-3	1720155 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	I2a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,344,951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	191,082.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	191,082.
3	Subtract line 2e from line 1			3	5,153,869.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,153,869.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	l2a.			
1	Total expenses and losses per audited financial statements			1	4,476,591.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	191,082.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	191,082.
3	Subtract line 2e from line 1			3	4,285,509.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,285,509.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE ORGANIZATION 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.

932054 10-02-19

932071 10-12		
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## 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.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance outs	ide the
United States.	a a fallau da a Dad				
3 Activities per Region. (Th (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	<ul> <li>n be duplicated if additional space is n</li> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	(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,					
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	MISSION SUPPORT	470,907.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,				MISSION AND REFUGEE	
CAMBODIA,	0	0	PROGRAM SERVICES	SUPPORT	2,106,499.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	MISSION SUPPORT	49,700.
3 a Subtotal	0	0			2,627,106.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,627,106.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2	Activitics per Degion	(The following Dort	line 2 table can be du	uplicated if additional s	naga in nagdad )
3	ACLIVILIES DEL DEUDIT.	the following Part	. III le 3 lable Call be ul	iplicated if additional S	Dace is needed.

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

Schedule F (Form 990) 2019



Employer identification number

.....X Yes 🗌 No

41-1720155

Department of the Treasury Internal Revenue Service

VENTURE

Part I

SCHEDULE F (Form 990)

Name of the	organization
-------------	--------------

Form 990, Part IV, line 14b.

## 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 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region noncash of noncash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EAST ASIA AND THE PACIFIC -AUSTRALIA. BRUNEI, BURMA REFUGEE SUPPORT 140,017.WIRE Ο. EAST ASIA AND THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, FEEDING 140 017. WIRE 0. EAST ASIA AND THE PACIFIC -AUSTRALIA BRUNEI, BURMA, FEEDING 1639603, FOOD 0. EAST ASIA AND THE PACIFIC -AUSTRALIA. BRUNEI, BURMA, REFUGEE SUPPORT 77,032.WIRE Ο. EAST ASIA AND THE PACIFIC -AUSTRALIA. BRUNEI, BURMA REFUGEE SUPPORT 12,800.WIRE Ο. EAST ASIA AND THE PACIFIC -AUSTRALIA. BRUNEI, BURMA MISSION SUPPORT 10,894.WIRE 0. SOUTH ASIA AFGHANISTAN, BANGLADESH, 0. BHUTAN, INDIA REFUGEE SUPPORT 20,000.WIRE SOUTH ASIA ANTI TRAFFICKING 368,237.WIRE 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 other organizations or entities

Schedule F (Form 990) 2019

Page 2

Schedule F (Form 990)	VENTU				41-17			Page 2
Part II     Continuation of       1     (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance	I) (h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA	REFUGEE SUPPORT	9,042.	WIRE	0.		
		SUB-SAHARAN AFRICA	MISSION SUPPORT	49,700.	WIRE	0.		
		SOUTH ASIA	ANTI TRAFFICKING	15,578.	WIRE	0.		

Page 3

Schedule F (Form 990) 2019	VENTURE				41-1720155		Page
Part III Grants and Other Assista			tes. Complete	if the organization answered "Yes	s" on Form 990, Part	IV, line 16.	
Part III can be duplicated in	f additional space is neede	d		1			
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE PACIFIC - AUSTRALIA,						
MISSION SUPPORT & FEEDING	BRUNEI, BURMA,	6	83,637.	CHECK	0.		
	EAST ASIA AND THE PACIFIC - AUSTRALIA,						
MISSION SUPPORT & FEEDING	BRUNEI, BURMA,	4	55,650.	снеск	0.		

Schedule F (Form 990) 2019

	(Form 990) 2019	VENTURE
Part IV	Foreign Forr	ns

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	<b>—</b>	77
	(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) 2019

VENTURE Schedule F (Form 990) 2019 Part V | Supplemental Information

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.

932075 10-12-19

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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	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.							2019
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection
Name of the organization	VENTURE						41-1720	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>a Ail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	<b>f</b> Solicitat <b>g</b> Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No	-			
Total 3 List all states in whi	ich the organizatio	n is registered or licensed to solicit c	ontrib		or has been notified	itis	exempt from re	aistration
or licensing.					or has been notified	11.13 (	exempt nom re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2019

932081 09-11-19

### Schedule G (Form 990 or 990 EZ) 2019 VENTURE

Part II 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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
0		(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1 Gross receipts	166,608.			166,608
	2 Less: Contributions	133,407.			133,407
ļ	<b>3</b> Gross income (line 1 minus line 2)	. 33,201.			33,201
	4 Cash prizes				
	5 Noncash prizes				
2.22	6 Rent/facility costs	4,282.			4,282
	7 Food and beverages	33,202.			33,202
	8 Entertainment	18,286.			18,286
	9 Other direct expenses				18,286 19,777
	10 Direct expense summary. Add lines 4 throu				75,547
	<b>11</b> Net income summary. Subtract line 10 from <b>ITT III Gaming.</b> Complete if the organizatio	n line 3, column (d)	- 000 D-+ N/ K 40	<b>•</b>	-42,346
	\$15,000 on Form 990-EZ, line 6a.	manswered res on Form	1990, Part IV, line 19, or r	eported more than	
Т			(b) Pull tabs/instant		(d) Total gaming (ad
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
0000					
	1 Gross revenue	.			
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
1	5 Other direct expenses				
╉		· Yes %	Yes %	Yes %	
	6 Volunteer labor			□ les /₀	
l					
	7 Direct expense summary. Add lines 2 throu	igh 5 in column (d)		►	
	8 Net gaming income summary. Subtract line	e 7 from line 1, column (d)		<b>&gt;</b>	
	Enter the state(s) in which the organization con				
	Is the organization licensed to conduct gaming		states?		Yes N
	If "No," explain:				
b	Were any of the organization's gaming licenses	revoked suspended or to	rminated during the tax y	ear?	
b	Were any of the organization's gaming licenses			ear?	Yes N

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 VENTURE	41-1	7201	.55	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		<u>Υ</u>	'es	No 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?		<u>Υ</u>	'es	No No
13	Indicate the percentage of gaming activity conducted in:				
a	The organization's facility		13a		%
k	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<u> </u>	'es	🗌 No
k	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo of gaming revenue retained by the third party ▶\$	ount			
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 \$				
	Description of services provided 🕨				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Υ	'es	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i				
	organization's own exempt activities during the tax year 🕨 💲				
Pa	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, line	s 9, 9	b, 10b,
_					
9320	83 09-11-19 Schedule	G (Form	990 or	990-	EZ) 2019

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

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SCHEDULE I		C	Grants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2019	
Department of the Treasury Attach to Form 990.						Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Inspection
Name of the organizatio	on VENTURE							Employer identification number 41-1720155
Part I General Int	formation on Grants a	nd Assistance						
criteria used to av	ation maintain records t ward the grants or assis	stance?				<b>v</b>		
	V the organization's pro							
	Other Assistance to I	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
	at received more than \$					(f) Method of		
	dress of organization ernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ICCM								
770 N. HIGH SCHOOI	RD							
INDIANAPOLIS, IN 4	6214		501(C)(3)	22,762.	0.			ANTI TRAFFICKING
SPEED THE LIGHT								
8405 PULSAR PLACE			F01(a)(2)	144.046				
COLUMBUS, OH 43240	)		501(C)(3)	144,246.	0.			ANTI TRAFFICKING
2 Enter total number	er of section 501(c)(3) a	nd government or	ganizations listed in the	e line 1 table	•		•	· •
	er of other organizations	•	•		·····			
LHA For Paperwork	Reduction Act Notice,	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

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

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash sistance (book, FMV, appraisal, other)		(f) Description of noncash assistance					

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

Schedule I (Form 990) (2019)

VENTURE

41-1720155

Page 2

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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.

2019 Open to Public Inspection

Internal Revenue Service	
Name of the organization	n

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

Employer	identification number
4	1-1720155

VENTURE

Par	τI	Types of Property									
			(a)	(b)	(c)			(d			
			Check if	Number of contributions or	Noncash cont amounts repo			Method of d		•	
			applicable	items contributed			nond	cash contrib	ution ar	nounts	3
1	Art -	- Works of art									
2		- Historical treasures									
3		- Fractional interests									
4		oks and publications									
5		thing and household goods									
6		s and other vehicles									
7		its and planes									
8											
9		urities - Publicly traded									
10		urities - Closely held stock									
11		urities - Partnership, LLC, or									
		t interests									
12		urities - Miscellaneous									
13		alified conservation contribution -									
		oric structures									
14		alified conservation contribution - Other									
15		I estate - Residential									
16		I estate - Commercial									
17		Il estate - Other									
18		ectibles			1.60						
19	Foo	d inventory	Х	27	1,638	3,103.	FAIR	MARKEI	' VAI	LUE	
20	Dru	gs and medical supplies									
21		idermy									
22	Hist	orical artifacts									
23	Scie	entific specimens									
24	Arch	heological artifacts									
25	Oth	er 🕨 ()									
26	Oth	er 🕨 ()									
27	Oth	er 🕨 ()									
28	Oth	er 🕨 ()									
29	Nun	nber of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions						
	for v	which the organization completed Form 828	3, Part IV, [	Donee Acknowledg	jement	29					
										Yes	No
30a	Duri	ing the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lin	es 1 throug	h 28, that	it			
	mus	st hold for at least three years from the date	of the initia	l contribution, and	which isn't requi	red to be us	ed for				
	exer	mpt purposes for the entire holding period?							30a		Х
b	lf "Y	es," describe the arrangement in Part II.									
31								Х			
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
		tributions?							32a		Х
b		/es," describe in Part II.									
33		e organization didn't report an amount in co	olumn (c) foi	a type of property	for which colum	n (a) is chec	ked.				
		cribe in Part II.				(, ->	,				
LHA		or Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990	).			Schedule I	M (Forn	n 990)	2019
										/	

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### Schedule M (Form 990) 2019 VENTURE

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, PART I, COLUMN (B):

### THE DONATED FOOD INVENTORY WAS RECEIVED FROM A 501(C)(3) ENTITY CALLED

FEED MY STARVING CHILDREN.

Schedule M (Form 990) 2019

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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.



41-1720155

VENTURE

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, AND

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. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization	Employer identification number
VENTURE	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: HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B.) HAS READ A.) AND UNDERSTANDS THE POLICY, C.) HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN D.) ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. EACH VOTING MEMBER OF THE BOARD SHALL ANNUALLY SIGN A STATEMENT WHICH DECLARES WHETHER SUCH PERSON IS AN INDEPENDENT DIRECTOR. IF AT ANY TIME DURING THE YEAR THE INFORMATION IN THE ANNUAL STATEMENT CHANGES MATERIALLY, THE DIRECTOR SHALL DISCLOSE SUCH CHANGES AND REVISE THE ANNUAL DISCLOSURE FORM. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT.

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

THE ORGANIZATION REVIEWS COMPENSATION COMPARABILITY DATA FOR ORGANIZATIONS OF A SIMILAR SIZE IN A SIMILAR FIELD. THE ORGANIZATION'S POLICY IS TO MAKE SURE THAT COMPENSATION IS ROUGHLY EQUAL TO THE MEAN IN THE RANGE OF COMPARABLE ENTITIES. A VOTING MEMBER OF THE BOARD OF DIRECTORS WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION. 932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization	Employer identification number
VENTURE	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.

PART XII, LINE 2C EXPLANATION

THE PROCESS FOR SELECTING AND OVERSEEING THE INDEPENDENT ACCOUNTANT HAS

NOT CHANGED FROM THE PRIOR YEAR.