Form	990
------	-----

Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2021

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.



AF	or th	e 2020 calendar year, or tax year beginning and	l ending							
B (	Check if pplicab	e: C Name of organization		D Employer identific	cation number					
	Addre									
	Name	55								
	Initial	E Telephone number								
	Final return	Number and street (or P.O. box if mail is not delivered to street address) 511 EAST TRAVELERS TRAIL		952-886-	7676					
	termii ated	<sup>1-</sup> City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	4,031,276.					
	Amen	BORNSVILLE, MN 55557		H(a) Is this a group re	turn					
	Applie	F Name and address of principal officer: KIAN SKOOG		for subordinates	? Yes X No					
	pendi	I/545 KODIAK AVENUE, LAKEVILLE, MN 550	)44	H(b) Are all subordinates in	cluded? Yes No					
		empt status: $X$ 501(c)(3) 501(c) ( )       501(c) ( )	or 527	If "No," attach a	list. See instructions					
		te: VENTURE . ORG		H(c) Group exemption						
		f organization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1992 N	State of legal domicile: MN					
Pa	art I	Summary								
ě	1	Briefly describe the organization's mission or most significant activities: $\frac{WE}{S}$								
anc		THE WORLD'S GREATEST NEEDS AS AN ACTIVE F								
/ern	2	Check this box  if the organization discontinued its operations or dispo-		I _ I	ets. 7					
ğ	4	Number of voting members of the governing body (Part VI, line 1a)			4					
8	-	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			<u> </u>					
ties		Total number of volunteers (estimate if necessary)	1312							
Activities & Governance	0   7a	Total unrelated business revenue from Part VIII column (C) line 12	otal unrelated business revenue from Part VIII, column (C), line 12							
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			<u> </u>					
				Prior Year	Current Year					
đ	8	Contributions and grants (Part VIII, line 1h)		5,194,165.	4,031,269.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,050.	-3,865.					
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-42,346.	-12,131.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,153,869.	4,015,273.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,794,115.	2,228,552.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 508,642.	<u> </u>					
es	15		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă	b	Total fundraising expenses (Part IX, column (D), line 25) <b>79, 8</b>		000 750	672 700					
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		982,752. 4,285,509.	<u>672,790.</u> 3,588,093.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>4,285,509</u> . 868,360.	427,180.					
	19	Revenue less expenses. Subtract line 18 from line 12								
ts or	20	Total assots (Dart V. line 16)		ginning of Current Year 3,001,950.	End of Year 3,192,933.					
Assets Balanc	20 21	Total assets (Part X, line 16)		344,745.	106,211.					
Net A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,657,205.	3,086,722.					
	art II	Signature Block		2,037,2030	5,000,122.					
1		-								

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	<u>RYAN SKOOG, PRESIDENT,</u>	CEO									
	Type or print name and title										
	Print/Type preparer's name	Fieparer S Signature	Date Check PTIN								
Paid	LANCE R. MADSON	1	1/12/21 self-employed P00131735								
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. 952-893-932										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)										

art III       Statement of Program Service Accomplishments         Druck discludu Continues angeone or notes are line in this Part III         Diethy describe the organization's measion:         VENTURE CREATES AND ORGANIZES ADVENTUROUS AND SACRIFICIAL EXPERIENCES.         TO RAISE FUNDS AND AWARENESS FOR MISSION'S INITIATIVES AROUND THE         WORLD, while PROVIDING AN INTERTIONAL DISCIPLESHIP PROGRAM FOR         PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE SPECIFICALLY         Did the organization undertake any significant program services during the year which were not listed on the         point form 300 of 06427         II 'Yee, 'describe these changes on Schedule O.         Describe the organization spectra in organizations are required to report the amount of grants and allocations to others, its total expenses, and revenue, any realization's and regular assivce exponded.         Coxe	Page
<pre>bieldy describe the organization's mission: VENTURE CREATES AND ORGANIZES ADVENTUROUS AND SACRIFICIAL EXPERIENCES YOR RATES FUNDS AND AWARENESS FOR MISSION'S INITIATIVES AROUND THE MORLD, WHILE PROVIDING AN INTENTIONAL DISCIPLESHIP PROGRAME FOR PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE SPECIFICALLY Did the organization undertake any significant program services during the year which were not listed on the prior form 600 e06 627 If 'tes' describe these new services on Schedule 0. Describe the organization sources and schedule 0. Describe the organization sources and schedule 0. Describe the organization special did the organization special complexity of the annual of grants and allocations to others, the total expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the annual of grants and allocations to others, the total expenses, and revenue. If any for each program service appointed (Over</pre>	X
VENTURE CREATES AND ORGANIZES ADVENTUROUS AND SACRIFICIAL EXPERIENCES TO RAISE FUNDS AND AWARENESS FOR MISSION'S INITATIVES AROUND THE WORLD, WHILE PROVIDING AN INTENTIONAL DISCIPLESHIP FROGRAM FOR PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE SPECIFICALLY Did the organization undertake any significant organs services under the were not listed on the phor Form 980 or 900-E27 The "res," describe these news envices on Schedule 0. Did the organization cases conducting, or make significant charges in how it conducts, any program services, as measured by expenses. Section 501(e) and 501(e) organizations are required to report the anound of grants and allocations to other, the total expenses, and revent, and and 501(e) organizations are required to report the anound of grants and allocations to other, the total expenses, and revent, favo, for each program service accomplishments for each of its three largest program services. The ORGANIZATION ACCOMPLISHES ITS MISSION TEX STREETING ELECCL LOCATIONS. THE ORGANIZATION ACCOMPLISHES ITS MISSION TEX ASTREETING AWARENESS AND FUNDS THROUGH ENDURANCE CHALLENGES AND PHYSICAL SACRIFICE. PHYSICAL CHALLENGES, INCLUDING BIKING ACROSS CONTINENTS, RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK, OR CLIMEING Prive MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE THE FORM AND VUNRERALE. ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN (dower	<u> [A</u>
TO RAISE FUNDS AND AWARENESS FOR MISSION'S INITIATIVES AROUND THE         WORLD, WHILE PROVIDING AN INTERNITONAL DISCIPLESHIP FROGRAM FOR         PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE SPECIFICALLY         Dd the organization undertake any significant program services during the year which were not listed on the prior form 900 of 9062?         If 'Ves' identities these new services on Schedule O.         Describe the organizations create conducting, or make significant changes in how it conducts, any program services?       Uves [2]         If 'Ves' identity of each program mervice scomplishments for each of its three largest program services, as measured by expenses.       Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, large, for each program mervice scomplishments for each of the total expenses.         Cost:       ) Beaverst       3,274,145.       Intradrogenet at:         VenTURE PLAYS A DIFECT ROLE IN PROMOTING BIBLICAL JUSTICE THROUGH ORGANIZING SCONTINENTS, RUNNING ACCOMPTISHES INT STRATEGIC LOCATIONS. THE ORGANIZING SCONTINENTS, RUNNING ACCOMPS STATES, RATING RICE AND BEANS FOR A WEEK, OR CLIMENTS, RUNNING ACCOMPS STATES, RATING RICE AND BEANS FOR A WEEK, OR CLIMENTS, RUNNING ACCOMPTANES AND UNINGRABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE FEAMS SERVE IN A VARIETY OF WAYS. THE FEAMS SERVE SECHENCES, DISTRIBUTE BIBLES, RUN         (cods:       ) (Faurnes!       ) (faurnes!       ) (faurnes!       ) (faurnes!       ) (faurnes!       ) (faurnes!       ) (fa	S
WORLD, WHILE PROVIDING AN INTENTIONAL DISCIPLESHIP PROGRAM FOR PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE SPECIFICALLY Dd the organization underlake any significant program services during the year which were not listed on the	<u> </u>
PARTICIPANTS. IN ADDITION TO OUR U.S. PROGRAMS, VENTURE SPECIFICALLY         Did the organization underlake any significant program services during the year which were not listed on the prior form 880 or 800-627       Image: Specific Content in the services on Schedule O.         Did the organization crease conducting, or make significant changes in how it conducts, any program services?       Image: Specific Content in the service speci	
Did the organization underske any significant program services during the year which were not listed on the prior Form 980 or 990.E2?	
prior from 690 or 990E27	
If "Yes," describe these new services on Schedule 0.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
Did the organization cases conducting, or make significant changes in how it conducts, any program services?	
<pre>if 'esc, 'escute the scharges on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)((s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (code:</pre>	
Describe the organization's program services accomplishments for each of its three largest program services, are measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services reported. [Conce	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (code:	
revenue. if any, for sach program Service reported.         (code:	ad
(code       ) (concerns       3,274,145.       recording of the second of the secon	la
VENTURE PLAYS À DIRECT ROLE IN PROMOTING BIBLICAL JUSTICE THROUGH ORGANIZING TRIPS AND SENDING SHORT-TERM MISSION TEAMS INTO STRATEGIC LOCATIONS. THE ORGANIZATION ACCOMPLISHES ITS MISSION BY RAISING AMARENESS AND FUNDS THROUGH ENDURANCE CHALLENGES AND PHYSICAL SACRIFICE. PHYSICAL CHALLENCES, INCLUDING BIKING ACROSS CONTINENTS, RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK, OR CLIMBING FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE THE POOR AND VULNERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE TEAMS TEACH SEMINARS, HOLD PASTOR CONFREENCES, DISTRIBUTE BIBLES, RUN         (code:)(Expenses including gents of \$) (newnes \$)	
ORCANIZING TRIPS AND SENDING SHORT-TERM MISSION TEAMS INTO STRATEGIC LOCATIONS. THE ORGANIZATION ACCOMPLISHES ITS MISSION BY RAISING AWARENESS AND FUNDS THROUGH ENDURANCE CHALLENGES AND PHYSICAL SACRIFICE. PHYSICAL CHALLENCES, INCLUDING BIKING ACCOSS CONTINENTS, RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK, OR CLIMBING FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND REGRIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE THE POOR AND VULNERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (code)(Expenses *	
LOCATIONS.       THE ORGANIZATION ACCOMPLISHES ITS MISSION BY RAISING         AWARENESS AND FUNDS THROUGH ENDURANCE CHALLENGES AND PHYSICAL         SACRIFICE.       PHYSICAL CHALLENGES, INCLUING BIKING ACROSS CONTINENTS,         RUNNING ACROSS STATES, EATING RICE AND BEAMS FOR A WEEK, OR CLIMBING         FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND         REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE         THE POOR AND VULNERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE         TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (code:)(Expenses *	
AWARENESS AND FUNDS THROUGH ENDURANCE CHALLENGES AND PHYSICAL         SACRIFICE.       PHYSICAL CHALLENGES, INCLUDING BIKING ACROSS CONTINENTS,         RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK, OR CLIMBING         FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND         REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE         THE POOR AND VULNERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE         TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (Code:)(Expenses \$	
SACRIFICE. PHYSICAL CHALLENGES, INCLUDING BIKING ACROSS CONTINENTS, RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK, OR CLIMBING FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE THE POOR AND VULNERABLE. ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN [code:](Expenses \$	
RUNNING ACROSS STATES, EATING RICE AND BEANS FOR A WEEK, OR CLIMBING         FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND         REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE         THE POOR AND VULNERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE         TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (code)(copenses \$	
FIVE MOUNTAINS IN FIVE DAYS HAVE RAISED FINANCIAL SUPPORT AND REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE THE POOR AND VULNERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (Code:)(Expenses \$	
REORIENTED THE LIVES OF PARTICIPANTS AROUND CHRIST'S MISSION TO SERVE THE POOR AND VULMERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (code:)(Expenses \$	
THE POOR AND VULNERABLE.         ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (Code:)(Expenses \$	
ONCE ON THE GROUND, THE VENTURE TEAMS SERVE IN A VARIETY OF WAYS. THE         TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (code:)(Expenses \$	8
TEAMS TEACH SEMINARS, HOLD PASTOR CONFERENCES, DISTRIBUTE BIBLES, RUN         (Code:) (Expenses \$ including grants of \$) (Revenue \$	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
I     Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )       I     Other program service expenses ▶ 3,274,145.       I     Total program service expenses ▶ 3,274,145.       I     Form 990       02     12-23-20       SEE     SCHEDULE O FOR CONTINUATION(S)	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       3,274,145.       Form 990         102 12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       3	
Total program service expenses ► 3,274,145. <sup>102</sup> 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S) 3	
Form 990 SEE SCHEDULE O FOR CONTINUATION(S) 3	
SEE SCHEDULE O FOR CONTINUATION(S) 3	00
3	<b>90</b> (202
5	

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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			
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
L	Part VI		- 72	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		
		19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
			л 990	(2000
032003	12-23-20	rorm	550	2020

Form 990 (2020)

VENTURE

Form	990 (2020) <b>VENTURE</b> 41-1720	155	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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	
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	<u> </u>
Par				
	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 10			
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	Х	
032004	12-23-20	Form	990	(2020)

Form	990 (2020) <b>VENTURE</b> 41-1720	155	Р	age <b>5</b>
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			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	7.		x
	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 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
u e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		x
f		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
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		
	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			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
	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.			37
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** (2020)

-	990 (2020) <b>VENTURE</b>	41-172			age
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2		a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule				
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		Σ
sec	tion A. Governing Body and Management				
4.0	Enter the number of veting members of the governing body at the and of the tax year	1a	7	Yes	N
Id	Enter the number of voting members of the governing body at the end of the tax year		4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
h		16	4		
р 2	Enter the number of voting members included on line 1a, above, who are independent		픡		
2			2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under t		<u> </u>	23	
3	of officers, directors, trustees, or key employees to a management company or other person?	•	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form				X
- 5	Did the organization become aware during the year of a significant diversion of the organization's as				X
6			6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a				1
1a	more members of the governing body?		7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>	
5			7b	x	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the y			- 23	
o a	The governing body?		8a	х	
d h	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			<u> </u>	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code )			
				Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	in Schedule O how this was done	,	12c	Х	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	Did the process for determining compensation of the following persons include a review and approv	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 501(c)(	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (expla	in on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records 🕨 🔄			
	RYAN SKOOG - 952-886-7676				
	17545 KODIAK AVENUE, LAKEVILLE, MN 55044				
2006	5 12-23-20		Forn	n <b>990</b>	(202
	7			_	
11	.15 400318 101786 2020.05000 VENTURE			10	17

6\_1

Form 990 (2020)	VENTURE	41-1720155	Page 7
Part VII Compe	nsation of Officers, Directors, Trustees, Key E	mployees, Highest Compensated	
Employ	ees, and Independent Contractors		
Check if S	chedule O contains a response or note to any line in this Pa	rt VII	
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Comp	ensated Employees	
1a Complete this table	e for all persons required to be listed. Report compensation	for the calendar year ending with or within the organization	n's tax year.
	anization's <b>current</b> officers, directors, trustees (whether inc ), (E), and (F) if no compensation was paid.	lividuals or organizations), regardless of amount of compe	nsation.
<ul> <li>List all of the org</li> </ul>	anization's current key employees, if any. See instructions	for definition of "key employee."	
List the organize	tion's five <b>eurrent</b> highest compensated employees (other th	on an officer director tructed or key employed) who read	ived report

• 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) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other			
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizations organization (W-2/1099-MISC) (W-2/1099-MISC)		compensation from the organization and related organizations
(1) PAUL HURCKMAN	7.50									
SECRETARY, EXECUTIVE DIREC		Х		X				83,749.	0.	5,989.
(2) TIM SKOOG	7.50									
CHAIRMAN OF THE BOARD		Х		X				0.	0.	0.
(3) RYAN SKOOG	7.50								<u>^</u>	
PRESIDENT, CEO		Х		X				0.	0.	0.
(4) BRAD AHLM	7.50	v						0	0	
TREASURER	7 50	Х		X				0.	0.	0.
(5) LINDA FURRY MEMBER	7.50	x						0.	0.	0.
(6) TOM TOMLINSON	7.50	^						0.	0.	0.
MEMBER	7.50	x						0.	0.	0.
(7) TERRY LIJEWSKI	7.50							0.	0.	0.
MEMBER	1.50	х						0.	0.	0.
		- 11						<b>``</b>		<b>Ŭ</b>
		1								
		1								
		1								
		L								
										Eorm <b>990</b> (2020)

Form 990 (2020) VENTURE									41-17	<u>/201</u>	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		Fe	timate	Ы
Name and the	hours per					than c s both		compensation	compensatio	I		nount	
	week					or/trust		from	from related	I		other	51
	(list any	or						the	organizations	I		pensa	tion
	hours for	irect						organization	(W-2/1099-MIS			om the	
	related	e or c	fee			sated		(W-2/1099-MISC)	(00-2/1099-0003	0)			
	organizations	ustee	trus		æ	ben		(00-2/1099-00130)			•	anizati d relati	
	below	ual tr	ional		ploy6	t con							
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	5115
		Ē	Ë	Of	Ke	e H	ß			$\rightarrow$			
										$ \rightarrow $			
										$\rightarrow$			
										$ \rightarrow $			
										$ \rightarrow $			
1b Subtotal								83,749.		0.		5,98	39.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								83,749.		0.		5,98	
2 Total number of individuals (including but n							o re		000 of reportable			- / -	
compensation from the organization		036	113100	uau	000	<i>y</i> win	010						0
												Yes	No
										ſ		103	110
<b>3</b> Did the organization list any <b>former</b> officer,	,	,	,			,	0	, , ,	,				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	for such individual			4		X
5 Did any person listed on line 1a receive or a	iccrue compen	satio	on fro	om a	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .					5		Х
Section B. Independent Contractors				·									
1 Complete this table for your five highest con	mpensated ind	epe	nder	nt co	ontra	actor	's th	nat received more than \$	100.000 of comp	ensat	ion fro	m	
the organization. Report compensation for t													
(A)	, , , , , , , , , , , , , , , , , , ,			3			T	(B)			(0	:)	
Name and business	address	NC	ONE					Description of s	ervices	С	ompei		า
							-						
							_						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				0	)							
											Form	9 <b>90</b> (2	2020)

Forn	1 99(	0 (2	2020) VENTURE				41-1720	155 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response or no	ote to any line	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
ខេត	1	а	Federated campaigns 1a					
rant			Membership dues 1b					
ېن و				31,188.				
àifts ar A			Related organizations 11					
s,		е	Government grants (contributions) 1e 6	54,300.				
r Si		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts				35,781.				
utro pr		-		5,611.	0.01 0.00			
<u> </u>		h	Total. Add lines 1a-1f		.,031,269.			
	_			usiness Code				
Program Service Revenue	2	a						
Serv Ue		b						
m S m		c d						
gra Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f	►				
	3		Investment income (including dividends, interest, a					
			other similar amounts)	►	7.		7.	
	4		Income from investment of tax-exempt bond proce	eeds 🕨				
	5		Royalties					
			(i) Real (ii	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	(ii) Other				
	'	a	assets other than inventory <b>7a</b>					
		h	Less: cost or other basis					
ē		~		3,872.				
venue		с		3,872.				
			Net gain or (loss)	►	-3,872.	-3,872.		
Other Re	8	а	Gross income from fundraising events (not					
Ò			including \$ 131,188. of					
			contributions reported on line 1c). See Part IV. line 18 8a	0.				
		h		2,131.				
			Net income or (loss) from fundraising events	<u> </u>	-12,131.			-12,131.
			Gross income from gaming activities. See	F				
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
sn	44	~	Bu	usiness Code				
loer	11	a b						
∍llar ven		D C						<u> </u>
Miscellaneous Revenue			All other revenue					<u> </u>
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		.,015,273.	-3,872.	7.	-12,131.
03200	9 12-	23-						Form <b>990</b> (2020)

0000	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	196,174.	196,174.		
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	2,032,378.	2,032,378.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	89,738.	64,282.	21,427.	4,029.
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	567,342.	406,403.	135,468.	25,471.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	29,671.	22,253.	7,418.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,406.		3,406.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10.040			
12	Advertising and promotion	13,349.		8,275.	5,074.
13	Office expenses	981.	392.	589.	
14	Information technology	140,544.	134,544.		6,000.
15	Royalties	10 420		10 420	
16	Occupancy	19,438.	24 002	19,438.	2 0 2 0
17	Travel	27,902.	24,882.		3,020.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	227.		6.0	1 5 0
19	Conferences, conventions, and meetings			68.	159.
20					
21	Payments to affiliates	2 233	5 5 2 2		
22	Depreciation, depletion, and amortization	5,532. 84,713.	5,532. 65,304.	19,409.	
23	Insurance	04,713.	05,504.	19,409.	
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.)	255,671.	255,671.		
d F	MISSION EXPENSES	60,677.	60,677.		
u o	BANK FEES	30,359.	2,544.	847.	26,968.
ט ה	DUES & SUBSCRIPTIONS	13,828.	4, 377.	13,828.	20,000
u c	All other expenses	16,163.	3,109.	3,910.	9,144.
	Total functional expenses. Add lines 1 through 24e	3,588,093.	3,274,145.	234,083.	79,865.
<u>25</u> 26	Joint costs. Complete this line only if the organization	5,500,055.			, , , , 0 0 3 •
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here if following SOP 98-2 (ASC 958-720)				
					<b>– 000</b> (2000)

Form 990 (2020)

Form 990 (2020)

VENTURE Part IX Statement of Functional Expenses

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

	n 990 (; rt X	2020) VENTURE Balance Sheet				41-	1720155 Page <b>11</b>
Pa							
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	4	Oceh nen interest beering			2,701,138.	1	3,054,980.
	1				2,701,130.	2	5,054,500.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				<u>    3</u> 4	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	•			5	
	0	under section 4958(f)(1)), and persons described				6	
	7					7	
ets	7 8	Notes and loans receivable, net			274,183.	8	65,344.
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges			2/1/2001	9	
		Land, buildings, and equipment: cost or other	I I			5	
	100	basis. Complete Part VI of Schedule D	10a	73.143.			
	h	Less: accumulated depreciation		73,143. 17,034.	10,129.	10c	56,109.
	11	Investments - publicly traded securities			_ , ,	11	,
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			16,500.	14	16,500.
	15	Other assets. See Part IV, line 11		•	15		
	16	Total assets. Add lines 1 through 15 (must equ			3,001,950.	16	3,192,933.
	17	Accounts payable and accrued expenses			25,171.	17	40,892.
	18	Grants payable			319,574.	18	65,319.
	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,			
liti		trustee, key employee, creator or founder, subs	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,	·			
		of Schedule D			344,745.	25	106,211.
	26	Total liabilities. Add lines 17 through 25		▶ <b>▼</b>	544,745.	26	100,211.
S		Organizations that follow FASB ASC 958, che	ck nere				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		1,260,068.	27	1 015 752.	
ala	28	Net assets with donor restrictions		·····	1,397,137.	28	<u>1,015,752.</u> 2,070,970.
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 9			1,007,107,1	20	2707073700
		and complete lines 29 through 33.	00, 0110				
ç	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let.	32	Total net assets or fund balances			2,657,205.	32	3,086,722.
~	33				3,001,950.	33	3,192,933.
							Form <b>990</b> (2020)

Form 990 (2020)

15031115 400318 101786

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       4, 015, 273.         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 588, 093.         3       Revenue less expenses. Subtract line 2 from line 1       3       427, 180.         4       1       2, 657, 205.         5       5       2, 3, 37.         6       0       2         7       6       0         8       7       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       3, 086, 7222.         10       Net assets or fund balances 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))       1       Accounting method used to prepare the Form 990:       Cash       X         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Net assets or balain in Schedule O.	Form	1 990 (2020) <b>VENTURE</b>	41-17	20155	Pag	<sub>ge</sub> 12
1       Total evenue (must equal Part VIII, column (A), line 12)       1       4, 015, 273.         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 588, 093.         3       Revenue less expenses. Subtract line 2 from line 1       4       4, 015, 273.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2, 657, 205.         5       Net unrealized gains (losses) on investments       6       7         7       5       Prior period adjustments       6         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       3, 086, 722.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       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	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 588, 093.         3       Revenue less expenses. Subtract line 2 from line 1       3       427, 180.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2, 657, 205.         5       Net unrealized gains (losses) on investments       6       7         6       7       7       6         7       7       7       7         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       3, 086, 722.          9       0.       10       3, 086, 722.          2       3, 086, 722.       10       3, 086, 722.          Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1f "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 588, 093.         3       Revenue less expenses. Subtract line 2 from line 1       3       427, 180.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2, 657, 205.         5       Net unrealized gains (losses) on investments       6       7         6       7       7       6         7       7       7       7         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       3, 086, 722.          9       0.       10       3, 086, 722.          2       3, 086, 722.       10       3, 086, 722.          Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1f "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X						
3       Revenue less expenses. Subtract line 2 from line 1       3       427,180.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2,657,205.         5       Net unrealized gains (losses) on investments       5       2,337.         6       7       7         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       3, 086, 722.         Part XII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       X       Yes       No         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Domosidated basis, or both:       Za       X      <	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       2,657,205.         5       Net unrealized gains (losses) on investments       5       2,337.         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       3,086,722.          Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Yes No       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:       2a       X         1       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       2,337.         6       0       6         7       investment expenses       7         8       Prior period adjustments       9       0.         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       3,086,722.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         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 O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If "Yes," check a box below to indicate whether the 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:       2b       X         Separate basis       Consolidated basis <th>3</th> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td></td> <td></td>	3	Revenue less expenses. Subtract line 2 from line 1	3			
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       3, 086, 722.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If 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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," tokek a box below to indicate whether the financial statements for the year were audited on a separate b	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   9 Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   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   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   B Were the organization's financial statements audited by an independent accountant?   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of a federal award, was the organization required tou	5	Net unrealized gains (losses) on investments	5	2	<b>,</b> 3:	37.
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   9 Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   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   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   B Were the organization's financial statements audited by an independent accountant?   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of a federal award, was the organization required tou	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 3,086,722.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Account in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Doto consolidated and separate basis Were the organization's financial statements and independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis C If "Yes," to ine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? A as a result o	7		7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3,086,722.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         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 O.       2a       X         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       Donolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If	8	Prior period adjustments	8			
column (B)       10       3,086,722.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         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 O.       2a       X         2a       X       Yes       No         3 separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         2a       Variable       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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation or tis financial statements and selection of an indepe	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII X   1 Accounting method used to prepare the Form 990: Cash   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis Consolidated basis   B Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			10	3,086	,72	22.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Definition's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Description a prior year or checked "Other," explain in Schedule O.   2a   X					Yes	No
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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Ac	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
If "Yes," cbck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li></ul>			on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       I		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit       If the organization did not undergo the required audit						
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       Image: Comparization undergo the required audit or audits? If the organization did not undergo the required audit         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	С					
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         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 required audit       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If "Yes," did the organization undergo the required audit or audits?		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
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 required audit       Image: Control of the organization of the organization did not undergo the required audit						
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		gle Audit			1
				<u>3a</u>		<u> </u>
	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		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

SCH	IEDL	JLE A
-----	------	-------

(Form	990	or	990	-EZ)
-------	-----	----	-----	------

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			oformation		Open to Public Inspection
Nar	ne of t	the organizati		do to www.co.go				inormation.	Employer	identification number
		J.	VENT	URE						1-1720155
Pa	art I	Reason			(All organizations must o	omplete tł	nis part.) S	ee instruction		
The	organ				For lines 1 through 12, c					
1	Ŭ		-		on of churches described	•		I)(A)(i).		
2					Attach Schedule E (Forn					
3		A hospital or	a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and stat	e:							
5					llege or university owned	l or operat	ed by a go	overnmental u	init 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 governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	ion that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general p	oublic described in
				omplete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(					
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10		•		•	than 33 1/3% of its supp			-	•	•
					t to certain exceptions; a					-
					(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	aπer June 30, 1975.
11				mplete Part III.)	ively to test for public sa	foty Soo	coction 5(	O(a)(4)		
12	$\square$	-	-	-	ively for the benefit of, to	•			out the	purposes of one or
12					ed in section 509(a)(1) o					
					f supporting organization					
á		7			upervised, or controlled					aivina
	•			-	gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						
t	•	¬ -		-	l or controlled in connect	ion with it	s supporte	ed organizatio	on(s), by hav	ving
				-	anization vested in the sa			•		-
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c	;	7			g organization operated	in connect	tion with, a	and functiona	Ily integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
C	I 🗌	Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	/eness
		requiremer	nt (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	۷.		
e		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	r Type III non-functio	nally integrated supporti	ng organiz	ation.			<b></b>
			of supported of	•						
		vide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) Is the ora	anization listed	(v) Amount c	fmonetany	(vi) Amount of other
	,	organizatior		(1) 211	(described on lines 1-10		ing document?	support (see i	-	support (see instructions)
					above (see instructions))	Yes	No		,	
_										
Tot	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 VENTURE

41-1720155 Page 2

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

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3180528.	3511348.	4531472.	5194165.	4031269.	20448782.
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	3180528.	3511348.	4531472.	5194165.	4031269.	20448782.
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)						2401056.
6	Public support. Subtract line 5 from line 4.						18047726.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3180528.	3511348.	4531472.	5194165.	4031269.	20448782.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					7.	7.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						20448789.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	116,666.
	<b>First 5 years.</b> If the Form 990 is for th			fourth, or fifth tax y	vear as a section 5	01(c)(3)	-
	organization, check this box and <b>stop</b>	_					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	88.26 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	86.46 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c				or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		~	
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th						
	organization meets the facts-and-circu						▶□
18	Private foundation. If the organization	n did not check a l	<u>oox on line 13, 16a</u>	a, <u>16b, 17a, or 1</u> 7b	, check this box a	nd see instructions	s <b>&gt;</b>
-					0.1.		or 000 EZ) 0000

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 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> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
F	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						
7a	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 Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
9	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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain						
13	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	irst, second. third.	fourth, or fifth tax	year as a section s	501(c)(3) oraar	ization,
	check this box and <b>stop here</b>	-			-		·
Sec	ction C. Computation of Public	c Support Per	rcentage				; <u></u>
15	Public support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage			, ,	
17	Investment income percentage for 20	<b>20</b> (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2019.</b> If the						
	line 18 is not more than 33 1/3%, chec						tion ▶
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th			<b>&gt;</b>
03202	23 01-25-21				Sch	edule A (Forr	n 990 or 990-EZ) 2020

16 2020.05000 VENTURE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

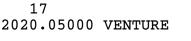
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21



Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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,			
<u> </u>	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).
By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

### supported organizations played in this regard. Section 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 t	he vear (see instructions).
---	--	-----------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		] The organization supported a governmental entit	Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

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.*

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

### 15031115 400318 101786

### 18 2020.05000 VENTURE

Schedule A	(Form 990 or 9	90-EZ) 2020	VENTURE
------------	----------------	-------------	---------

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 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 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A	(Form 990	or 990-EZ	) 2020	VENTURE
------------	-----------	-----------	--------	---------

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 VENTURE

Part VI	Supplemental Information. Provide the ex Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, line 1; Part IV, Section D, lines 2 and 3; Part IV, Se Section D, lines 5, 6, and 8; and Part V, Section E, (See instructions.)	9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sective ction E. lines 1c, 2a, 2b, 3a, and 3b; Part V. l	on B, lines 1 and 2; Part IV, Section C, line 1: Part V. Section B, line 1e: Part V.
32028 01-25-2	1		Schedule A (Form 990 or 990-EZ) 202
		21	

Schedule A

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

### 2020

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
ENTRAV, INC.	2,810,032.	2,401,056

### 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

# 2020

Name of the organization		Employer identification number				
VENTURE			41-1720155			
Organizati	<b>on type</b> (check o	ne):				
Filers of:		Section:				
Form 990 c	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-F	۶F	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .				
Note: Only	a section 501(c)	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Ru	le					
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Ru	les					
se ar	ections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support f and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amou line 1. Complete Parts I and II.	or 16b, and that received from			
cc lite	ontributor, during erary, or educatio	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, sc onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e	ientific,			
"N	i/A" in column (b	) instead of the contributor name and address), II, and III.				
ye is pu	ear, contributions checked, enter h urpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mare the total contributions that were received during the year for an <i>exclusively</i> religious inplete any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			

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) (2020)

Name of organization

VENTURE

Employer identification number

41-1720155

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CENTRAV, INC 511 EAST TRAVELERS TRAIL BURNSVILLE, MN 55337	\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	\$914,458.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ <u>170,000.</u>	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
4_	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR SUITE 500 ALPHARETA, GA 30009	\$488,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RIVER VALLEY CHURCH OF APPLE VALLEY 12345 PORTLAND AVE BURNSVILLE, MN 55337	\$110,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAMERON DOOLITTLE 501 E COLUMBIA ST FALLS CHURCH, VA 22046	\$151,710.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2020)
------------	-------	------	---------	------------	--------

Name of organization

Faye

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
<u>2</u> <u>For</u>	OD PACKS - FORTIFIED RICE & SOY PROTEIN MEAL		
		\$\$	07/01/20
(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
3453 11-25-20		\$	90, 990-EZ, or 990-PF) (2

### 15031115 400318 101786

25 2020.05000 VENTURE

Name of ore	ganization		Employer identification number	
VENTUR	E		41-1720155	
Part III	from any one contributor. Complete columns (	(a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift	·	
_	Transferee's name, address, a	and ZIP + 4	Relationship 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, a	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
-	Transferee's name, address, a		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift			
	Transferee's name, address, a	ana <b>ZIP +</b> 4	Relationship of transferor to transferee	
023454 11-25-2	20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	

### 15031115 400318 101786

26 2020.05000 VENTURE SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 9	90)
---------	-----

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 20 l **Open to Public** Inspection

Employer identification number 41 - 1720155

	VENTURE			41-1720155
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			•
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year		. ,	
2	Aggregate value of contributions to (during year)			
-				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in v		l fu un al a	
5	-	-		Yes No
6	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		Ũ	
Par				
			irt IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea			important land area
	Protection of natural habitat	Preservation of a	certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conserva	
	day of the tax year.			Held at the End of the Tax Year
			<u>2</u> a	
b	Total acreage restricted by conservation easements		<b>2b</b>	
	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization	during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation ease	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easemen	ts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation	-		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statemen	ts that des	cribes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracsuras, or Oth	or Simila	r Assots
Fai				I A55615.
	Complete if the organization answered "Yes" on Form	· · ·		
па	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub		nerance of	public
_	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of pu	blic service,
	provide the following amounts relating to these items:			<b>^</b>
	(i) Revenue included on Form 990, Part VIII, line 1			\$
~				·
2	If the organization received or held works of art, historical trea	· · · · ·	aın, provid	e
	the following amounts required to be reported under FASB A	-	•	•
	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		🕨	•
	For Paperwork Reduction Act Notice, see the Instructions	5 TOR FORM 990.		Schedule D (Form 990) 2020
032051	12-01-20			

27	
2020.05000	VENTURE

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assess_continued)         a       Using the organization's equipation, accounts on and other records, check any of the following that make significant use of its control times (check all that apply):	Sche	dule D (Form 990) 2020 VENTURE							41-17			age <b>2</b>
collection time (check all that apply): <ul> <li>Collection times (check all that apply):</li> <li>Collection time (chec</li></ul>	Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	contii	<u>nued)</u>	
a       Public exhibition       d       □ can or exchange program         b       Schairly research       e       □ Other	3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	make s	ignificant	use of its			
b       Scholary research       e       Other         c       Previde a description of the organization scolections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization scolections and explain how they further the organization's exempt purpose in Part XIII.         6       Description of the organization scolection's exempt purpose in Part XIII.         7       Description of the organization's collection's exempt purpose in Part XIII.         7       Is the organization answered the organization answered "Ves" on Form 990, Part K, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21.         1b       It end organization include an amount on Form 990, Part X, line 21.         2a       Did the organization include an amount on Form 990, Part X, line 21.         2a       Did the organization include an amount on Form 990, Part X, line 21.         2a       Did the organization include an amount on Form 990, Part X, line 21.         2a       Did the organization include an amount on Form 990, Part X, line 21.         2a       Did the organization answered "Ves" on Form 990, Part X, line 10.         Part Vest "weaplant he arrangement in Part XIII. Check here if the explanation has been provided on Part XIII <th></th> <th>collection items (check all that apply):</th> <th></th>		collection items (check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or         11       Bis the organization on Form 990, Part X, line 21.         12       Is the organization on Form 990, Part X, line 21.         13       Is the organization an agent, trustee, custocial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         14       Is the organization angent, trustee, custocial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         15       Broding balance         16       11         17       18         20       Both organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         21       Doting balance         22       Doting organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         21       Define organization include an amount on Form 990, Part X, line 10.         23       Doting balance       16         24 <t< th=""><th>а</th><th>Public exhibition</th><th>c</th><th>ו 🗌 נ</th><th>_oan or exc</th><th>hange progra</th><th>am</th><th></th><th></th><th></th><th></th><th></th></t<>	а	Public exhibition	c	ו 🗌 נ	_oan or exc	hange progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 3.     The site organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     The site organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X2     C Beginning balance     C Beginning balance     The didditions during the year     The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Yes     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation in bas been provided on Part XIII     Part V Endowment Funds. Complete if the organization include an endowment two didditions     No     b or thioticities     The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Port V Endowment Funds. Complete if the organization include an endowment two didditions     No     b orthibutions     The explain the arrangement in Part XIII. Check here if the explanation include an endowment two didditions     No     b orthibutions     Sections and the properties of facilities     and programs     The explain the arrangement in Part XIII. Check here if the explanation include an endowment two differed vese balance     Other expenditures for facilities     and	b	Scholarly research	e	•	Other							
During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization is collection?     Part M Escrow and Oustodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part XP     If "Ves," explain the arrangement in Part XIII and complete the following table:         C Beginning balance         d.         d. Additions during the year         d.         d. Additions during the year         d.         d. Distributions during the rear and the organization answered "Yes" on Form 900, Part X, line 21, for escrew or custodial account liability?         d.         d.         d.	с	Preservation for future generations										
to be sold to raise funds: rather than to be maintained as part of the organization a collection?         Yes         No           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Intermediary for contributions or outsofiel account liability?         Yes         No           2         Did the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         Yes         No           3         Diff Yes' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         Intermediary for contributions or outsofiel account liability?         Yes         No           4         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back         (e) Four years back	4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exe	mpt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodial ar other intermediary for contributions or other assets not included on Form 990, Part X (2000).       IVes       No         If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete it is the organization of the intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         If Trees," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete it the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10.       Image: Complete it the organization or form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         Ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back         Ia Administative expenses	5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or othe	er similai	assets		_		_
reported an amount on Form 990, Part X, line 21.         1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         a       Beginning of year balance       all clutter year       (b) Prior year       (c) Two years back       (d) Three years back         a       Not investment earnings, gains, and losses       all clutter year       (b) Prior year       (c) Two years back       (d) Three years back         a       Other expenditures for facilities and programs										_		No
on Form 990, Part X2       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1t         Part V       Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Controbutions       (b) Prior year       (d) Three years back       (e) Four years back         1b       Conthotucions	Par			ete if the	organizatio	on answered '	'Yes" or	n Form 990	), Part IV,	line 9, or		
on Form 990, Part X2       Yes       No         b       If 'Yes,'' explain the arangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1t         Part V       Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Controbutions       (b) Prior year       (d) Three years back       (e) Four years back         1b       Conthotucions	1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for c	ontribution	s or other ass	sets not	included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:										Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the expanzition nawered "Yes" on Form 990, Part IV, line 10.       Image: State S	b								·····			
c       Beginning balance       ic         id       id         id	-			lie thing to						Amoun	t	
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         7 Administrative expenses       (a) Current year end balance (line 1g, column (a) held as:       (a) Conservations       (b) Prior year       (c) Two years back         7 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       (a) Cost or other       (b) Presentages on lines 2a, 2b, and 2 should equal 100%.         3a Are there endowment Ivinds not in the possession of the organization that are held and administered for the organizations       (f) Hoeled organizations <t< th=""><td>с</td><td>Beginning balance</td><td></td><td></td><td></td><td></td><td></td><td>1c</td><td></td><td>,</td><td></td><td></td></t<>	с	Beginning balance						1c		,		
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Comparison on Part XIII.       Image: Comparison on Part XIII.       Image: Comparison on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Grants or scholarships       (a) Current year       (c) Two years back       (e) Four years       (e) Four years         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (f) A diago												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Contributions       (f) Administrative expenditures for facilities       (f) Administrative expenditures had bacenthe dinthe backs       four set set set set	-											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (c) Two years back       (f) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (f) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (c) Two years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back	2a							lity?		Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (c) Two years back         (a) Current year       (b) Prior year       (c) Two years back       (c	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on I	Part XIII					
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs	Par	t V Endowment Funds. Complete i	f the organization ar	nswered '	'Yes" on Fo	orm 990, Part	IV, line	10.				
b       Contributions			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Fou	r years	back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   wiii) Related organizations   b ff "Yes" on line 3a(ii), are the related organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   d Cuppment   c Leasehold improvements   d Cuppment   c Leasehold improvements   c Leasehold improvements   d Equipment   c Leasehold improvements	с	Net investment earnings, gains, and losses										
e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶%   b Permanent endowment ▶%   c Term endowment ▶%   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   wiii) Related organizations   b ff "Yes" on line 3a(ii), are the related organization's endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b Buildings   c Leasehold improvements   d Cuppment   c Leasehold improvements   d Cuppment   c Leasehold improvements   c Leasehold improvements   d Equipment   c Leasehold improvements	d	Grants or scholarships										
f       Administrative expenses	е											
g End of year balance		and programs										
g End of year balance	f	Administrative expenses										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         (i) Unrelated organizations         (ii) Related organizations         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other       (b) Cost or other <t< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>												
b       Permanent endowment ▶%         c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other               b Buildings <ld></ld>	2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a	)) held as:						
c       Term endowment       >%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(f) Book value basis (other)</li> <li>(g) Cost or other basis (other)</li> <li>(g) Cost or other cost of the</li></ul>	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(f) Accumulated</li> <li>(f) Book value</li> <li>(f) Book value</li> <li>(f) Book value</li> <li>(f) Book value</li></ul>	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       1       3a(i)       1       3a(i)       1       3a(i)       1       <	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements d Equipment e Other e Other		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	ed for th	ne organiz	ation			
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b       Buildings         c       Leasehold improvements         d       Equipment         d       Equipment         d       Equipment         d       Equipment         d       Equipment         f       To a		by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(i) Unrelated organizations								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         Description of property       (a) Cost or other basis (other)         Land       (d) Book value         b Buildings       (d) Book value         c Leasehold improvements       73,143.         d Equipment       73,143.         e Other       0										3a(ii)		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	4			wment fu	inds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par											
Image: state of the state o			d "Yes" on Form 990	D, Part IV,								
b Buildings		Description of property			• •		• •			(d) Boo	k valu	е
c Leasehold improvements	1a	Land										
c Leasehold improvements	b	Buildings										
e Other												
	d	Equipment			7	3,143.		17,0	34.	5	6,1	09.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e	Other										
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colum</u>	<u>n (B). line 1</u>	0c.)				5	6,1	09.

Schedule D (Form 990) 2020

15031115 400318 101786

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.

ploto if the ore 11d Son Form 000 Part V line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. <u>(Colu</u> Part X	mn (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities.	
FaitA		
FaitA	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
<b>1.</b> (1) Fed	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
<b>1.</b> (1) Fed	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fed (2) (3)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fed (2) (3) (4)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) Fed (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
(1) Fed (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	

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) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 VENTURE			41-3	1720155	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,175,	391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,337.			
b	Donated services and use of facilities		157,781.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		118.
3	Subtract line 2e from line 1			3	4,015,	273.
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 <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,015,	273.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per l	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total expenses and losses per audited financial statements			1	3,745,	874.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	157,781.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		781.
3	Subtract line 2e from line 1			3	3,588,	093.
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 <b>4a</b> and <b>4b</b>			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,588,	093.
Pa	t 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.** 

032054 12-01-20

Schedule D (Form 990) 2020

3 a Subtotal b Total from continuation

С

LHA

and 3b)

31	
2020.05000	VENTURE

SCHEDULE F	Statement of Activities Outside the United States	ŀ
(Form 990)	Complete if the organization answered "Ves" on Form 990 Part IV line 14b, 15, or 16	

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

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

OMB No. 1545-0047 Open to Public Inspection

No

(f) Total

expenditures

for and

Employer identification number

41-1720155

(e) If activity listed in (d)

is a program service,

describe specific type

VENTURE

(Form 990)

	in the region	independent contractors in the region	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	investments in the region
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	MISSION SUPPORT	381,596.
EAST ASIA AND THE					
PACIFIC - AUSTRALIA,					
BRUNEI, BURMA,				MISSION AND REFUGEE	
CAMBODIA,	0	0	PROGRAM SERVICES	SUPPORT	1,404,582.
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA					
FASO,	0	0	PROGRAM SERVICES	MISSION SUPPORT	246,200.
					_

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

(by type) (such as, fundraising, pro-

gram services, investments, grants to

3	Activities per Region. (TI	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) I

employees, agents, and

offices

in the region

0

0

0

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

0

0

0



Department of the Treasury Internal Revenue Service

Name of the organization

sheets to Part I Totals (add lines 3a

Schedule F (Form 990) 2020

2,032,378.

2,032,378.

Ο.

# 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 (d) Purpose of (b) IRS code section (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 113,031.WIRE Ο. EAST ASIA AND THE PACIFIC -AUSTRALIA, BRUNEI, BURMA, FEEDING 175,127.WIRE 0. EAST ASIA AND THE PACIFIC -AUSTRALIA BRUNEI, BURMA, FEEDING 979,776, FOOD 0. EAST ASIA AND THE PACIFIC -AUSTRALIA. BRUNEI, BURMA, REFUGEE SUPPORT 11,994.WIRE Ο. EAST ASIA AND THE PACIFIC -AUSTRALIA. BRUNEI, BURMA REFUGEE SUPPORT 13,098.WIRE Ο. SOUTH ASIA AFGHANISTAN, BANGLADESH, BHUTAN, INDIA REFUGEE SUPPORT 19,950.WIRE 0. SOUTH ASIA AFGHANISTAN, BANGLADESH. 0. BHUTAN, INDIA ANTI TRAFFICKING 215,820.WIRE SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, REFUGEE SUPPORT 12,068.WIRE 0. 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2020

Page 2

Schedule F (Form 990)	VENTU	RE			41-17	20155		Page <b>2</b>
Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,						
		BURKINA FASO,	MISSION SUPPORT	246,200.	WIRE	0.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	ANTI TRAFFICKING	40,798.	WIRE	Ο.		
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	ANTI TRAFFICKING	20,000.	WIRE	Ο.		
		SOUTH ASIA	REFUGEE SUPPORT	6,600.	WIRE	0.		
		SOUTH ASIA	MISSION SUPPORT	2,400.	NTDE	0.		
		SOUTH ASIA	MISSION SUPPORT	2,400.	WIKE	0.		

Page 3

	VENTURE				41-1720155		Page
Part III Grants and Other Assista			tes. Complete	if the organization answered "Ye	es" on Form 990, Part	IV, line 16.	
Part III can be duplicated if (a) Type of grant or assistance	<i>additional space is neede</i> (b) Region	d. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE PACIFIC - AUSTRALIA,						
MISSION SUPPORT & FEEDING	BRUNEI, BURMA,	5	63,960.	CHECK	0.		
MISSION SUPPORT & FEEDING	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	7	111,557.	QUEQU	0.		
MISSION SUFFORT & FEEDING	BRONEL, BORNA,		111,557.	CHECK			

Schedule F (Form 990) 2020

Schedule F			VENTURE	
Part IV	Foreigr	ו 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 (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) 2020

 Schedule F (Form 990) 2020
 VENTURE

 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.

032075 12-03-20

15031115 400318 101786

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						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.							2020	
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.							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		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
<ul> <li>a Mail 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?		Ye		
.,	i) Name and address of individual or entity (fundraiser) (ii) Activity (fundraiser) (iv) Gross receipts to (or reta					Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No					
Total				►					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from re	egistration	
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form	990 or 990-EZ) 2020	

032081 11-25-20

#### Schedule G (Form 990 or 990 EZ) 2020 VENTURE

41-1720155 Page 2

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receip	ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c))
er			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	131,188.			131,188.
	2	Less: Contributions	131,188.			131,188.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	3,790.			3,790.
Ō	8	Entertainment	7,245.			7,245.
	9	Other direct expenses	1,863.			1,863.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	12,898.
_		Net income summary. Subtract line 10 from li				-12,898.
Pa	nrt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1		<b></b>	<u></u>
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
		Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
b	) If "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	) If "`	Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 VENTURE	41-17	20155	Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?	[	Yes	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?	[	Yes	No No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		3a 📃	%
<b>b</b> An outside facility		3b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
Name			
Address			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount 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?	C	Yes	No No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
organization's own exempt activities during the tax year <b>&gt;</b> \$			
Part IV         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 II	, lines 9,	9b, 10b,
032083 11-25-20 Schedule	G (Form 9	90 or 990	-EZ) 2020

15031115 400318 101786


Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I	C	Grants and Oth	er Assistan	ce to Organ	izations.			OMB No.	1545-0047
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States			20	20
Department of the Treasury	Comp	lete if the organization	Attach to For		rt IV, line 21 or 22.				o Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.			Inspe	ection
Name of the organization VENTUR	E						Employer	identificati 41-17	on number 20155
Part I General Information on Gr	ants and Assistance								
1 Does the organization maintain re- criteria used to award the grants of		•		• • •	•	•	ion	X Yes	🗌 No
2 Describe in Part IV the organization									
Part II Grants and Other Assistan	-				anization answered "Y	es" on Form 990, Par	t IV, line 21,	for any	
recipient that received more					(f) Method of	()	(1)		
1 (a) Name and address of organiza or government	tion (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		Purpose of or assistance	
ICCM									
770 N. HIGH SCHOOL RD									
INDIANAPOLIS, IN 46214		501(C)(3)	0.	26,042.			ANTI TRA	FFICKING	
· · · · ·									
SPEED THE LIGHT									
8405 PULSAR PLACE									
COLUMBUS, OH 43240		501(C)(3)	0.	114,000.			ANTI TRA	FFICKING	
FEED MY STARVING CHILDREN									
401 93RD AVENUE NW									
COON RAPIDS, MN 55433		501(C)(3)	0.	58.			FOOD SEC	URITY	
DWELLING PLACE									
44TH AVE. NE UNIT #21307									
COLUMBIA HEIGHTS, MN 55421		501(C)(3)	0.	50,382.			FOOD SEC	URITY	
FAMILIES FORWARD									
8 THOMAS									
IRVINE, CA 92618		501(C)(3)	0.	2,360.			FOOD SEC	URITY	
· · · ·									
SOLIDARITY									
PO BOX 220									
PLACENTIA, CA 92871		501(C)(3)	0.	2,360.			EDUCATIO	DN	
2 Enter total number of section 501	•	•	e line 1 table				🕨		
3 Enter total number of other organi							<b>)</b>	<b>. /</b>	
LHA For Paperwork Reduction Act N	Notice, see the Instruct	ions for Form 990.					Scheo	dule I (Form	990) 2020

chedule I (Form 990) VENTURE	r Assistance to D	omestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		<u>1-1720155</u> Ра
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REE INTERNATIONAL							
31 N STEPHANIE ST ENDERSON, NV 89014		501(C)(3)	0.	411.			ANTI TRAFFICKING
BILITY TREE							
.O. BOX 6929 ILOAM SPRINGS, AR 72761		501(C)(3)	0.	561.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

43

#### Schedule I (Form 990) 2020

VENTURE

 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.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

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

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

SCHEDULE L		Tra	nsaction	ns V	Vith	Inte	rested	P	ersons			O	MB No.	1545-00	)47	
(Form 990 or 990-EZ)	Complete if	the o	rganization ans 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		2	02	20	
Department of the Treasury	•						Form 990-EZ						pen T		olic	
Internal Revenue Service Name of the organization	▶ 6	10 to 1	www.irs.gov/Fo	orm99	U TOP II	istructi	ons and the	late	est information.	Em	alover	r ident	spect		mbor	
Name of the organization	VENTURI	2									-	201		on nu	inibei	
Part I Excess Ber			ons (section 50	01(c)(3	), secti	ion 501(	(c)(4), and sec	ctior	n 501(c)(29) orgai				55			
									Form 990-EZ, Pa							
1 (a) Name of disgualified	herson	<b>(b)</b> F	Relationship betw			ified	le le	<u>ר</u>	escription of tran	sactio	n		(d)	Corre	ected?	
			person and or	ganiza	ation		,	, 0		54010			<u> </u>	es	No	
													+			
													-			
2 Enter the amount of tax	x incurred by	the or	ganization man	agers	or disc	qualified	persons duri	ing t	the year under							
											► \$ ► \$					
<b>3</b> Enter the amount of tax	x, if any, on lif	ne 2, a	above, reimburs	ea by	the org	ganizatio	on				• •					
Part II Loans to an	nd/or From	n Inte	erested Pers	sons.												
Complete if the	e organization	answ	vered "Yes" on F	Form 9	90-EZ	, Part V,	line 38a or F	orm	n 990, Part IV, line	e 26; o	or if th	e orga	nizatio	on		
reported an an	nount on Forn	n 990	Part X, line 5, 6									1. 1. 1. 1.	provod			
(a) Name of interested person	(b) Relation with organiz		tion of loan				Original pal amount	(f) Balance due			) In	UV DUALU UL			i) Written greement?	
interested person	with organi	Inzation of Ioan			zation?		principal amount			default?			nittee?	-	<u> </u>	
				10	From					Yes	No	Yes	No	Yes	No	
															+	
															<u> </u>	
Total	·····						> \$									
			efiting Inter													
			vered "Yes" on F													
(a) Name of interested	d person		b) Relationship interested pers the organiza	on an			) Amount of assistance		<b>(d)</b> Type assistand				) Purp assista		f	
		_														
		+														
		+														
		+														
		+														

 $\mathsf{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

Schedule L	(Form	990	or 99	0-EZ)	2020	VENTURE
------------	-------	-----	-------	-------	------	---------

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No
CENTRAV INC.	SUBSTANTIAL CONTRIB	115,148.	SALARIES AN		Х

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CENTRAV INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: SALARIES AND OTHER EXPENSES

Schedule L (Form 990 or 990-EZ) 2020

15031115 400318 101786

#### 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.

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

2020 Open to Public Inspection

VENTURE	

Employer	identification number
4	1-1720155

Par	t I Types of Property				1		
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	0	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	1	53 153.	FAIR MARKET	VALUE	
7	Boats and planes						<u> </u>
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
••	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
10	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	14	914.458.	FAIR MARKET	VALUF	2
20	Drugs and medical supplies						-
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ► ()						
28	Other ( )						
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82						
	5	, , ,	5			Yes	s No
30a	During the year, did the organization receive b	v contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period	?	,			30a	X
b	If "Yes," describe the arrangement in Part II.						
31							X
	Does the organization hire or use third parties						1
	contributions?		-			32a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	/ for which column (a) is cheo	ked,		

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

Schedule M (Form 990) 2020

032141 11-23-20

describe in Part II.

15031115 400318 101786

## Schedule M (Form 990) 2020 VENTURE Part II Supplemental Information

**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) 2020

032142 11-23-20

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.

PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4A,

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.

15031115 400318 101786

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	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. 032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2					
Name of the organization VENTURE	Employer identification number 41-1720155					
	41 1720155					
A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION						
MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE						
ORGANIZATION FOR SERVICES IS PRECLUDED FROM VOTING ON 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 REQUEST.						

PART XII, LINE 2C EXPLANATION

THE PROCESS FOR SELECTING AND OVERSEEING THE INDEPENDENT ACCOUNTANT HAS

NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) 2020