

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Social Venture Partners Minnesota</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>2800 University Ave SE</u> <u>205</u> City or town, state or province, country, and ZIP or foreign postal code <u>Minneapolis, MN 55414</u> D Employer identification number <u>03-0612359</u> E Telephone number <u>(612) 440-1804</u> G Gross receipts \$ <u>418,164.</u> F Name and address of principal officer: <u>Carla Pavone, 14451 Highway 7, Minnetonka, MN 55345</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____ I 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 J Website: ▶ <u>www.svpmmn.org</u> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ L Year of formation: <u>2010</u> M State of legal domicile: <u>MN</u>

Part I Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Social Venture Partners is an accelerator that works alongside innovative nonprofits 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 after 3 years of engagement.</u>
	2	Check this box <input type="checkbox"/> 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) <u>3</u> 9
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> 9
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) <u>5</u> 3
	6	Total number of volunteers (estimate if necessary) <u>6</u> 100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> 0.
b	Net unrelated business taxable income from Form 990-T, line 38 <u>7b</u> 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) <u>422,087.</u> <u>418,164.</u>
	9	Program service revenue (Part VIII, line 2g) <u>-3,976.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>-706.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>2,345.</u> <u>0.</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>419,750.</u> <u>418,164.</u>
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u> <u>0.</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>158,412.</u> <u>171,135.</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u>
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>44,110.</u>
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>51,494.</u> <u>56,621.</u>
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>319,906.</u> <u>379,256.</u>
19	Revenue less expenses. Subtract line 18 from line 12 <u>99,844.</u> <u>38,908.</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <u>232,404.</u> <u>270,850.</u>
	21	Total liabilities (Part X, line 26) <u>6,680.</u> <u>5,946.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20 <u>225,724.</u> <u>264,904.</u>

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.		
Sign Here	Signature of officer <u>Carla Pavone</u>	Date <u>04/24/2019</u>
	Type or print name and title <u>Carla Pavone, Board Chair</u>	
Paid Preparer Use Only	Print/Type preparer's name <u>Courtney Swanson</u>	Preparer's signature
	Firm's name ▶ <u>Swanson Financial Solutions, LLC</u>	Firm's EIN ▶ <u>82-3096338</u>
	Firm's address ▶ <u>W11481 564TH ST, PRESCOTT, WI 54021</u>	Phone no. <u>(651) 398-0997</u>
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	