990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 В **VENTURES** Check if applicable: C Name of organization D Employer identification number Address change Doing business as 91-1704028 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) Telephone number Initial return 2100 24TH AVE SOUTH 380 (206) 352-1945 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Amended return SEATTLE, WA 98144 2,657,913 x Application pending Name and address of principal officer H(a) Is this a group return for subordinates? H(b) Are all subordinates included? Yes **X** 501(c)(3) 501(c)(4947(a)(1) or 527 Tax-exempt status: If "No." attach a list. See instructions VENTURESNONPROFIT.ORG Website: H(c) Group exemption number X Corporation Trust Association Form of organization: L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: VENTURES' MISSION IS TO EMPOWER INDIVIDUALS WITH LIMITED RESOURCES AND UNLIMITED POTENTIAL TO IMPROVE THEIR LIVES THROUGH SMALL BUSINESS Activities & Governance OWNERSHIP. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 33 Total number of volunteers (estimate if necessary) 6 42 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,536,951 2,529,663 Revenue 76,888 64,852 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,210 2,649 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 249,120 61,188 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,865,608 2,657,913 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 214,147 163,399 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 1,420,106 2,018,093 0 **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 572,467 738,494 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,206,720 2,919,986 19 Revenue less expenses. Subtract line 18 from line 12 658,888 (262,073)Net Assets or und Balances **Beginning of Current Year** End of Year 20 3,910,500 4,062,617 21 Total liabilities (Part X, line 26) 817,106 927,062 22 Net assets or fund balances. Subtract line 21 from line 20 3,245,511 2,983,438 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. MONIQUE VALENZUELA Sign Signature of officer Date Here MONIQUE VALENZUELA, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Paid ELISABETH RIEHLE 11-14-2023 self-employed P01063070 **Preparer** Firm's name ANDERSON RIEHLE LLC Firm's EIN Use Only Firm's address 2916 NW Bucklin Hill Rd #380 Phone no SILVERDALE WA 98383 206-502-6956

May the IRS discuss this return with the preparer shown above? See instructions

Yes

X No

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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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		^
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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	441		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VIII	11c		٠,,
ч	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	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			
4-	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		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			^
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
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			
له	to defease any tax-exempt bonds?	24c		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_x_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
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		<u> </u>
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		_ <u>x</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24		
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<u> </u>
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<u> </u>
b	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	335		
	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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par	·			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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		х

Form 990 (2022) Page 5 91-1704028 VENTURES Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Nο 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 33 2b b X За 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 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)? 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 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х С 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7c x d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х е 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Х 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? 9 Sponsoring organizations maintaining donor advised funds. а 9h Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b С 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O h 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Х If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

For	m 990 (2022) VENTURES 91-1704 0)28	Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction 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			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		^
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		
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 make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
6		6		X
	Did the organization have members or stockholders?	-		Х
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		
		1 a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
•	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.)		1	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on 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? The organization's CEO, Executive Director, or top management official 15a X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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?

Section C. Disclosure

17	List the states	with which a	copy of thi	s Form 990	is required	to be filed

- 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 only) available for public inspection. Indicate how you made these available. Check all that apply.
 - X Own website Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial 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.

Form 990 (2022) **VENTURES** 91-1704028

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any re	lated organizat	on co	mper	nsate	ed a	ny cur	rent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Positio (do not check more box, unless person officer and a direct Officer Institutional trustee or director			ore th	tion re than one on is both an ctor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LAURA DONALDSON-FLETCHER	40.00									
INTERIM EXECUTIVE DIRECTOR		Х		х				124,067	0	10,493
(2) XIMENA JUAREZ I	0.50									
DIRECTOR		Х						0	0	0
(3) YESENIA CELESTINO	0.25									
DIRECTOR		Х						0	0	0
(4) DAVID SPICER	1.00									
DIRECTOR		Х						0	0	0
(5) JONATHAN SHALLOW	0.50									
DIRECTOR		X						0	0	0
(6) LISA TAYLOR	1.00									
DIRECTOR		Х						0	0	0
(7) JOHN YU	1.75									
DIRECTOR		Х						0	0	0
(8) RENEE MARTIN	3.00									
SECRETARY		х						0	0	0
(9) RONNY MENDIETA	2.00									
DIRECTOR		Х						0	0	0
(10)CHRIS_ROOKS_	2.00									
DIRECTOR		х						0	0	0
(11) JAMIE SHERBONDY	1.50									
DIRECTOR		х						0	0	0
(12)DOUG HALL	1.00									
DIRECTOR		х						0	0	0
(13)DAVID_GOLDBERG	3.00									
VICE PRESIDENT		х		x				0	0	0
(14)ERIK_WINTERS	2.00									
TREASURER		х		х				o	0	0
EEA										Form 990 (2022)

Part	VII Section A. Officers, Directors, T	lustees, r	\ey E	mp		(C)	5, an	uп	iignest compe	ensaleu E	inpio	yees	(cont	inuea)
	(A)	(B)			Pos	sition			(D)	(E)			(F)	
	Name and title	Average					nan one s both ar	1	Reportable	Reportable	e	Estim	ated am	ount
		hours	offic	er and	d a di	rector	/trustee)	1	compensation from the	compensation from relate			of other	
		per week (list any		_		_			organization (W-2/	organizations	(W-2/	fı	rom the	
		hours for	Indivi or din	Institu	Officer	Key employee	Highe emplo	Forme	1099-MISC/ 1099-NEC)	1099-MIS0 1099-NEC		-	nization I organi:	
		related organizations	dual ector	ıtiona	<u> </u>	mplc	est co	er	,		´		3	
		below	Individual trustee or director	Institutional trustee		yee	mper							
		dotted line)	ď	tee			Highest compensated employee							
(15)00	TAIVIEA_RENEE	3 00												
PRES			x		x				o		0			0
/4C\														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
<u>(25)</u>														
	Subtotal		<u></u>	Ш 										
С	Total from continuation sheets to Part VII, Sect													
d	Total (add lines 1b and 1c)								124,067		0		10,4	493
2	Total number of individuals (including but not limite	ed to those lis	sted al	oove) wh	o re	ceived	l mo	re than \$100,000 c	of				
	reportable compensation from the organization													1
•	Diddle consideration list one for the list of								4 1				Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>			•	-	•		•				3		v
4	For any individual listed on line 1a, is the sum of re													X
	organization and related organizations greater than													
	individual											4		х
5	Did any person listed on line 1a receive or accrue	compensation	on fron	n any	y uni	relat	ed org	aniz	ation or individual					
04	for services rendered to the organization? If "Yes,"	complete Sc	hedule	J fo	r su	ch p	erson			<u></u>		5		X
	on B. Independent Contractors	atad indones	dont o	o ntr	o o t o	th	at raas		d mara than \$100.0	100 of				
1	Complete this table for your five highest compensation from the organization. Report comp										vear			
	(A)	octioation for	tric ca	icria	iai y	carc	riding	VVILI	(B)	IIIZALIOIT 3 LAX	ycai.	(C)		
	Name and business addres	ss							Description of servic	es		Compens	ation	
	Total number of independent contractors (includin	a but not limi	ited to	thos	e list	ted a	above)	Whr	 D					
-	received more than \$100,000 of compensation fro	-												

Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	note to any line in this	s Part VIII			
		·	j	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b	1g	149,680 838,794 1,541,189 \$ 117	2,529,663 46,192 14,609 4,051	46,192 14,609 4,051		
Pro	f g	All other program service revenue		64,852			
Other Revenue	b c d 8a b c c 9a b c t 10a b	Gross income from gaming activities, See Part IV, line 19 9i Less: direct expenses 9 Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10 Less: cost of goods sold 10	(ii) Personal (iii) Other (iii) Other	2,210			2,210
Miscellanous Revenue	11a b c	OTHER INCOME All other revenue	Business Code 900099	61,188	61,188		
Σ	l .	Total. Add lines 11a-11d		61,188	126.040	0	2.210

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	iotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	163,399	163,399		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,649,072	1,192,847	232,036	224,189
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				
10	Payroll taxes	369,021	269,385	47,973	51,663
11	Fees for services (nonemployees):	·	·	·	,
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	18,846			18,846
12	Advertising and promotion	·			·
13	Office expenses	51,980	29,113	13,810	9,057
14	Information technology				
15	Royalties				
16	Occupancy	166,442	158,046	4,431	3,965
17	Travel	13,266	9,263		4,003
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,490	3,490		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,358	17,086	2,136	2,136
23	Insurance	11,026	5,750	4,026	1,250
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 O.)				
a	PROFESSIONAL DEVELOPMENT	35,861	22,815	7,646	5,400
b	BANK AND CREDIT CARD FEES	17,103	15,349	50	1,704
۲ C	PROGRAM SUPPLIES	42,607	41,363	141	1,103
d	PROFESSIONAL FEES All other expenses	312,698	178,684	64,092	69,922
е 25	Total functional expenses. Add lines 1 through 24e	43,817	25,068	11,384	7,365
25 26	Joint costs. Complete this line only if the	2,919,986	2,131,658	387,725	400,603
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,195,049	1	1,370,754
	2	Savings and temporary cash investments	1,147,813	2	1,460,407
	3	Pledges and grants receivable, net	479,710	3	570,503
	4	Accounts receivable, net	15,109	4	43,284
	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	
Ø	7	Notes and loans receivable, net	157,185	7	115,679
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	10,069	9	31,910
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 331,006			
	b	Less: accumulated depreciation 10b 272,669	57,682	10c	58,337
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	259,626
	16	Total assets . Add lines 1 through 15 (must equal line 33)	4,062,617	16	3,910,500
	17	Accounts payable and accrued expenses	120,817	17	163,471
	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%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	196,495	23	158,621
	24	Unsecured notes and loans payable to unrelated third parties	321,478	24	332,492
	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	178,316	25	272,478
	26	Total liabilities. Add lines 17 through 25	817,106	26	927,062
		Organizations that follow FASB ASC 958, check here			
Fund Balances		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	2,336,953	27	2,577,716
Bal	28	Net assets with donor restrictions	908,558	28	405,722
р		Organizations that do not follow FASB ASC 958, check here			
Ŀ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
۸ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	3,245,511	32	2,983,438
_Z	33	Total liabilities and net assets/fund balances	4,062,617	33	3,910,500
EEA					Form 990 (2022)

Form	990 (2022) VENTURES	91-170	04028		Pa	ıge 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,	657,	913
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,	919,	986
3	Revenue less expenses. Subtract line 2 from line 1	3		(:	262,	073)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,	245,	511
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,	983,	438
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	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:					
	X Separate basis					
b	Were the organization's financial statements audited by an independent accountant?		· · L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		· ·	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required guilt or guilte, explain why an Schodule O and describe any stone taken to undergo auch guilte			2h		

EEA

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-F7

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

Open to Public Inspection

Employer identification number

VENTURES 91-1704028 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🛮 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes Nο (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022 **VENTURES** 91-1704028 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2018 **(b)** 2019 (c) 2020 Calendar year (or fiscal year beginning in) (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,424,888 1,523,166 3,550,814 2,613,839 2,529,663 2 Tax revenues levied for the organization'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 **Total.** Add lines 1 through 3 1,424,888 1,523,166 3,550,814 2,613,839 2,529,663 11,642,370 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) 1,621,095 Public support. Subtract line 5 from line 4 . 10,021,275 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 1,424,888 2,613,839 1,523,166 3,550,814 2,529,663 11,642,370 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 3,179 3,484 2,618 2,649 2,210 14,140 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 17,457 10,821 64,852 342,250 11 **Total support.** Add lines 7 through 10 11,998,760 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 83.52 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

instructions

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name o	of the or	ganization		<u> </u>	Employer ident	ification number
VENT	URES				91-170	4028
	rt I	Organizations Maintaining Donor Advised F	unds or Other Simi	ar Funds or Acco		
		Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 6.		
		<u> </u>	(a) Donor ad		(b) F	Funds and other accounts
1	Total	number at end of year	, ,		, ,	
2		egate value of contributions to (during year)				
3		egate value of grants from (during year)				
4		egate value at end of year				
5		ne organization inform all donors and donor advisors in	writing that the assets h	neld in donor advised		
		are the organization's property, subject to the organiza	-			∏Yes ∏No
6		ne organization inform all grantees, donors, and donor	=			
		or charitable purposes and not for the benefit of the do				
	-	rring impermissible private benefit?				Yes No
Par		Conservation Easements.				
		Complete if the organization answered "Yes" of	n Form 990. Part IV.	line 7.		
1	Purpo	ose(s) of conservation easements held by the organiza				
	_	eservation of land for public use (for example, recreation		Preservation of a	historically impo	ortant land area
	=	otection of natural habitat	,	Preservation of a		
	=	eservation of open space	'			
2		plete lines 2a through 2d if the organization held a qual	ified conservation contri	bution in the form of	a conservation	
_		ment on the last day of the tax year.				eld at the End of the Tax Year
а		number of conservation easements				<u> </u>
b		acreage restricted by conservation easements				
c		per of conservation easements on a certified historic sti				
d		per of conservation easements included in (c) acquired				
-		ic structure listed in the National Register			2d	
3		per of conservation easements modified, transferred, re				ing the
•	tax ye		nouseu, skiinguisneu, s	r torrimation by the o	rgamzation dan	ing allo
4		per of states where property subject to conservation ea	sement is located			
5		the organization have a written policy regarding the pe		ction handling of		
		ions, and enforcement of the conservation easements		-		∏Yes ∏No
6		and volunteer hours devoted to monitoring, inspecting,				
		3, 1 3,	,	3		3 ,
7	Amou	 unt of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	enforcing conservatio	n easements di	uring the vear
			g	g		g ,
8	Does	each conservation easement reported on line 2(d) abo	ove satisfy the requireme	ents of section 170(h)(4)(B)(i)	
		ection 170(h)(4)(B)(ii)?				🗌 Yes 🔲 No
9		rt XIII, describe how the organization reports conservat				
		ce sheet, and include, if applicable, the text of the footi		•		s the
		nization's accounting for conservation easements.	3			
Par	t III	Organizations Maintaining Collections	of Art, Historical	Treasures, or C	ther Simila	r Assets.
		Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 8.		
1a	If the	organization elected, as permitted under FASB ASC 9			balance sheet	works
	of art	, historical treasures, or other similar assets held for pu	blic exhibition, educatio	n, or research in furth	nerance of publi	ic
	servi	ce, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items.	·	
b	If the	organization elected, as permitted under FASB ASC 9	58, to report in its reven	ue statement and bal	ance sheet wor	ks of
		storical treasures, or other similar assets held for publi	•			
		de the following amounts relating to these items:	,,			•
	•	Revenue included on Form 990, Part VIII, line 1				\$
		ssets included in Form 990, Part X				\$
2		organization received or held works of art, historical tre				· ———
		ring amounts required to be reported under FASB ASC		-	, ,,	
а		nue included on Form 990, Part VIII, line 1	-			\$
b		s included in Form 990 Part X				¢

Par	t III Organizations Maintaining Co	ollections of Art, I	Hist	torical Ti	reasures,	or Oth	ner Similar As	ssets (c	<u>ontin</u>	iued)
3	Using the organization's acquisition, accession,	, and other records, che	eck a	any of the fo	ollowing that r	nake si	nificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	r exchange p	rogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									_
4	Provide a description of the organization's colle	ctions and explain how	the	y further the	organization	's exem	pt purpose in Par	t		
	XIII.	'		,	3					
5	During the year, did the organization solicit or re	eceive donations of art	hist	orical treasi	ures or other	similar				
	assets to be sold to raise funds rather than to be							. Пү	es	□No
Par				9		-				
	Complete if the organization an		Fori	m 990. Pa	art IV. line	9. or r	eported an ar	nount o	า For	rm
	990, Part X, line 21.			,	,	- ,	•			
1a	Is the organization an agent, trustee, custodian	or other intermediary for	or co	ntributions	or other asse	ts not				
	•							Пү	es	No
b	If "Yes," explain the arrangement in Part XIII and									
	ii 103, explain the arrangement iii i arr XIII arr	a complete the followin	y tai	JIC.			Δ	mount		
С	Beginning balance					. 10		mount		
d	Additions during the year									
	Distributions during the year									
e	Ending balance									
f 2-	Did the organization include an amount on Forn									Пы
2a	_						•	_		∐ No
Par	If "Yes," explain the arrangement in Part XIII. Che Endowment Funds.	neck nere ii the explana	auon	nas been p	provided on F	art XIII				
Гаі	Complete if the organization an	swered "Vec" on I	Eori	m 000 D	art IV/ line	10				
	· · · · · · · · · · · · · · · · · · ·									
4.		(a) Current year ((b) Pr	ior year	(c) Two years	back	(d) Three years back	k (e) Fo	our year	s back
1a	Beginning of year balance									
b										
С	Net investment earnings, gains, and									
_	losses							_		
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	t year end balance (line	e 1g,	, column (a)) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possession	on of the organization	that	are held an	d administere	d for th	Э			
	organization by:								Yes	s No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(i	i)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required o	n Sc	hedule R?				. 3b		
4	Describe in Part XIII the intended uses of the or	rganization's endowme	nt fu	nds.						
Par										
	Complete if the organization an	iswered "Yes" on I	For	m 990, P	art IV, line	11a. S	See Form 990	, Part X,	line	10.
	Description of property	(a) Cost or other basis	3	(b) Cost or	r other basis	(c)	Accumulated	(d) B	ook valu	ue
		(investment)		(0	other)	d	epreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				62,452		29,122		33	,330
d	Equipment			2	268,554		243,547			,007
е	Other				,		, -			
Total.	Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colu	mn (B), line 10c.)				58	,337

Schedule D (Form 990) 2022	VENTURES	91-1704028 Page 3

Schedule D (For	m 990) 2022 VENTURES			91-	-1704028	Page
Part VII	Investments - Other Securities.					
	Complete if the organization answered	l "Yes" on Fori	m 990, Part IV, li	ne 11b. See Form	n 990, Part X, Iir	ne 12.
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation: nd-of-year market value	
(1) Financial of	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Part VIII	Investments - Program Related.		000 5 () ()		000 5 ()(!!	4.0
	Complete if the organization answered	l "Yes" on Fori	m 990, Part IV, II	ne 11c. See Form	1 990, Part X, lin	ie 13.
	(a) Description of investment		(b) Book value	1 ''	ethod of valuation: id-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
<u>(9)</u>						
	(b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Fori	m 990, Part IV, li	ne 11d. See Form	990, Part X, lir	ne 15.
	(a) De	scription			(b) Book va	lue
(1)USE OF	LEASED ASSETS				2	59,62
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 15.)				2	59,62
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Fori	m 990, Part IV, li	ne 11e or 11f. See	e Form 990, Pa	rt X,
1.	(a) Description of liability	(b) Book v	alue			
(1) Federal in	* * * * * * * * * * * * * * * * * * * *					
	LEASED ASSETS		272,478			
(3)			,			
(4)						
(5)						
(6)						
(7)						
(8)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 272,478 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

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,657,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,657,913
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,657,913
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,919,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,919,986
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,919,986
Part	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	•
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of	the organization					Employer identific	ation number
VENT	URES					91-170	4028
Part	I Fundraising Activities	. Complete if th	ne organiz	ation ansv	vered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are not	· ·					
1	Indicate whether the organization rai	sed funds through	any of the fo	llowing activi	ties. Check all that ap	ply.	
а	Mail solicitations		е	Solicitation	of non-government	grants	
b	Internet and email solicitations		f	Solicitation	of government grant	s	
С	Phone solicitations		g] Special fur	ndraising events		
d	☐ In-person solicitations						
2a	Did the organization have a written o	r oral agreement v	vith any indivi	dual (includir	ng officers, directors,	trustees,	
	or key employees listed in Form 990,	, Part VII) or entity	in connection	with profess	ional fundraising serv	vices?	Yes No
b	If "Yes," list the 10 highest paid indivi	duals or entities (fo	undraisers) p	ursuant to ag	reements under which	h the fundraiser is to b	oe e
	compensated at least \$5,000 by the	organization.					
			(iii) Did fur	ndraiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or control of		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	,		contrib	outions?		col. (i)	organization
			Yes	No	_		
1							
2							
3							
				1			
4							
5							
		1					
·							
7							
•							
9							
10							
Total			<u>.</u>				
3	List all states in which the organization	on is registered or	licensed to so	olicit contribu	tions or has been not	ified it is exempt from	
	registration or licensing.						

Schedule G (Form 990) 2022 **VENTURES** 91-1704028 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through INNOVENTURES NONE col. (c)) (event type) (total number) (event type) Revenue Gross receipts 149,680 149,680 2 Less: Contributions 3 Gross income (line 1 minus 149,680 149,680 4 Cash prizes 30,000 5 Noncash prizes Rent/facility costs 4,062 4,062 Direct Expenses Food and beverages 5,022 5,022 Entertainment 1,000 1,000 Other direct expenses 10,308 10,308 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,392 11 Net income summary. Subtract line 10 from line 3, column (d) 99,288 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

EEA Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

VENTURES

Employer identification number 91–1704028

01. Form 990 governing body review (Part VI, line 11)
THE FINANCE COMMITTEE REVIEWS 990 AND BOARD VOTES TO APPROVE THE FORM BEFORE FILED WITH
THE IRS.
02. Conflict of interest policy compliance (Part VI, line 12c)
EMPLOYEES WHO HAVE ANY INFLUENCE ON OR PERSONAL INTEREST IN TRANSACTIONS INVOLVING
PURCHASES, MEMBERSHIP DECISIONS, LOANS, GRANTS, CONTRACTS, OR LEASES, MUST DISCLOSE THE
EXISTENCE OF ANY ACUTAL OR POTENTIAL CONFLICT OF INTEREST IN WRITING TO VENTURES'
EXECUTIVE DIRECTOR AS SOON AS POSSIBLE, SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT
ALL PARTIES. THE EXECUTIVE DIRECTOR REPORTS ANY POTENTIAL CONFLICTS TO THE EXECUTIVE
COMMITTEE.
03. CEO, executive director, top management comp (Part VI, line 15a)
THE BOARD OF DIRECTORS RESEARCHED COMPARABLE SALARIES USING THE 501 COMMONS NONPROFIT WAGE
SURVEY AND APPROVED THE COMPENSATION FOR THE EXECUTIVE DIRECTOR.
04. Governing documents, etc, available to public (Part VI, line 19)
GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
IN ADDITION, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE.