

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31st, 2017																			
<b>B</b> Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization: Social Venture Partners Minnesota</td> <td><b>D</b> Employer identification number: 03-0612359</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td>Doing business as</td> <td rowspan="2"><b>E</b> Telephone number: 952-933-5560</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td><input checked="" type="checkbox"/> Initial return</td> <td>14451 Highway 7 Suite 203</td> <td rowspan="2"><b>G</b> Gross receipts \$: 419750</td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td>City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td>Minnetonka MN 55345</td> <td rowspan="2"><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td><b>F</b> Name and address of principal officer: Kimpa Moss 14451 Highway 7 Minnetonka MN 55345</td> </tr> </table>	<b>C</b> Name of organization: Social Venture Partners Minnesota		<b>D</b> Employer identification number: 03-0612359	<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number: 952-933-5560	<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<input checked="" type="checkbox"/> Initial return	14451 Highway 7 Suite 203	<b>G</b> Gross receipts \$: 419750	<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	<input type="checkbox"/> Amended return	Minnetonka MN 55345	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: Kimpa Moss 14451 Highway 7 Minnetonka MN 55345
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																			
<b>J</b> Website: ▶																			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																			
<b>L</b> Year of formation: 2010																			
<b>M</b> State of legal domicile: MN																			

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: Social Venture Partner is an accelerator that work along side innovative non profits that support underserved teens in the seven county metro area. We provide grants and pro bono consulting and double the size of those we work with 3 years of engagement. Our Premise is that strong non profits deliver better results. It's that simple.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	295094	
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137	
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	295231	
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	100000
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	146944
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	54587	
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	301531	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	(6300)		
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	194506	
	<b>21</b>	Total liabilities (Part X, line 26)	68626	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	125880	
			230239	

<b>Part II Signature Block</b>	
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.	

<b>Sign Here</b>	Signature of officer	Date	
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Firm's EIN ▶	Check <input type="checkbox"/> if self-employed
	Firm's address ▶	Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)