

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

VEAP, INC.

41-6175999

Name and title of officer

JOHN MITCHELL PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 3 columns: Description, Amount, and Label. Row 1b contains the value 9,676,244.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WIPFLI LLP to enter my PIN 55435. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ***** THIS IS NOT A FILEABLE COPY *** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41000754403 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 08/01/18

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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.

A For the **2017** calendar year, or tax year beginning and ending

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 VEAP, INC.		D Employer identification number 41-6175999
	Doing business as VOLUNTEERS ENLISTED TO ASSIST PE		E Telephone number 952-888-9616
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9600 ALDRICH AVENUE SOUTH		G Gross receipts \$ 9,746,884.
	City or town, state or province, country, and ZIP or foreign postal code BLOOMINGTON, MN 55420		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: JOHN MITCHELL SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.VEAP.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1973** **M** State of legal domicile: **MN**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TOGETHER, WE CREATE PATHWAYS TO STRONGER, MORE HOPEFUL, COMMUNITIES THROUGH ACCESS TO HEALTHY FOOD,		
	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)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	2972
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	60,661.
b Net unrelated business taxable income from Form 990-T, line 34	7b	53,151.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,911,953.	9,246,937.
	9 Program service revenue (Part VIII, line 2g)	74,663.	76,496.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88.	884.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	367,700.	351,927.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,354,404.	9,676,244.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,416,807.	7,795,209.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,236,945.	1,083,826.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,156.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	886,553.	850,286.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,540,305.	9,729,321.	
19 Revenue less expenses. Subtract line 18 from line 12	-185,901.	-53,077.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,167,447.	End of Year 6,050,786.
	21 Total liabilities (Part X, line 26)	4,259,004.	4,195,420.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,908,443.	1,855,366.

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	Date			
	JOHN MITCHELL, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J PETERSON, CPA	Preparer's signature MICHAEL J PETERSON,	Date 08/01/18	Check if self-employed <input type="checkbox"/>	PTIN P01833529
	Firm's name ▶ WIPFLI LLP	Firm's address ▶ 7601 FRANCE AVENUE SOUTH, SUITE 400 MINNEAPOLIS, MN 55435	Firm's EIN ▶ 39-0758449	Phone no. 952.548.3400	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
VEAP IS A 501(C)(3) NON-PROFIT, MULTI-SERVICE, HUMAN SERVICE ORGANIZATION WITH THE MISSION OF "TOGETHER, WE CREATE PATHWAYS TO STRONGER, MORE HOPEFUL, COMMUNITIES THROUGH ACCESS TO HEALTHY FOOD, HOUSING STABILITY AND SUPPORTIVE SERVICES."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] 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.

4a (Code:) (Expenses \$ 8,320,608. including grants of \$ 7,531,938.) (Revenue \$ 0.)
FOOD PROGRAM - PLEASE SEE SCHEDULE O

4b (Code:) (Expenses \$ 383,297. including grants of \$ 126,285.) (Revenue \$ 76,496.)
SOCIAL SERVICES PROGRAM - PLEASE SEE SCHEDULE O

4c (Code:) (Expenses \$ 345,722. including grants of \$ 136,986.) (Revenue \$ 0.)
CHILDREN & YOUTH SERVICES PROGRAM - PLEASE SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)
(Expenses \$ 145,466. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 9,195,093.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about backup withholding, employee reporting, foreign accounts, and charitable contributions.

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 in Schedule O. See instructions.

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

Section 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

Section 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?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	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?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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: **MARNIE ANDERSON - 952-888-9616**
9600 ALDRICH AVENUE SOUTH, BLOOMINGTON, MN 55420

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.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERI ALBRECHT DIRECTOR	1.00	X					0.	0.	0.	
(2) DEBBIE BELFRY DIRECTOR	1.00	X					0.	0.	0.	
(3) BRENDA BJORKLUND DIRECTOR	1.00	X					0.	0.	0.	
(4) ANNE-MARIE GAVEL DIRECTOR	1.00	X					0.	0.	0.	
(5) BART GROSZ DIRECTOR	1.00	X					0.	0.	0.	
(6) ANDREAS HOEFT DIRECTOR	1.00	X					0.	0.	0.	
(7) BRAD JOHNSON DIRECTOR (THRU APRIL)	1.00	X					0.	0.	0.	
(8) TOM LARSON DIRECTOR	1.00	X					0.	0.	0.	
(9) KEITH MOHEBAN DIRECTOR	1.00	X					0.	0.	0.	
(10) THOA NGUYEN DIRECTOR	1.00	X					0.	0.	0.	
(11) MAUREEN SCALLEN FAILOR DIRECTOR (THRU NOVEMBER)	1.00	X					0.	0.	0.	
(12) REED NELSON PRESIDENT	1.00	X		X			0.	0.	0.	
(13) JOHN MITCHELL VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(14) SALLY BREDEHOFT CO-SECRETARY	1.00	X		X			0.	0.	0.	
(15) TOM RUSSETT CO-SECRETARY	1.00	X					0.	0.	0.	
(16) EDGAR MADSEN TREASURER	1.00	X		X			0.	0.	0.	
(17) LISA HORN CEO	40.00			X			101,172.	0.	17,622.	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 48,750.				
	b Membership dues	1b				
	c Fundraising events	1c 167,861.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 682,497.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,347,829.				
	g Noncash contributions included in lines 1a-1f: \$	6,936,387.				
	h Total. Add lines 1a-1f	▶ 9,246,937.				
Program Service Revenue	2 a CONTRACT REVENUE	Business Code 624210	76,496.	76,496.		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 76,496.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 59.			59.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	306,939.	(ii) Personal	60,661.	
		b Less: rental expenses	0.	0.		
		c Rental income or (loss)	306,939.	60,661.		
		d Net rental income or (loss)	▶ 367,600.		60,661.	306,939.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	825.	(ii) Other		
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	825.			
		d Net gain or (loss)	▶ 825.			825.
	8 a Gross income from fundraising events (not including \$ 167,861. of contributions reported on line 1c). See Part IV, line 18	a 40,884.				
		b Less: direct expenses	b 70,640.			
		c Net income or (loss) from fundraising events	▶ -29,756.			-29,756.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities		▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue	900099	14,083.		14,083.	
	e Total. Add lines 11a-11d	▶ 14,083.				
12 Total revenue. See instructions.	▶ 9,676,244.	76,496.	60,661.	292,150.		

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,795,209.	7,795,209.		
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	155,021.	103,347.	25,837.	25,837.
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	766,748.	452,924.	188,438.	125,386.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,315.	21,546.	8,804.	5,965.
9 Other employee benefits	52,869.	31,246.	12,943.	8,680.
10 Payroll taxes	72,873.	43,875.	17,047.	11,951.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,400.	11,271.	4,129.	
d Lobbying				
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.)	84,036.	80,733.		3,303.
12 Advertising and promotion	24,883.	20,510.	1,218.	3,155.
13 Office expenses	121,016.	100,233.	7,809.	12,974.
14 Information technology	12,625.	12,625.		
15 Royalties				
16 Occupancy	116,637.	85,256.	24,710.	6,671.
17 Travel	23,106.	22,421.	345.	340.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,464.	1,754.	418.	292.
20 Interest	153,414.	139,606.	7,672.	6,136.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	190,167.	173,051.	9,509.	7,607.
23 Insurance	62,816.	56,603.	3,725.	2,488.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBIT TAXES	16,152.	16,152.		
b VOLUNTEER SERVICES RECO	14,826.	14,826.		
c MEMBERSHIP	4,984.	4,550.	243.	191.
d BAD DEBT	4,500.	4,095.	225.	180.
e All other expenses	3,260.	3,260.		
25 Total functional expenses. Add lines 1 through 24e	9,729,321.	9,195,093.	313,072.	221,156.
26 Joint costs. Complete this line only if the 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	483,165.	1	685,098.
	2 Savings and temporary cash investments	182,593.	2	176,934.
	3 Pledges and grants receivable, net	118,297.	3	71,201.
	4 Accounts receivable, net	110,117.	4	72,314.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	246,273.	8	182,726.
	9 Prepaid expenses and deferred charges	22,148.	9	19,006.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,650,074.		
	b Less: accumulated depreciation	10b 806,567.	5,004,854.	10c 4,843,507.
	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	
16 Total assets. Add lines 1 through 15 (must equal line 34)		6,167,447.	16 6,050,786.	
Liabilities	17 Accounts payable and accrued expenses	87,547.	17	106,984.
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,152,827.	23	4,080,849.
	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	18,630.	25	7,587.
	26 Total liabilities. Add lines 17 through 25	4,259,004.	26	4,195,420.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,846,693.	27	1,845,366.
	28 Temporarily restricted net assets	61,750.	28	10,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,908,443.	33	1,855,366.	
34 Total liabilities and net assets/fund balances	6,167,447.	34	6,050,786.	

Part 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	9,676,244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,729,321.
3	Revenue less expenses. Subtract line 2 from line 1	3	-53,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,908,443.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,855,366.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7384308.	8742222.	9365809.	8911953.	9247762.	43652054.
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						
4 Total. Add lines 1 through 3	7384308.	8742222.	9365809.	8911953.	9247762.	43652054.
5 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)						
6 Public support. Subtract line 5 from line 4.						43652054.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	7384308.	8742222.	9365809.	8911953.	9247762.	43652054.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,438.	302,847.	307,168.	314,224.	306,998.	1236675.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	40,113.	44,839.	51,791.	54,459.	53,151.	244,353.
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						45133082.
12 Gross receipts from related activities, etc. (see instructions)					12	782,382.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.72	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.19	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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 organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. 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 organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

VEAP, INC.

Employer identification number

41-6175999

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization VEAP, INC.	Employer identification number 41-6175999
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>SECOND HARVEST HEARTLAND</u> <u>1140 GERVAIS AVE.</u> <u>ST. PAUL, MN 55109</u>	\$ <u>5,666,022.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>DEPARTMENT OF AGRICULTURE</u> <u>1400 INDEPENDENCE AVE., S.W.</u> <u>WASHINGTON, DC 20250</u>	\$ <u>542,877.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE FOOD GROUP</u> <u>8501 54TH AVE N</u> <u>MINNEAPOLIS, MN 55428</u>	\$ <u>610,238.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VEAP, INC.	Employer identification number 41-6175999
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	3,372,632 POUNDS OF FOOD DONATED. _____ _____ _____	\$ <u>5,666,022.</u>	<u>12/31/17</u>
<u>3</u>	352,739 POUNDS OF FOOD DONATED. _____ _____ _____	\$ <u>610,238.</u>	<u>12/31/17</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization VEAP, INC.	Employer identification number 41-6175999
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2017

Open to Public Inspection

Name of the organization VEAP, INC. Employer identification number 41-6175999

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		342,600.		342,600.
b Buildings		4,874,343.	499,933.	4,374,410.
c Leasehold improvements				
d Equipment		277,687.	213,526.	64,161.
e Other		155,444.	93,108.	62,336.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,843,507.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 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) CAPITAL LEASES PAYABLE	7,587.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,587.

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 FIN 48 (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 per 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	9,712,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	36,736.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	36,736.
3	Subtract line 2e from line 1	3	9,676,244.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	9,676,244.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	9,766,057.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	36,736.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	36,736.
3	Subtract line 2e from line 1	3	9,729,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,729,321.

Part XIII Supplemental Information.

Provide 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.

PART X, LINE 2:

VEAP IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. VEAP HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

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 col. (c))	
		GALA (event type)	ATTV (event type)	1 (total number)		
Revenue	1	Gross receipts	169,670.	24,940.	14,135.	208,745.
	2	Less: Contributions	137,922.	15,804.	14,135.	167,861.
	3	Gross income (line 1 minus line 2)	31,748.	9,136.		40,884.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	24,551.			24,551.
	8	Entertainment	500.		1,600.	2,100.
	9	Other direct expenses	35,410.	2,397.	6,182.	43,989.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				70,640.
11	Net income summary. Subtract line 10 from line 3, column (d)				-29,756.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**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

2017

**Open to Public
Inspection**

Name of the organization **VEAP, INC.** Employer identification number **41-6175999**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD SUPPORT ASSISTANCE	118055	0.	7,531,938.	FEEDING AMERICA VALUATION	FOOD SUPPLIES
SOCIAL SERVICES	399	119,209.	7,076.	COST & FAIR MARKET VALUE	HOMELESS PREVENTION, EMERGENCY FINANCIAL ASSISTANCE AND EMERGENCY TRANSPORTA
SEASONAL ASSISTANCE (BACK-TO-SCHOOL ITEMS AND HOLIDAY TOYS)	2494	0.	136,986.	FAIR MARKET VALUE	SEASONAL AND BACK TO SCHOOL ASSISTANCE

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EMERGENCY FINANCIAL ASSISTANCE: HOUSING, UTILITIES, TRANSPORTATION, CAR

REPAIR ELIGIBILITY IS ASSESSED AS VERIFICATION OF RESIDENCE IN SERVICE

AREA, VERIFICATION OF A GAP IN INCOME WHERE FINANCIAL ASSISTANCE WOULD

RESOLVE THE SITUATION, VERIFICATION OF IDENTITY AND EXHAUSTION OF ALL OTHER

FINANCIAL ASSISTANCE RESOURCES. FINANCIAL ASSISTANCE IS PAID DIRECTLY TO

THE VENDORS.

FOOD SUPPORT ASSISTANCE AND SEASONAL ASSISTANCE (SCHOOL SUPPLIES AND

Part IV Supplemental Information

HOLIDAY TOYS) ELIGIBILITY IS ASSESSED AS VERIFICATION OF RESIDENCY IN VEAP SERVICE ARE WITH PHOTO ID AND CURRENT PIECE OF OFFICIAL MAIL.

SENIOR TRANSPORTATION ELIGIBILITY IS ASSESSED BY VERIFICATION OF RESIDENCY IN VEAP SERVICE AREA, LIMITED INCOME, AGE 55 OR OVER, OR PROOF OF DIAGNOSED PHYSICAL OR MENTAL DISABILITY.

ASSESSMENT FILES ARE MAINTAINED BY THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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 the latest information.

Name of the organization **VEAP, INC.** Employer identification number **41-6175999**

Part I	Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods		X		114,249.	SALE OF COMPARABLE I
6	Cars and other vehicles		X	1	3,000.	FAIR MARKET VALUE
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
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		X	4,039,173	6,819,138.	FEEDING AMERICA
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ▶ ()					
26	Other ▶ ()					
27	Other ▶ ()					
28	Other ▶ ()					

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF POUNDS OF FOODS THAT HAS BEEN DONATED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public
Inspection

Name of the organization

VEAP, INC.

Employer identification number

41-6175999

FORM 990, PART I, DOING BUSINESS AS:

VOLUNTEERS ENLISTED TO ASSIST PEOPLE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING STABILITY AND SUPPORTIVE SERVICES.

FORM 990, PART I, LINE 1 - VOLUNTEERS

TO CONTINUE TO MEET THE NEEDS OF THE COMMUNITY, VEAP REMAINS DEPENDENT
ON ITS CORPS OF VOLUNTEERS. IN 2017, APPROXIMATELY 3,000 INDIVIDUALS
VOLUNTEERED WITH VEAP. MANY OF THESE VOLUNTEERS ARE FROM LOCAL
CONGREGATIONS, BUSINESSES, SCHOOLS AND CIVIC GROUPS. GROUPS FROM LOCAL
BUSINESSES, FAITH COMMUNITY AND OTHER ORGANIZATIONS VOLUNTEER IN GROUPS
OF THREE OR MORE THROUGH VEAP'S DONATE & DO PROGRAM.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN SEPTEMBER 2017 VEAP LAUNCHED HOPE FOR THE FUTURE, VEAP'S STRATEGIC
FRAMEWORK 2018-2022. THROUGH THIS PROCESS WE REVIEWED OUR PROGRAM DATA
AND CONDUCTED OTHER RESEARCH AND WE IDENTIFIED OUR STRENGTHS AS: 1)
HEALTHY FOOD ACCESS AND DISTRIBUTION ALONG WITH A STATE OF THE ART
FACILITY; 2) RESOURCE CONNECTION THROUGH SOCIAL SERVICES AND AN
INTEGRATED SERVICE MODEL WITH HENNEPIN COUNTY; 3) AN EXPERTISE IN
SUBURBAN POVERTY ISSUES AND THE IMPACTS ON INDIVIDUAL AND COMMUNITY;
AND 4) VOLUNTEER MANAGEMENT: RECRUITMENT, TRAINING AND RETAINING
APPROXIMATELY 3,000 VOLUNTEERS. A NEW MISSION AND VISION WERE WRITTEN
AND APPROVED BY VEAP'S BOARD OF DIRECTORS: VISION A THRIVING COMMUNITY

Name of the organization VEAP, INC.	Employer identification number 41-6175999
--	--

WHERE ALL ARE FREE TO PURSUE THEIR DREAMS. MISSION: TOGETHER WE CREATE PATHWAYS TO STRONGER, MORE HOPEFUL, COMMUNITIES THROUGH ACCESS TO HEALTHY FOOD, HOUSING STABILITY AND SUPPORTIVE SERVICES. THROUGH THE STRATEGIC PLANNING PROCESS WE MET WITH PARTNERS, VOLUNTEERS, DONORS, ELECTED OFFICIALS, FAITH PARTNERS AND OTHERS. IN ADDITION, AND MOST IMPORTANT, WE CONDUCTED MULTIPLE CLIENT FOCUS GROUPS, INTERVIEWS AND SURVEYS. OUR CLIENTS TOLD US WHAT THEY NEED AND THROUGH THESE CONVERSATIONS OUR CORE PROGRAM FOCUS AREAS EMERGED: HEALTHY FOOD ACCESS; SAFE, AFFORDABLE, DIGNIFIED HOUSING; BUILDING SOCIAL CONNECTIONS AND SUPPORTS. THE FIRST MAJOR NEW INITIATIVE IS THE MOBILE FOOD PANTRY WHICH LAUNCHED ON MARCH 22, 2018 (SEE PROGRAM SERVICE ACCOMPLISHMENTS). ADDITIONALLY, VEAP IS ACTIVE IN LOCAL HOUSING COALITIONS TO MAINTAIN AND EXPAND THE INVENTORY OF HOUSING AFFORDABLE FOR LOW-INCOME COMMUNITY MEMBERS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE LEARNINGS FROM THIS ROBUST STRATEGIC PLANNING LEAD VEAP TO RE-FOCUS AND TRANSITION SEVERAL PROGRAMS, INCLUDING ITS SENIOR TRANSPORTATION PROGRAM. THIS PROGRAM WHICH PROVIDED RIDES TO SENIORS TO MEDICAL APPOINTMENTS WAS DISCONTINUED IN 2017 AND RE-FOCUSED TO PROVIDING ACCESS TO HEALTHY FOODS. THIS RE-FOCUS INCLUDES A SHUTTLE TO AND FROM THE VEAP PANTRY FROM A LOW-INCOME SENIOR HOUSING FACILITY IN EDINA; INCREASING RIDES HOME FROM THE FOOD PANTRY; INCREASING FOOD DELIVERIES FOR HOMEBOUND SENIORS; AND THE MOBILE FOOD PANTRY. IN ADDITION, VEAP'S HOLIDAY TOY PROGRAM WAS DISCONTINUED IN PART BECAUSE IT DID NOT FIT WITHIN OUR PROGRAM FOCUS AREAS AND THE REALIZATION THAT DURING THE TOY PROGRAM, VEAP WAS NOT ABLE TO ACCOMMODATE ALL FOOD PANTRY APPOINTMENT REQUESTS. VEAP'S BACK TO SCHOOL SCHOOL SUPPLY DRIVE WAS ALSO MODIFIED.

Name of the organization

VEAP, INC.

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VEAP WILL CONTINUE TO COLLECT SCHOOL SUPPLIES WHICH IT WILL THEN GIVE DIRECTLY TO THE SCHOOLS FOR DISTRIBUTION. ALL CLIENTS THAT WERE IMPACTED BY THESE CHANGES RECEIVED SUPPORT AND REFERRALS TO OTHER PROGRAMS THROUGH VEAP'S SOCIAL SERVICES STAFF.

FORM 990, PART III, LINE 4A

BASIC NEEDS:

ACCESS TO HEALTHY FOODS: VEAP'S FOOD PROGRAM INCLUDES A FOOD PANTRY, SUPPLEMENTAL FOOD PROGRAMS FOR YOUTH, FOOD DELIVERIES FOR THE ELDERLY AND NEAT (NUTRITION EDUCATION AND TEACHING). VEAP OPERATES ONE OF THE LARGEST FOOD PANTRIES IN THE STATE WITH OVER 100,000 PANTRY VISITS FOR HEALTHY FOOD IN 2017 AND DISTRIBUTED OVER 3.7 MILLION POUNDS OF FOOD, 55% OF WHICH WAS FRESH FRUITS AND VEGETABLES. VEAP ADDRESSES TRANSPORTATION BARRIERS TO HEALTHY FOOD ACCESS BY PROVIDING RIDES HOME FROM THE PANTRY AS WELL AS A SHUTTLE SERVICE TO AND FROM VEAP FROM A LOW-INCOME SENIOR HOUSING COMPLEX IN EDINA. VEAP HAS TWO FOOD PROGRAMS THAT SPECIFICALLY ADDRESS YOUTH - THROUGH THE SUMMER YOUTH FOOD PROGRAM - FAMILIES WITH YOUNG CHILDREN HAVE AN EXTRA FOOD PANTRY VISIT DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL. THE STUDENT HUNGER COLLABORATIVE PROVIDES WEEKEND FOOD FOR STUDENTS THAT HAVE BEEN IDENTIFIED AS HAVING LITTLE OR NOTHING TO EAT OVER THE WEEKEND. IN 2017, THESE PROGRAMS PROVIDED AN ADDITION 1,200 SUMMERTIME FOOD PANTRY APPOINTMENTS AND DISTRIBUTED 4,548 WEEKEND BAGS OF FOOD TO HUNGRY STUDENTS. VEAP HAS A STATE-OF-THE-ART COMMERCIAL AND TEACHING KITCHEN ON SITE WHERE NUTRITION EDUCATION CLASSES ARE PROVIDED FOR CLIENTS. IN ADDITION, SINCE 2016 THE COMMERCIAL KITCHEN HAS SERVED AS A BUSINESS INCUBATION SITE FOR A START UP BUSINESS THAT PRODUCES FOOD FOR MARKET WHOLESALE.

Name of the organization

VEAP, INC.

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FORM 990, PART III, LINE 4B

SOCIAL SERVICES PROGRAM -

THE PRIMARY GOAL OF VEAP'S SOCIAL SERVICES PROGRAM IS TO PREVENT HOMELESSNESS AND OTHER CRISES THROUGH SUPPORT, ADVOCACY, REFERRALS AND EMERGENCY FINANCIAL ASSISTANCE THAT RE-STABILIZE INDIVIDUALS AND FAMILIES. VEAP'S LICENSED SOCIAL WORKERS AND BILINGUAL COMMUNITY HEALTH WORKER PROVIDE PROFESSIONAL SERVICES TO INDIVIDUALS AND FAMILIES IN NEED WITH FINANCIAL ASSISTANCE FOR HOUSING, UTILITIES AND CAR REPAIRS. CLIENTS ALSO RECEIVE RESOURCES AND REFERRALS TO OTHER COMMUNITY ORGANIZATIONS TO HELP THEM MEET THEIR CURRENT NEEDS AND PUT THEM ON THE ROAD TO STABILITY. SOCIAL WORKERS MEET WITH NEW FOOD CLIENTS TO BETTER UNDERSTAND THE SITUATION THAT PRECIPITATED THEIR FOOD EMERGENCY. THROUGH THE ASSESSMENT PROCESS, CLIENTS ARE CONNECTED WITH OTHER VEAP PROGRAMS AND COMMUNITY RESOURCES TO HELP THEM REGAIN STABILITY QUICKLY. INDIVIDUALS AND FAMILIES ACCESSING FINANCIAL ASSISTANCE TO PREVENT HOMELESSNESS THROUGH THE VEAP SOCIAL SERVICES PROGRAM ARE SPENDING BETWEEN 60-80% OF THEIR INCOME ON RENT. THREE MONTHS POST PROGRAM EXIT, THE BURDEN OF RENT OF VEAP CLIENTS HAS DECREASED BY A MINIMUM OF 35% AND 84.5% OF CLIENTS ARE CONSIDERED STABLE IN THEIR HOUSING, BUT STILL PAYING WELL OVER 50% OF THEIR INCOME ON HOUSING.

FORM 990, PART III, LINE 4C

CHILDREN & YOUTH SERVICES PROGRAM -

THE CHILDREN AND YOUTH PROGRAM INCLUDES TWO PROGRAMS THAT FOCUS ON FOOD (SEE FOOD PROGRAM) SUMMER YOUTH FOOD, STUDENT HUNGER COLLABORATIVE, AS

Name of the organization

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WELL AS BACK TO SCHOOL, HOLIDAY TOYS AND BIRTHDAY BAG PROGRAMS. VEAP'S ANNUAL BACK TO SCHOOL PROGRAM PROVIDES SCHOOL SUPPLIES TO HELP STUDENTS IN GRADES K-12 START THE SCHOOL YEAR OFF RIGHT WITH NECESSARY SUPPLIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRANSPORATION SERVICES -

THIS PROGRAM WHICH PROVIDED RIDES TO SENIORS TO MEDICAL APPOINTMENTS WAS DISCONTINUED IN 2017 AND RE-FOCUSED TO PROVIDING ACCESS TO HEALTHY FOODS. THIS RE-FOCUS INCLUDES A SHUTTLE TO AND FROM THE VEAP PANTRY FROM A LOW-INCOME SENIOR HOUSING FACILITY IN EDINA; INCREASING RIDES HOME FROM THE FOOD PANTRY; INCREASING FOOD DELIVERIES FOR HOMEBOUND SENIORS; AND THE MOBILE FOOD PANTRY. IN ADDITION, VEAP'S HOLIDAY TOY PROGRAM WAS DISCONTINUED IN PART BECAUSE IT DID NOT FIT WITHIN OUR PROGRAM FOCUS AREAS AND THE REALIZATION THAT DURING THE TOY PROGRAM, VEAP WAS NOT ABLE TO ACCOMMODATE ALL FOOD PANTRY APPOINTMENT REQUESTS. VEAP'S BACK TO SCHOOL SCHOOL SUPPLY DRIVE WAS ALSO MODIFIED. VEAP WILL CONTINUE TO COLLECT SCHOOL SUPPLIES WHICH IT WILL THEN GIVE DIRECTLY TO THE SCHOOLS FOR DISTRIBUTION. ALL CLIENTS THAT WERE IMPACTED BY THESE CHANGES RECEIVED SUPPORT AND REFERRALS TO OTHER PROGRAMS THROUGH VEAP'S SOCIAL SERVICES STAFF.

EXPENSES \$ 145,466. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE 990 IS FIRST SENT TO THE FINANCE COMMITTEE FOR REVIEW. AFTER APPROVAL, THE RETURN IS SENT TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.

Name of the organization

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

THE BOARD OF DIRECTORS AND STAFF OF THE ORGANIZATION COMPLETE A CONFLICT OF INTEREST DOCUMENT ANNUALLY. AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST INCLUDES A RELATIONSHIP OR TRANSACTION THAT MAY PROVIDE GAIN OR BENEFIT TO A DIRECTOR, OFFICER, OR EMPLOYEE OF VEAP OR AN AFFILIATED PERSON OF SUCH PERSON AT THE EXPENSE OF OR TO THE DISADVANTAGE OF VEAP, OR THAT MAY AFFECT A DIRECTOR'S, OFFICER'S, OR EMPLOYEE'S OBJECTIVE JUDGMENT REGARDING WHAT IS IN THE BEST INTEREST OF VEAP. DIRECTORS, OFFICERS, AND EMPLOYEES MUST AVOID ANY ACTIVITIES, INTERESTS, OR RELATIONSHIPS THAT WOULD INTERFERE WITH THEIR ABILITY TO ACT IN THE BEST INTERESTS OF VEAP.

IT IS THE POLICY OF VEAP THAT THE EXISTENCE OF ANY OF THE INTERESTS SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CONCLUDED. IT SHALL BE THE CONTINUING RESPONSIBILITY OF THE DIRECTORS, OFFICERS, AND EMPLOYEES OF VEAP TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES.

UPON KNOWLEDGE OF INTEREST OR POTENTIAL INTEREST, THE INTERESTED PERSON IS EXPECTED TO DISCLOSE THE INTEREST AND ABSTAIN FROM THE DECISION PENDING AND REMOVE THEMSELVES FROM ANY ACTION THAT WOULD INFLUENCE THE SITUATION.

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

1) THE EXECUTIVE COMMITTEE OF THE VEAP BOARD OF DIRECTORS, WHICH IS COMPRISED ENTIRELY OF VOLUNTEER, INDEPENDENT DIRECTORS WHO ARE OFFICERS OF THE CORPORATION, UNDERTAKES AN ANNUAL REVIEW OF THE CEO AND THE CEO'S COMPENSATION. THE COMPENSATION OF VEAP'S CEO IS ASSESSED AND SET IN COMPARISON TO OTHER SIMILAR LEADERSHIP POSITIONS IN SALARY SURVEYS

Name of the organization VEAP, INC.	Employer identification number 41-6175999
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UNDERTAKEN BY MINNESOTA'S NON PROFIT COMMUNITY.

2) THE CEO AND EXECUTIVE COMMITTEE ALSO MEET TO DEVELOP A PROPOSED BUDGET AMOUNT FOR THE TOTAL COMPENSATION (INCLUDING BENEFITS) FOR ALL PAID STAFF EACH YEAR. AS PART OF THIS PROCESS, A REVIEW OF VEAP'S STAFF POSITIONS COMPARED TO SIMILAR POSITIONS IN THE MINNESOTA NON PROFIT COMMUNITY IS UNDERTAKEN.

3) THE RECOMMENDED COMPENSATION OF THE CEO AND FOR THE ENTIRE STAFF IS SHARED AND DISCUSSED WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS AND INCORPORATED INTO AN ANNUAL BUDGET WHICH IS BROUGHT TO THE VEAP BOARD OF DIRECTORS BY THE FINANCE AND EXECUTIVE COMMITTEES FOR REVIEW AND APPROVAL.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) FORM 990-T

2018

▶ Go to www.irs.gov/F990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

Department of the Treasury
Internal Revenue Service

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	11,200.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11		09/17/18	12/17/18
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		4,200.	2,800.
13	2017 Overpayment. See instructions	13		1,668.	
14	Payment due (Subtract line 13 from line 12)	14		2,532.	2,800.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

ESTIMATED TAX	11,200.
AMOUNT PAID	4,200.
OVERPAYMENT APPLIED	1,668.
AMOUNT DUE	5,332.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) VEAP, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 9600 ALDRICH AVENUE SOUTH</p> <p>City or town, state or province, country, and ZIP or foreign postal code BLOOMINGTON, MN 55420</p>	<p>D Employer identification number (Employees' trust, see instructions.) 41-6175999</p> <p>E Unrelated business activity codes (See instructions.) 531390</p>
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C Book value of all assets at end of year: **6,055,309.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **RENTAL OF CELL TOWER AND BILLBOARD**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **MARNIE ANDERSON** Telephone number ▶ **952-888-9616**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6 60,661.		60,661.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 60,661.		60,661.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			6,510.
20 Charitable contributions (See instructions for limitation rules)			
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule)			
29 Total deductions. Add lines 14 through 28			6,510.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			54,151.
31 Net operating loss deduction (limited to the amount on line 30)			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			54,151.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			53,151.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	8,288.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	8,288.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	8,288.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	8,288.
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	9,000.
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	956.
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	9,956.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,668.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,668. Refunded	50	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____ Title: **PRESIDENT**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **MICHAEL J PETERSON, CPA**
 Preparer's signature: **MICHAEL J PETERSON, CPA**
 Date: **08/01/18**
 Check if self-employed
 PTIN: **P01833529**
 Firm's name: **WIPFLI LLP**
 Firm's address: **7601 FRANCE AVENUE SOUTH, SUITE 400 MINNEAPOLIS, MN 55435**
 Firm's EIN: **39-0758449**
 Phone no.: **952.548.3400**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) **RADIO ANTENNA & BILLBOARD**

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	60,661.	
(2)		
(3)		
(4)		
Total	0.	Total
		60,661.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. VEAP, INC.	Employer identification number (EIN) or 41-6175999
	Number, street, and room or suite no. If a P.O. box, see instructions. 9600 ALDRICH AVENUE SOUTH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMINGTON, MN 55420	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARNIE ANDERSON

• The books are in the care of ▶ **9600 ALDRICH AVENUE SOUTH - BLOOMINGTON, MN 55420**
 Telephone No. ▶ **952-888-9616** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2017** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
 INTERNAL REVENUE SERVICE CENTER
 OGDEN, UT 84201-0045**

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. VEAP, INC.	Employer identification number (EIN) or 41-6175999
	Number, street, and room or suite no. If a P.O. box, see instructions. 9600 ALDRICH AVENUE SOUTH	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMINGTON, MN 55420	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARNIE ANDERSON

• The books are in the care of ▶ **9600 ALDRICH AVENUE SOUTH - BLOOMINGTON, MN 55420**
Telephone No. ▶ **952-888-9616** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	8,288.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	9,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

VEAP, Inc.
9600 Aldrich Avenue South
Bloomington, MN 55420

Prepared By:

Wipfli LLP
7601 France Avenue South, Suite 400
Minneapolis, MN 55435

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	5,847
Less: payments and credits	\$	6,510
Plus: other amount		0
Plus: interest and penalties	\$	5
Overpayment	\$	658

Overpayment:

Credited to your estimated tax	\$	658
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Minnesota Revenue
Mail Station 1257
St. Paul, MN 55146-1257

Return Must be Mailed On or Before:

December 17, 2018

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

VEAP, Inc.
9600 Aldrich Avenue South
Bloomington, MN 55420

Prepared By:

Wipfli LLP
7601 France Avenue South, Suite 400
Minneapolis, MN 55435

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

THERE ARE 2 SIGNATURES REQUIRED FOR THIS FORM.

We recommend that returns be mailed certified mail, return receipt requested, with the stamp validated at a postal station in order to have proof of timely mailing.

We are also enclosing two copies of the minnesota charitable organization annual report. One copy must be signed by two officers of the organization, titles inserted and dated. the second copy enclosed stamped "client copy" is to be retained for your records.

2018 ESTIMATED TAX FILING INSTRUCTIONS

MINNESOTA ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

VEAP, Inc.
9600 Aldrich Avenue South
Bloomington, MN 55420

Prepared By:

Wipfli LLP
7601 France Avenue South, Suite 400
Minneapolis, MN 55435

Amount of Tax:

Total Estimated Tax	\$	2,342
Less credit from prior year	\$	658
Less amount already paid on 2018 Estimate	\$	0
Balance Due	\$	3,000

Payable in full or in installments as follows:

Voucher	Amount	Due Date
No 1	\$ 0	March 15, 2018
No 2	\$ 0	0, 0
No 3	\$ 842	September 17, 2018
No 4	\$ 1,500	December 17, 2018

Make Check Payable To:

Minnesota Revenue

Mail Voucher and Check To:

Minnesota Revenue
Mail Station 1257
St. Paul, MN 55146-1257

Special Instructions:

Mail each installment on or before the date indicated above. Enclose a check for the specified amount.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization VEAP, INC.

Federal EIN: 41-6175999

Fiscal Year-End: 12312017

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>JOHN MITCHELL</u> Contact Person <u>9600 ALDRICH AVENUE SOUTH</u> Street Address <u>BLOOMINGTON, MN 55420</u> City, State, and ZIP Code <u>952-888-9616</u> Phone Number _____ Email Address	Physical Address: <u>JOHN MITCHELL</u> Contact Person <u>9600 ALDRICH AVENUE SOUTH</u> Street Address <u>BLOOMINGTON, MN 55420</u> City, State, and ZIP Code <u>952-888-9616</u> Phone Number _____ Email Address
---	--

1. Organization's website: WWW.VEAP.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).
VOLUNTEERS ENLISTED TO ASSIST PEOPLE Alternate Former
_____ Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
VEAP

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 977,030.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
LISA HORN CEO	101,172.	17,622.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	18

FUND BALANCE/NET WORTH

FUND BALANCE/NET WORTH	\$ _____	
(Line 14 minus Line 18)		

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
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 contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

_____ (Title) and **TREASURER** _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 ____, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

JOHN MITCHELL _____

Name (Print)

Signature

PRESIDENT _____

Title

Date

TOM LARSON _____

Name (Print)

Signature

TREASURER _____

Title

Date

Unrelated Business Estimated Income Tax Worksheet

1	Enter current year income	1	59,661.
2	Enter current year tax liability	2	5,847.
3	Enter amount from line 2. This is the required annual Payment	3	6,000.

Payment Number	1	2	3	4
Date Due	03152018	06152018	09172018	12172018
Amount Due			4,500.	1,500.
Amount Credited from Last Year			3,658.	
Total Due			842.	1,500.
Payment Made				
Date of Payment				
Confirmation or Check Number				



2017 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

Tax year beginning 01012017, 2017, and ending 12312017 (required)

Name of Organization VEAP, INC.		FEIN 416175999	Minnesota Tax ID (required) 6617495
Mailing Address <input type="checkbox"/> Check if New Address 9600 ALDRICH AVENUE SOUTH		This Organization Files Federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
City BLOOMINGTON	County MN	State 55	ZIP Code 420
Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other:		Enter your NAICS Codes (see instructions, pg. 3) 531390 /	
Check All <input type="checkbox"/> Amended <input type="checkbox"/> Filing Under <input type="checkbox"/> Final Return (see inst., pg. 3) That Apply: <input type="checkbox"/> Return <input checked="" type="checkbox"/> an Extension <input type="checkbox"/> Enter Close Date:		Was 100% of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	
Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

You must round amounts to nearest whole dollar.

1 Federal taxable income before Minnesota subtractions (from federal Form 990-T line 34; 1120-C, line 27; 1120-H, line 19; or 1120-POL, line 19)	1	<u>53151</u>
2 Total subtractions from federal taxable income (from M4NPI, line 1)	2	<u> </u>
3 Federal taxable income or (loss) after subtractions. If you conducted business both within and outside Minnesota, complete M4NPA (See instructions, pg. 6.) (If 100% of your activities were conducted in Minnesota, do not complete M4NPA.)	3	<u>53151</u>
4 Minnesota taxable net income or (loss) (from M4NPA, line 12, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above)	4	<u>53151</u>
5 Total deductions from taxable net income (from M4NPI, line 2)	5	<u>-6510</u>
6 Taxable income (subtract line 5 from line 4; if zero or less, enter zero)	6	<u>59661</u>
7 Regular tax (multiply line 6 by 9.8% [0.098]; if zero or less, enter zero)	7	<u>5847</u>
8 Proxy tax (see instructions, pg. 3)	8	<u> </u>
9 Tax before credits (add lines 7 and 8)	9	<u>5847</u>
10 Total credits against tax (from M4NPI, line 3)	10	<u> </u>
11 Minnesota tax liability (subtract line 10 from line 9; if zero or less, enter zero)	11	<u>5847</u>
12 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)	12	<u> </u>
13 Add lines 11 and 12	13	<u>5847</u>
14 Total refundable credits (from M4NPI, line 4)	14	<u> </u>
15 Amount credited from your 2016 Form M4NP, line 30	15	<u> </u>

Continued next page

2017 M4NP UBIT Return, Page 2 (continued)

Name of Organization VEAP, INC.	FEIN 416175999	Minnesota Tax ID 6617495
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16	2017 estimated tax payments	16	<u>6510</u>
17	2017 extension payment	17	_____
18	Total refundable credits and payments (add lines 14, 15, 16, and 17)	18	<u>6510</u>
19	Subtract line 18 from line 13	19	<u>-663</u>
20	Penalty (determine from worksheet in the instructions, pg. 4)	20	_____
21	Interest (determine from worksheet in the instructions, pg. 4)	21	_____
22	Additional charge for underpayment of estimated tax (from M15NP, line 17)	22	<u>5</u>
23	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 13, 20, 21, and 22)	23	<u>5852</u>
24	Amount from line 23	24	<u>5852</u>
25	Amount from line 18	25	<u>6510</u>
26	AMOUNT DUE. If line 24 is more than or equal to line 25, subtract line 25 from 24	26	_____

Payment method: Electronic (see inst., pg. 2) Check (see inst., pg. 2) Amended return payment by check (see inst., pg. 2)

27	OVERPAYMENT. If line 25 is more than line 24, subtract line 24 from line 25	27	<u>658</u>
28	Amount of line 27 to be credited to your 2018 estimated tax	28	<u>658</u>
29	Refund (subtract line 28 from line 27)	29	_____

To have your refund direct deposited, enter your banking information below.

Account type: Checking Savings Routing number: _____ Account number (use an account not associated with any foreign banks): _____

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature PRESIDENT	Title PRESIDENT	Date 08012018	Daytime Phone 9528889616	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
Paid Preparer's Signature MICHAEL J PETERSON,	PTIN P01833529	Date 08012018	Daytime Phone 9525483400	
Email Address for Correspondence, if Desired		This email address belongs to (check one): <input type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer		

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257

2017 M4NPI Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

See instructions on page 5.

Name of Organization VEAP, INC.	FEIN 416175999	Minnesota Tax ID 6617495
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You must round amounts to nearest whole dollar.

1 Subtractions from federal taxable income

- a Advertising revenues from a newspaper published by a section 501(c)(4) organization **1a** _____
- b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (see instructions, pg. 5) **1b** _____
- c Other subtractions from income (you must provide a brief explanation below) **1c** _____

Total subtractions (add lines 1a, 1b, and 1c) **1** _____

Enter on Form M4NP, line 2.

2 Deductions from taxable net income

- a Other deductions (you must provide a brief explanation below)
STATE TAXES PAID **2a** -6510

Total deductions from taxable net income **2** -6510

Enter on Form M4NP, line 5.

3 Credits against tax

- a Employer Transit Pass Credit (from ETP, line 4) **3a** _____
- b SEED Capital Investment Credit (see instructions, pg. 5) **3b** _____
- c Other credits against tax (you must provide a brief explanation below) **3c** _____

Total credits against tax (add lines 3a, 3b, and 3c) **3** _____

Enter on Form M4NP, line 10.

4 Refundable credits

- a Greater Minnesota Internship Credit (see instructions, pg. 5) **4a** _____
- b Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number: **4b** _____
- c Other refundable credits (you must provide a brief explanation below) **4c** _____

Total refundable credits (add lines 4a, 4b, and 4c) **4** _____

Enter on Form M4NP, line 14.

