(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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.

and ending

2019	
Open to Public Inspection	

OMB No. 1545-0047

В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
F]chang∈ □Name	VENN FOUNDATION		81-44765	U 3
F	change Initial		m/suite		
F	return Final	1127 BARCLAY STREET	III/Suite	E Telephone number 612-568-	
	—lreturn/ termin- ated			G Gross receipts \$	1,078,950.
Г	Amend			H(a) Is this a group re	
F	lreturn Applica tion	•		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	······ — —
$\overline{}$	Tax-exe	empt status: X 501(c)(3)	527	1	list. (see instructions)
		e: NWW.VENNFOUNDATION.ORG		H(c) Group exemption	,
			L Year		1 State of legal domicile: MN
		Summary			<u>. </u>
_	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ UNLI	EASH	THE FULL P	OWER OF
Activities & Governance		PROGRAM-RELATED INVESTMENTS TO ACHIEVE CHAI	RITA	BLE IMPACT.	
rna	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
ر م	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	2
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	2
δcti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.
				Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)		847,232.	998,801.
ēn		Program service revenue (Part VIII, line 2g)		27,961.	72,847.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	7,255.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58.	47.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		875,251.	1,078,950.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	25,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	120 220
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		97,965. 0.	138,238.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) 27,553	<u>•</u>	146,725.	78,802.
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		264,690.	242,040.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		610,561.	836,910.
_ 0		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Find Balances		Tatal aggets (Dayt V. ling 16)	De	1,092,502.	End of Year 1,934,690.
ASSE	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	├─	29,569.	34,847.
Vet/	22	Net assets or fund balances. Subtract line 21 from line 20	├─	1,062,933.	1,899,843.
		Signature Block		1700173331	1703370131
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	v knowledge and belief, it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which p			, ,
		<u> </u>	<u> </u>		
Sig	n	Signature of officer		Date	
He		▲ JEFF OCHS, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JENNIFER TINGLEY JENNIFER TINGLEY	0	3/20/20 if self-employed	P01485570
		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749
Use	Only	Firm's address 220 SOUTH SIXTH STREET, SUITE 300			
		MINNEAPOLIS, MN 55402		Phone no.61	2-376-4500
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No
9320	001 01-2	1-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2019)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO UNLEASH THE FULL POWER OF PROGRAM-RELATED INVESTMENTS TO ACHIEVE CHARITABLE IMPACT.
	CHARITABLE IMPACT.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 136,142. including grants of \$ 25,000.) (Revenue \$ 72,847.)
ча	VENN FOUNDATION (VENN) IS A NONPROFIT PUBLIC CHARITY ON A MISSION TO UNLEASH THE FULL POWER OF PROGRAM-RELATED INVESTMENTS(PRIS) TO ADVANCE CHARITABLE IMPACT. BY OPENING A SPECIAL DONOR-ADVISED FUND CALLED A
	VENN ACCOUNT, ANY INDIVIDUAL OR ORGANIZATION CAN RECOMMEND THAT THEIR
	CHARITABLE DOLLARS BE USED BY VENN TO MAKE PRIS. VENN CAN SYNDICATE ANY ONE PRI AMONG ANY NUMBER OF VENN ACCOUNTS. FINANCIAL RETURNS FROM THESE
	PRIS GO BACK TO PARTICIPATING ACCOUNTS PRO RATA FOR THE DONORS TO
	RECOMMEND REDEPLOYMENT INTO NEW PRIS OR GRANTS. OUR VISION IS TO CREATE
	A NEW CATEGORY OF FLEXIBLE, BELOW-MARKET-RATE CAPITAL THAT CAN BE DIRECTED CREATIVELY TO PROJECTS AND ORGANIZATIONS ACROSS ALL SECTORS
	THAT ARE HELPING ADVANCE CHARITABLE GOALS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 136,142.
	Form 990 (2019)

Form 990 (2019) VENN FOUNDAT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			٦,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>.</u> .	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	l

Part 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	Х	
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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		Х
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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	L	

Form 990 (2019) VENN FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.		Х
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
C		7c		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
u a	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
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			
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_^
	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	15		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	13		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>
	1. 166, Samplete Form #126, Contourie C.		200	

81-4476503

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, FL, GA, HI, IL, KS, K	, MA	MI, MI	, MN
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s onl	y) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEFF OCHS - 612-568-3204			
	1127 BARCLAY STREET, SAINT PAUL, MN 55106			
	CEE COMPANIE O DOD DIVI I TOM OF COMPANIE			

Form 990 (2019) VENN FOUNDATION 81-4476503 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's **former 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.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) 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	from from related organizations (W-2/1099-MISC)		compensation from the organization and related organizations
(1) JEFF OCHS BOARD PRESIDENT, SECRETARY	40.00	X		х				53,600.	0.	7,200.
(2) ROBERT SCARLETT	5.00	^		^				33,000.	0.	7,200.
BOARD CHAIR	3.00	x		х				0.	0.	0.
(3) JEANNE VOIGT	5.00							•		
BOARD TREASURER		х		x				0.	0.	0.
(4) SUSAN SANDS	2.00									
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(5) MICHAEL DAI	2.00									
BOARD MEMBER		Х						0.	0.	0.
		_								
		\vdash								

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Pa	Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do	not c	Pos	itior more	1 than	one	Reportable	Reportable		Estimat	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount	
		week (list any	_	Jul al	u	5510	21, u us	,	from	from related		other	
		hours for	lirecto				L		the organization	organizations (W-2/1099-MISC)		mpens: from th	
		related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)		rganiza	
		organizations	Individual trustee or director	Institutional trustee		ee/	mper		(** 27 1000 111100)			and rela	
		below	idual	ution	 	Key employee	est co oyee	ъ			OI	ganizat	ions
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
											_		
			-										
							-						
			-										
						_	\vdash				_		
			1										
							\vdash				-		
			1										
-							\vdash						
			1										
			1										
1b	Subtotal	1					1	—	53,600.	С		7,2	00.
	Total from continuation sheets to Part V								0.		١.		0.
	Total (add lines 1b and 1c)								53,600.	С	١.	7,2	00.
2	Total number of individuals (including but r								<u> </u>	0,000 of reportable	- 1		
	compensation from the organization						,						0
	· · · · · · · · · · · · · · · · · · ·											Yes	No
3	Did the organization list any former officer	, director, trust	ee, l	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	such individual									. 3		Х
4	For any individual listed on line 1a, is the si												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual		. 4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv	idual for services			
	rendered to the organization? If "Yes," con	nplete Schedul	e J t	or s	uch	pers	son .				. 5		X
	ction B. Independent Contractors												
1	Complete this table for your five highest co	=	-							· · · · · · · · · · · · · · · · · · ·	ensatio	n from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir I		year.		(0)	
	(A) Name and business	address	NT/	INC	F.				(B) Description of s	services	Comi	(C) pensatio	on
	Trainio and Saciniose		147	2141				\dashv	Bosonphor or c	70171000	00111	201104110	···
								\dashv					
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organ	ization 🕨				(0						
									<u> </u>		For	ո 990	(2019)

irt VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<u> ဗ ဗ</u>	1 1	Federated campaigns 1a					
ant							
اع ق	b						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
	C	Related organizations1d					
ns,	е	Government grants (contributions) 1e					
e ë	f	All other contributions, gifts, grants, and					
		similar amounts not included above 1f	998,801.				
명	g	Noncash contributions included in lines 1a-1f					
a S	h	Total. Add lines 1a-1f		998,801.			
			Business Code				
ø	2 a	OTHER PROGRAM REVENUE	900099	30,000.	30,000.		
ا کج	b		523000	24,257.	24,257.		
Sel	~	PRI ACCRUED INTEREST	523000	18,590.	18,590.		
Program Service Revenue	d		323333	20,000	20,000		
ro L	e						
-	f	All other program service revenue		70 047			
\rightarrow	g			72,847.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		7,255.			7,255.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	c	· · · · · · · · · · · · · · · · · ·					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	ı a		(ii) Guilei				
		assets other than inventory 7a					
a	0	Less: cost or other basis					
ğ		and sales expenses 7b					
e e		Gain or (loss) 7c					
ther Revenue		Net gain or (loss)					
je	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	,				
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	io a	Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold10b					
\rightarrow	С	Net income or (loss) from sales of inventory					
શ્		<u> </u>	Business Code	4.5			4.5
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	47.			47.
an	b						
e e	c						
Ais.	c	All other revenue					
-		Total. Add lines 11a-11d		47.			
	12	Total revenue. See instructions		1,078,950.	72,847.	0.	7,302.
			-			-	Farm 000 (0010)

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

Do.	Check if Schedule O contains a respons	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 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	0 065	0.065		
	and domestic governments. See Part IV, line 21	9,865.	9,865.		
2	Grants and other assistance to domestic		4- 44-		
	individuals. See Part IV, line 22	15,135.	15,135.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	128,240.	86,240.	24,000.	18,000
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	9,998.	6,895.	1,773.	1,330
11	Fees for services (nonemployees):	,	•		·
·· a	Management	1,809.	843.	966.	
b	Legal	18,278.	11,531.	6,747.	
C		10,938.	175.	10,763.	
	Accounting	10,5501	1730	10//031	
d	Lobbying Professional fundamining convices See Part IV line 17				
e	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 O.)	63.	31.	15.	17
12	Advertising and promotion	03.	31.	13.	1/
13	Office expenses	28,480.		28,480.	
14	Information technology	20,400.		20,400.	
15	Royalties	740	200	245	0.5
16	Occupancy	740.	300.	345.	95
17	Travel	8,894.	4,420.	918.	3,556
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	246			2.1.6
19	Conferences, conventions, and meetings	346.			346
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,529.		3,529.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	5,637.	619.	809.	4,209
b	CLIENT DEVELOPMENT	88.	88.		<u>-</u>
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	242,040.	136,142.	78,345.	27,553
26	Joint costs. Complete this line only if the organization	=,			= : , : 3 3
.0	reported in column (B) joint costs from a combined				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

Form **990** (2019)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	575,090.	1	827,205.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	34,961
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	3,908
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	E44 E00	13	1,068,616
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,092,502 .	16	1,934,690
	17	Accounts payable and accrued expenses	29,569.	17	34,847
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	29,569.	26	34,847.
w		Organizations that follow FASB ASC 958, check here ▶ X			
č		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,003,306.	27	1,877,112.
Ä	28	Net assets with donor restrictions	59,627 .	28	22,731.
Ĭ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	1,062,933.	32	1,899,843.
	33	Total liabilities and net assets/fund balances	1 1 000 500	33	1,934,690.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)		1,07	8,9 2,0 6,9	40. 10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	40	1,89	α	13
Pai	column (B)) rt XII Financial Statements and Reporting	10	1,09	9,0	40.
. u	Check if Schedule O contains a response or note to any line in this Part XII				X
	Officer if Schedule O contains a response of flote to any line in this Part All			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
b	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 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 Doth consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		_ 3b	000	(2245)
			Form	990 ((2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

▶ Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VENN FOUNDATION

ATION Employer identification number 81-4476503

Par	t I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.			
he o	rgani	zation is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)				
1 [J	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative		·			ii)			
4		A medical research organiz					•	the hospital's name		
7 .		*	ation operated in col	njunotion with a nospita	described	in Scotio	ii iroloj(i)(A)(iii). Enter	the hospital s hame,		
- [city, and state:		lla ara i arrivana irra na itri i arriva ar				i		
5 L		An organization operated for		nege or university owner	or opera	ted by a g	overnmental unit descrit	bea in		
_ [\neg	section 170(b)(1)(A)(iv). (C	· · · · · · · · · · · · · · · · · · ·							
6 L		A federal, state, or local gov	-							
7 L	Δ	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in		
	_	section 170(b)(1)(A)(vi). (Co								
8 L		A community trust describe								
9 L		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or		
-		university:								
10 L		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from		
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
-		See section 509(a)(2). (Cor	mplete Part III.)							
11	_	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12 L		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting		
	_	organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,		
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III			
		functionally integrated, or	Type III non-functio	nally integrated support	ng organiz	zation.				
f	Ente	r the number of supported o	organizations							
g		ide the following information		` ' '	(i.) I. H					
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")			593,598.	847,233.	998,801.	2,439,632.		
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			593,598.	847,233.	998,801.	2,439,632.		
	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)						1,103,082.		
6	Public support. Subtract line 5 from line 4.						1,336,550.		
	tion B. Total Support			•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4			593,598.	847,233.	998,801.	2,439,632.		
	Gross income from interest,						_		
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources			39.		7,255.	7,294.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain						_		
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						2,446,926.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	100,808.		
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
_	organization, check this box and stor	here					X		
	ction C. Computation of Publ								
14	Public support percentage for 2019 (14	%		
15	Public support percentage from 2018					15	%		
16a	33 1/3% support test - 2019. If the c								
	stop here. The organization qualifies								
b	33 1/3% support test - 2018. If the c						is box		
4-	and stop here. The organization qual						P		
1/a	10% -facts-and-circumstances tes	_					,		
	and if the organization meets the "fac					-			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes	_					iu% or		
	more, and if the organization meets the		•		•		▶□		
40	organization meets the "facts-and-circ								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	, ,	, ,	()
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	26		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	0:		
	9b		
	9с		
	10a		
	iua		
	10b		
n a	90 or 99	0-F7	2019

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

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

rax) (see separate ilisti					
	or (6) organiza	tions: Complete Part III.			
Name of organization				Emp	loyer identification number
David I Al Carrenta		UNDATION ganization is exempt un	day as ation FO4/a	\:	81-4476503
Part I-A Comple	te if the org	ganization is exempt un	der section 501(c)	or is a section 527 c	organization.
		zation's direct and indirect polit			
		tures			0.
3 Volunteer hours for p	political campa	ign activities			0.
Part I-B Comple	to if the ord	ganization is exempt un	der section 501(c)	1/3)	
		incurred by the organization ur			0.
2 Enter the amount of	any excise tax	incurred by organization manage	nare under section 105	5	·
2 If the organization in	curred a section	on 4955 tax, did it file Form 4720	gers under section 435.	J	′
b If "Yes," describe in					L 165 L 140
Part I-C Comple	te if the ord	ganization is exempt un	der section 501(c	except section 501	(c)(3).
·		d by the filing organization for s	` '	· •	· /· /
		nization's funds contributed to c			
					2
		s. Add lines 1 and 2. Enter here			
•	•			,	\$
		1120-POL for this year?			
		mployer identification number (E			
		ation listed, enter the amount pa			
		romptly and directly delivered to			
	•	additional space is needed, pro		•	
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Namo		(5) / (44) 050	(0) EII1	filing organization's	contributions received and
				funds. If none, enter -0	
					delivered to a separate political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

	section 501(n)).						
A C	heck 🕨 🔲 if the filing organiza	tion belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share	re of exces	s lobbying	expenditures).			
3 C	heck 🕨 🔲 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
			oying Expe eans amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence pub	lic opinion (grassroots lobbying)		0.	
b	Total lobbying expenditures to influ	uence a le	gislative boo	dy (direct lobbying)		6,686.	
С	Total lobbying expenditures (add li	ines 1a and	d 1b)			6,686.	
	Other exempt purpose expenditure					207,801.	
е	Total exempt purpose expenditure	s (add line	s 1c and 1c	d)(k		214,487.	
f	Lobbying nontaxable amount. Enter	er the amo	unt from the	e following table in bot	h columns.	42,897.	
	If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000		\$1,000,0	000.			
g	Grassroots nontaxable amount (er	nter 25% o	f line 1f)			10,724.	
h	Subtract line 1g from line 1a. If zer	o or less, e	enter -0			0.	
i	Subtract line 1f from line 1c. If zero	o or less, e	nter -0			0.	
j	If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	year?				L	Yes No
	(Some organizations t		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
		Lobk	ying Exper	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount					42,897.	42,897.
b	Lobbying ceiling amount						64 246
	(150% of line 2a, column(e))						64,346.
С	Total lobbying expenditures					6,686.	6,686.
	Grassroots nontaxable amount					10,724.	10,724.
е	Grassroots ceiling amount						16 006
	(150% of line 2d, column (e))						16,086.
		1		i .			

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019 VENN FOUNDATION 81-447650 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b))	
	e lobbying activity.	Yes	No	Amount		
				7		
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	on 501(a)	(E) or oc	otion		
Pai	501(c)(6).	on 50 n(c)	(5), 01 56	CLIOII		
	30 T(C)(0).			Yes	No	
_	Ways substantially all (000/ average) dues yearing despended with la by recent over			163	140	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from to till-B Complete if the organization is exempt under section 501(c)(4), section 50			ection		
· u	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is	
	answered "Yes."		. (2)	,	o o, .o	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
_	expenses for which the section 527(f) tax was paid).	ou.				
а	Current year		2a			
	Carryover from last year					
	Total		١ ـ			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part I	I-A. lines 1	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	,		
	RT II-A					
IN	2019, VENN FOUNDATION'S DIRECTOR OF MINNESOTA AFTE	RSCHOO	DL ADV	ANCE,	WHO	
IS	A PAID STAFF MEMBER, ENGAGED IN INSUBSTANTIAL LOBE	YING A	ACTIVI	TIES		
RE:	LATED TO INTRODUCING AND ADVOCATING FOR NEW LEGISLA	CAMOIT	THE	STATE	OF	
MII	NNESOTA TO ADJUST THE EXISTING MINNESOTA EDUCATION	TAX CF	REDIT	(METC)	<u> </u>	
ST	ATUTE. THE PRIMARY STATUTORY CHANGE THAT VENN FOUND	ATION	IS AD	VOCAT1	NG	
		Schedu	le C (Form	990 or 990)-FZ) 2019	

Part IV Supplemental Information (continued)							
FOR IS AN INCREASE IN THE METC INCOME ELIGIBILITY LIMITS FOR MINNESOTA							
LOW-INCOME FAMILIES, WHICH HAS NOT BEEN INCREASED SINCE THE LAW WAS							
ORIGINALLY PASSED IN 1997. ACTIVITIES ENGAGED IN DURING THIS PERIOD							
INCLUDE RESEARCH ON THE HISTORY OF THE METC, OCCASIONAL MEETINGS WITH							
LEGISLATORS AND EXECUTIVE STAFF TO DISCUSS THE PROPOSED LEGISLATION, AND							
PREPARATION OF MATERIALS FOR THESE MEETINGS.							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

VENN FOUNDATION

Employer identification number 81-4476503

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
•	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	48	
2	Aggregate value of contributions to (during year)	930,031.	68,770.
3	Aggregate value of grants from (during year)	25,000.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		**
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired a		I I
2	listed in the National Register		
3		leased, extinguished, or terminated by the or	gariization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•		Than along or violations, and officing consort	valien sassinisms dannig the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
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 furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	_	ain, provide
	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		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2019

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Pai	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tı	reasures, o	r Othe	r Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, checl	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С	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											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contributio	ns or other ass	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. (•]
Pai											
	<u> </u>	(a) Current year		rior year	(c) Two years			ears back	(e) Four	years I	back
1a	Beginning of year balance	,			' '	<u> </u>	, ,		,		
b	Contributions										
c	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
	Administrative expenses										
g	End of year balance	ent year and balana	o (lino 1	a column ((a)) hold as:						
2		ent year end baland		g, column (a)) rielu as.						
a	Board designated or quasi-endowment	0/	_%								
	Permanent endowment	%									
С	Term endowment										
_	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses .	sion of the organiza	ation tha	at are held a	and administer	red for th	ie organiz	zation	г		
	by:									Yes	No
	(i) Unrelated organizations									\dashv	
	(ii) Related organizations								3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization				?				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	D, Part I\	-	1						
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book	d) Book value	
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Total	Add lines to through to (Column (d) must ea	ual Form 000 Port	V colum	nn (D) lina	100)						Ο.

Schedule D (Form 990) 2019

Dart VII	Investments - Other Securities.
Pait VIII	investments - Other Securities.

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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 en	d-of-year market value
(1) ASIYA LLC	178,165.	COST	
(2) FAMILY TREE, INC.	105,000.	COST	
(3) BINARY BRIDGE	151,650.	COST	
(4) GREAT TEACHERS, INC.	200,200.	COST	
(5) REFLECTION SCIENCES, INC.	50,100.	COST	
(6) MAA LOAN FUND - 2018	510.	COST	
(7) FAIR ANITA	140,830.	COST	
(8) AUTHESS	54,686.	COST	
(9) NETZRO	56,385.	COST	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,068,616.		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			1
(9)	o 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2019

932053 10-02-19

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,078,950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,078,950.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		5	1,078,950.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements		1	242,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b				
С	Other losses			
d				
е	Add lines 2a through 2d	·	2e	0.
3	Subtract line 2e from line 1			242,040.
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				
С	Add lines 4a and 4b	' <u>'</u>	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			242,040.
Pa	rt XIII Supplemental Information.			
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part)	t, line 2; Part XI,
PAI	RT X, LINE 2:			
VEI	NN FOUNDATION IS EXEMPT FROM FEDERAL AN	ID STATE INCOM	E TAXES UN	DER
SE	CTION 501(C)(3) OF THE INTERNAL REVENUE	CODE AND SIM	ILAR STATE	INCOME
TA	X LAWS. THE FOUNDATION IS A PUBLIC CHA	RITY AND CONT	RIBUTIONS	TO THE
FO	UNDATION QUALIFIES AS A CHARITABLE TAX	DEDUCTION BY	THE CONTRI	BUTOR.
THI	E FOUNDATION'S TAX RETURNS ARE SUBJECT	TO REVIEW AND	EXAMINATI	ON BY
FEI	DERAL, STATE AND LOCAL AUTHORITIES.			

Part VIII Investments - Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
MN CHILDREN'S MUSEUM	115,955.	COST
MAA LOAN FUND - 2019	15,135.	COST

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
VENN FOU							81-4476503
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records				-			
criteria used to award the grants or ass	sistance?						Yes X No
2 Describe in Part IV the organization's p							
Granto ana Other Addictance to	_				janization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Durnoss of grant
or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS FOUNDATION							
80 S 8TH ST STE 800							GRANT TO DONOR ADVISED
MINNEAPOLIS, MN 55402	41-6029402	501 (C)(3)	9,865.	0.	воок	GRANT	FUND.
			+				
2 Enter total number of section 501(c)(3)			he line 1 table				
3 Enter total number of other organization	ns listed in the line	1 table					• 0.

TO ASSIST 44 CHILDS ACCESSING APPERSON PROGRAMS. 15,135. 0.800X PROGRAMS. art IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	cash assistan
NNESOTA AFTERSCHOOL ADVANCE 0% PRIS. 35 15,135. 0.BOOK PROGRAMS.	
	02
art IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization VENN FOUNDATION **Employer identification number** 81-4476503

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if applicable	Number of contributions or	Noncash contrib		Method of de noncash contribu		_	
		арріісаріе		Form 990, Part VIII		Horicasii contribu	ilion ai	Hount	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	4	26,	966.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()			L					
29	Number of Forms 8283 received by the organization appropriate of Forms 8283		•					0	
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement L	29			Ť	No
200	During the year did the ergenization receive by	, contributio	on any proporty ro	aartad in Dart L lina	a 1 throug	ab 20 that it		Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date								
	· ·		•	•			30a		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.						Jua		
31	Does the organization have a gift acceptance p	olicy that r	equires the review	of any nonstandard	l contribu	itions?	31		х
	Does the organization hire or use third parties of								
<u>uza</u>			· ·	· · · · · ·			32a		х
b	contributions? If "Yes," describe in Part II.						O_Lu		= -
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	v for which column	(a) is che	cked.			
	describe in Part II.	2.3 (0) 10	, po oi propert	, .5	,, 0110	 ,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047
2019
Open to Public

Open to Public Inspection

Name of the organization

VENN FOUNDATION

Employer identification number 81-4476503

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

THE RETURN IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANT BASED

ON DATA PROVIDED BY MANAGEMENT. ONCE A DRAFT RETURN IS AVAILABLE, IT IS

PROVIDED TO THE GOVERNING BODY FOR REVIEW PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY COVERS ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS. IF A CONFLICT OF INTEREST WERE TO ARISE, THE INTERESTED PARTY IS NOT PRESENT DURING THE DISCUSSION AND VOTE ON THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. IF THIS WERE TO OCCUR, IT WILL BE CAPTURED IN THE MEETING MINUTES.

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

USING THE MINNESOTA NONPROFIT SALARY AND BENEFITS SURVEY THAT TOOK PLACE IN 2014, THE EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE DELIBERATION AND DECISION IS DOCUMENTED IN THE BOARD OF DIRECTORS MEETING MINUTES. THE LAST YEAR THIS TOOK PLACE WAS IN 2018 FOR JEFF OCHS, PRESIDENT AND CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MI, MN, MS, MD, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA

WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE THE GOVERNING DOCUMENTS, CONFLICT OF

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

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

932211 09-06-19

VENN FOUNDATION	81-4476503
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC.
FORM 990 PART VI, SECTION A, LINE 8B	
THE EXECUTIVE COMMITTEE IS AT TIMES GRANTED FULL AND COMP	LETE AUTHORITY
OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE FOU	NDATION.
PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	