Form 990

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 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.

A For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31st, 2017

B Check if applicable:
Number of organization: Social Venture Partners Minnesota
Doing business as
14451 Highway 7
Suite 203
Minnetonka MN 55345
T Telephone number
952-933-5560

C Name of organization: Social Venture Partners Minnesota
Doing business as
14451 Highway 7
Suite 203
Minnetonka MN 55345

D Employer identification number
03-0612395

E Name and address of principal officer: Kimpa Moss
14451 Highway 7
Minnetonka MN 55345

F Is this a group return for subsidiaries?
Yes
No

H Are all subordinates included?
Yes
No

I Tax-exempt status: 
501(c)(3)
501(c)(4)

J Website:

K Form of organization: Corporation
Trust
Association
Other

L Year of formation: 2010
M State of legal domicile: MN

Part I Summary

1. Briefly describe the organization’s mission or most significant activities: Social Venture Partner is an accelerator that work alongside innovative non-profits that support underserved teens in the seven county metro area. We provide grants and pro bono consulting and 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.

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7. Total unrelated business revenue from Part VIII, column (C), line 12

8. Total unrelated business taxable income from Form 990-T, line 34

Revenue

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

16b. Total fundraising expenses (Part IX, column (D), line 25)

17. Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18. Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20. Total assets (Part X, line 16)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

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.

Signature of officer

Type or print name and title

Print/Type preparer’s name
Preparer’s signature

Date

Check if self-employed

PTIN

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes
No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)