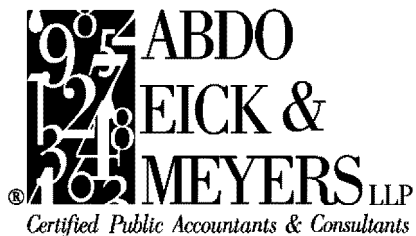


Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



VEAP, Inc.
9600 Aldrich Ave S
Bloomington, MN 55420

VEAP, Inc.:

Enclosed are the original and one copy of the 2020 Exempt Organization returns and 2021 estimated tax worksheets, as follows...

2020 Form 990

2020 Form 990-T

2021 Federal Estimated Tax Worksheet - Form 990-T

2020 Minnesota Form M4NP

2021 Minnesota Estimated Tax Installments - Form M4NP

2020 Minnesota Annual Report

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Abdo, Eick & Meyers, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2020

Prepared for	VEAP, Inc. 9600 Aldrich Ave S Bloomington, MN 55420
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 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 952-955-8311
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Bloomington, MN 55420		G Gross receipts \$ 17,356,870.
F Name and address of principal officer: Joe McDonald same as C above			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ▶ www.veap.org			If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶
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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	1785
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	63,612.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	56,355.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,885,448.	16,360,578.
	9 Program service revenue (Part VIII, line 2g)	65,190.	605,153.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	194.	12,018.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	364,344.	343,785.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,315,176.	17,321,534.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,722,345.	12,772,419.
	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)	1,212,045.	1,377,806.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 296,141.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	813,759.	992,740.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,748,149.	15,142,965.	
19 Revenue less expenses. Subtract line 18 from line 12	567,027.	2,178,569.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6,379,309.	End of Year 8,523,564.
	21 Total liabilities (Part X, line 26)	3,974,725.	3,940,411.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,404,584.	4,583,153.

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			
	Anne Marie Gavel, President Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Steven D. Anseth, CPA	Preparer's signature Steven D. Anseth, CP	Date 05/25/21	Check if self-employed <input type="checkbox"/>	PTIN P00552219
	Firm's name ▶ Abdo, Eick & Meyers, LLP	Firm's EIN ▶ 41-1397419	Firm's address ▶ 5201 Eden Avenue, Suite 250 Edina, MN 55436		
					Phone no. 952-835-9090

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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? [] Yes [X] 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? [] Yes [X] 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 \$ 10,274,312. including grants of \$ 9,189,740.) (Revenue \$)
VEAP's Food and Basic Needs Program provides access to healthy, fresh foods for households experiencing food-insecurity. The program includes an on-site food pantry, mobile food pantry, student food packs (supplemental food for school-age children), food deliveries, senior shuttle, rides home (from the on-site food pantry), and nutrition education. VEAP operates one of the largest food pantries in the state with 123,654 food pantry visits in 2020. Of the nearly 4.7 million pounds of food that was distributed, 45% was fresh fruits and vegetables. 12 monthly, on-site food pantry visits and six additional produce visits provide increased access to foods like fresh fruits and vegetables, dairy, deli, bakery and non-perishables.

4b (Code:) (Expenses \$ 4,254,122. including grants of \$ 3,582,679.) (Revenue \$ 605,153.)
VEAP's Social Services Program provides caring, professional support to households experiencing food-insecurity, high-risk of eviction or homelessness, and financial crisis. Through a holistic service delivery with housing stability at the center of our focus, services include housing (tenant/landlord) advocacy, case management, referrals, resource navigation and coordination, and emergency financial assistance in the form of rent, deposit, or utility assistance and other assistance to maintain housing or employment. In total, VEAP provided \$3,566,833, a 2198% increase in financial assistance: \$3,395,833 for rental assistance, \$162,926 for utility assistance, \$2,161 for gas/bus cards, \$1,393 for car repairs, and \$4,768 for other types of basic needs financial assistance such as gift cards, moving

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,528,434.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 - 952-955-8311 9600 Aldrich Ave S, 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. See instructions for the order in which to list the persons above.

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) Joe McDonald CEO	40.00			X			109,237.	0.	12,235.	
(2) Anne Marie Gavel President	5.00	X		X			0.	0.	0.	
(3) Tom Larson Vice President	1.50	X		X			0.	0.	0.	
(4) Rebecca Johnson Treasurer	3.00	X		X			0.	0.	0.	
(5) Jennifer Siedow Co-Secretary	2.50	X		X			0.	0.	0.	
(6) Ross Widmoyer Co-Secretary	2.50	X		X			0.	0.	0.	
(7) Brenda Bjorklund Director	1.00	X					0.	0.	0.	
(8) Edgar Madsen Director	1.00	X					0.	0.	0.	
(9) John Mitchell Director	1.00	X					0.	0.	0.	
(10) Keith Moheban Director	1.00	X					0.	0.	0.	
(11) Thoa Nguyen Director	1.00	X					0.	0.	0.	
(12) Lisa Oster Director	1.00	X					0.	0.	0.	
(13) Bob Purvis Director	1.00	X					0.	0.	0.	
(14) John Rimstad Director	1.00	X					0.	0.	0.	
(15) Tom Russett Director	1.00	X					0.	0.	0.	
(16) Dane Taival Director	1.00	X					0.	0.	0.	
(17) Amanda Wildeman Director	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(18) Brianna Williamson Director	1.00	X						0.	0.	0.
1b Subtotal								109,237.	0.	12,235.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								109,237.	0.	12,235.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	3,076.				
	b Membership dues	1b					
	c Fundraising events	1c	192,322.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,915,337.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,249,843.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 7,238,425.				
	h Total. Add lines 1a-1f			16,360,578.			
Program Service Revenue	2 a Contract Revenue	Business Code					
		900099	605,153.	605,153.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			605,153.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,018.			12,018.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	306,551.	63,612.		
			(ii) Personal				
	b Less: rental expenses ...	6b	0.	0.			
	c Rental income or (loss)	6c	306,551.	63,612.			
	d Net rental income or (loss)			370,163.	63,612.	306,551.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 192,322. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	35,336.					
c Net income or (loss) from fundraising events			-35,336.		-35,336.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Miscellaneous	Business Code					
		900099	8,958.			8,958.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			8,958.				
12 Total revenue. See instructions			17,321,534.	605,153.	63,612.	292,191.	

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	12,772,419.	12,772,419.		
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	121,472.	78,994.	22,603.	19,875.
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	1,033,303.	671,960.	192,076.	169,267.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,250.	30,076.	8,607.	7,567.
9 Other employee benefits	79,084.	51,428.	14,716.	12,940.
10 Payroll taxes	97,697.	63,533.	18,165.	15,999.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,926.	9,416.	3,510.	
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.)	163,885.	147,970.	2,561.	13,354.
12 Advertising and promotion	23,486.	20,692.	1,397.	1,397.
13 Office expenses	79,423.	68,308.	4,973.	6,142.
14 Information technology	36,678.	33,835.	2,843.	
15 Royalties				
16 Occupancy	225,957.	198,106.	13,284.	14,567.
17 Travel	13,938.	13,611.	26.	301.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,260.	2,745.	274.	241.
20 Interest	123,442.	107,395.	8,024.	8,023.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	163,407.	142,164.	10,622.	10,621.
23 Insurance	62,080.	54,010.	4,035.	4,035.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI taxes	18,512.	13,917.	2,319.	2,276.
b Miscellaneous expenses	38,350.	28,884.	3,912.	5,554.
c Volunteer services reco	22,528.	14,743.	4,145.	3,640.
d Membership	4,589.	3,993.	298.	298.
e All other expenses	279.	235.		44.
25 Total functional expenses. Add lines 1 through 24e	15,142,965.	14,528,434.	318,390.	296,141.
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,142,501.	1	1,278,274.	
	2 Savings and temporary cash investments	156,223.	2	944,381.	
	3 Pledges and grants receivable, net	113,026.	3	1,241,355.	
	4 Accounts receivable, net	18,263.	4	17,956.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	312,471.	8	500,013.	
	9 Prepaid expenses and deferred charges	55,310.	9	77,357.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,766,399.			
	b Less: accumulated depreciation	10b 1,302,171.	4,581,515.	10c	4,464,228.
	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 33)		6,379,309.	16	8,523,564.	
Liabilities	17 Accounts payable and accrued expenses	134,759.	17	240,738.	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	3,822,511.	23	3,687,440.	
	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	17,455.	25	12,233.	
	26 Total liabilities. Add lines 17 through 25		3,974,725.	26	3,940,411.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	2,191,604.	27	4,479,934.	
	28 Net assets with donor restrictions	212,980.	28	103,219.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	2,404,584.	32	4,583,153.	
33 Total liabilities and net assets/fund balances		6,379,309.	33	8,523,564.	

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	17,321,534.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,142,965.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,178,569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,404,584.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,583,153.

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 on 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 on Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8911953.	9247762.	8987852.	10885448.	16360578.	54393593.
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	8911953.	9247762.	8987852.	10885448.	16360578.	54393593.
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.						54393593.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8911953.	9247762.	8987852.	10885448.	16360578.	54393593.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	314,224.	306,998.	315,377.	323,685.	318,569.	1578853.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	54,459.	53,151.	61,111.	62,225.	63,612.	294,558.
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						56267004.
12 Gross receipts from related activities, etc. (see instructions)					12	1,025,704.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	96.67 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.24 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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? 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.		
2		

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)? 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).		
1		

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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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? 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.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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>5,951,625.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>The Food Group</u> <u>8501 54th Ave N</u> <u>Minneapolis, MN 55428</u>	\$ <u>2,176,666.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>Hennepin County</u> <u>South 6th St</u> <u>Minneapolis, MN 55411</u>	\$ <u>2,675,530.</u>	Person <input checked="" 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.)
_____	_____ _____ _____	\$ _____	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
---	---

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
1	3,445,959 pounds of food donated _____ _____ _____	\$ 5,951,625.	_____
2	1,251,369 pounds of food donated _____ _____ _____	\$ 2,176,666.	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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	

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

2020

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 questions about property control and private benefit.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation contribution details (2a-2d), 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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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 make 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 program
 - 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 Term 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? <input type="checkbox"/> | 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		4,898,446.	875,465.	4,022,981.
c Leasehold improvements				
d Equipment		327,713.	286,568.	41,145.
e Other		197,640.	140,138.	57,502.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,464,228.

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 lease liability	12,233.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,233.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue 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	17,356,530.
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	32,499.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		32,499.
3	Subtract line 2e from line 1		3	17,324,031.
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	-2,497.	
c	Add lines 4a and 4b	4c		-2,497.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	17,321,534.

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	15,177,961.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	32,499.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2,497.	
e	Add lines 2a through 2d	2e		34,996.
3	Subtract line 2e from line 1		3	15,142,965.
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	15,142,965.

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 exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and, as such, is subject to federal income tax only on net unrelated business income. VEAP is also exempt from Minnesota state income tax.

VEAP is required to assess whether it is more likely than not that a tax position will be sustained upon examination of 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

Part XIII Supplemental Information *(continued)*

record as assets or liabilities related to uncertain tax positions.

Part XI, Line 4b - Other Adjustments:

Special Event expenses -2,497.

Part XII, Line 2d - Other Adjustments:

Special Event expenses 2,497.

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)	(event type)	None (total number)	
Revenue	1 Gross receipts	192,322.			192,322.
	2 Less: Contributions	192,322.			192,322.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes	4,000.			4,000.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	24,046.			24,046.
	9 Other direct expenses	7,290.			7,290.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				35,336.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-35,336.

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

2020

**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 ▶ _____

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

Schedule I (Form 990) 2020

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	27461	0.	9,185,093.	Feeding America valuation	Food assistance
Social services	3514	3,569,850.	10,610.	Tracking Service by HH and money spent per HH	Homeless Prevention, Emergency Financial Assistance, and Emergency Transportation 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, 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 - Eligibility is assessed as verification of residency in VEAP service area with photo ID and current piece of official

Part IV Supplemental Information

mail.

Assessment files are maintained by the organization.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 instructions and 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				
6 Cars and other vehicles				
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	4,180,565	7,229,412.	Feeding America
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Gift cards)	X	0	8,637.	Cash value
26 Other ▶ (Vehicle repai)	X	2	376.	Cash discount
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 V, Donee Acknowledgement **29**

- 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? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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) 2020

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 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

2020

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 III, Line 4a, Program Service Accomplishments:

VEAP addresses transportation barriers to healthy food access by offering rides home from the pantry; food deliveries for qualifying individuals, a 789% increase in 2020; and a senior shuttle service to and from VEAP for low-income senior housing complexes in Edina and Bloomington. The mobile food pantry provides access to healthy foods at designated sites in areas of high need located throughout VEAP's service area. Student food packs provide school-year, weekend food for youth in the Edina, Richfield and Bloomington School Districts. In total, VEAP provided food to 12,344 students in 2020, a 253% increase. VEAP's state-of-the-art commercial and teaching kitchen provides on-site nutrition education classes and serves as a business incubation site for start-up businesses that produce food for market wholesale.

Form 990, Part III, Line 4b, Program Service Accomplishments:

expenses, day-care, and in-kind.

Participants work with a Licensed Social Worker and/or Housing Specialist using a strengths-based, case management approach to prevent homelessness and stabilize income. Social Services staff meets with new

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

on-site food pantry participants to provide and individualized assessment of the situation that precipitated their food emergency and offer community resources to help regain stability quickly. Individuals and families necessitating financial assistance to prevent homelessness typically spend between 60-80% of their income on rent.

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.

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

Name of the organization

VEAP, Inc.

Employer identification number

41-6175999

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 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.

Form 990, Part XII, Line 2c:

The oversight process and selection process has not changed from the prior year.

2021 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

December 31, 2021

Prepared for	VEAP, Inc. 9600 Aldrich Ave S Bloomington, MN 55420																											
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>11,840</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0</td></tr><tr><td>Less amount already paid on 2021 estimate</td><td>\$</td><td>0</td></tr><tr><td>Balance due</td><td>\$</td><td>11,840</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 2,960</td><td>April 15, 2021</td></tr><tr><td>No. 2</td><td>\$ 2,960</td><td>June 15, 2021</td></tr><tr><td>No. 3</td><td>\$ 2,960</td><td>September 15, 2021</td></tr><tr><td>No. 4</td><td>\$ 2,960</td><td>December 15, 2021</td></tr></tbody></table>	Total Estimated Tax	\$	11,840	Less credit from prior year	\$	0	Less amount already paid on 2021 estimate	\$	0	Balance due	\$	11,840	Installment	Amount	Due Date	No. 1	\$ 2,960	April 15, 2021	No. 2	\$ 2,960	June 15, 2021	No. 3	\$ 2,960	September 15, 2021	No. 4	\$ 2,960	December 15, 2021
Total Estimated Tax	\$	11,840																										
Less credit from prior year	\$	0																										
Less amount already paid on 2021 estimate	\$	0																										
Balance due	\$	11,840																										
Installment	Amount	Due Date																										
No. 1	\$ 2,960	April 15, 2021																										
No. 2	\$ 2,960	June 15, 2021																										
No. 3	\$ 2,960	September 15, 2021																										
No. 4	\$ 2,960	December 15, 2021																										
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).																											
Mail voucher and check (if applicable) to	Not applicable																											
Special Instructions																												

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

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

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the 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 2020 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	11,835.
c	2021 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	Adjusted To	10c 11,840.

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	04/15/21	06/15/21	09/15/21	12/15/21
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	2,960.	2,960.	2,960.	2,960.
13	2020 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	2,960.	2,960.	2,960.	2,960.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2021)

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2020

Prepared for	VEAP, Inc. 9600 Aldrich Ave S Bloomington, MN 55420
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436
Amount due or refund	Balance due of \$235
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required.

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

2020

For calendar year 2020 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) <input type="checkbox"/> 529S</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 Ave S</p> <p>City or town, state or province, country, and ZIP or foreign postal code Bloomington, MN 55420</p> <p>C Book value of all assets at end of year 8,523,564.</p>	<p>D Employer identification number 41-6175999</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p> <p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p> <p>J Enter the number of attached Schedules A (Form 990-T) ▶ 1</p> <p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p> <p>L The books are in care of ▶ Marnie Anderson Telephone number ▶ 952-955-8311</p>			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	57,355.
2 Reserved	2	
3 Add lines 1 and 2	3	57,355.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	57,355.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	57,355.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	56,355.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	11,835.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	11,835.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		11,835.
3 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 statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		11,835.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b	11,600.	
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other			
7 Total payments. Add lines 6a through 6g	7		11,600.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		235.
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 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 <input type="checkbox"/> <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<input type="checkbox"/> <input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year		\$	
4a Did the organization change its method of accounting? (see instructions)			<input type="checkbox"/> <input checked="" type="checkbox"/>
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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.			
	Signature of officer _____ Date _____	President _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name Steven D. Anseth, CPA	Preparer's signature Steven D. Anseth, CPA	Date 05/25/21	Check <input type="checkbox"/> if self-employed PTIN P00552219
	Firm's name Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250		Firm's EIN 41-1397419	
	Firm's address Edina, MN 55436		Phone no. 952-835-9090	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

Entity **1**

OMB No. 1545-0047

2020

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

A Name of the organization VEAP, Inc.	B Employer identification number 41-6175999
C Unrelated business activity code (see instructions) ▶ 531390	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **Rental of cell tower and billboard**

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 (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6	63,612.		63,612.
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	63,612.		63,612.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			575.
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement) (see instructions)	5			
6 Taxes and licenses	6			5,633.
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) See Statement 1	14			49.
15 Total deductions. Add lines 1 through 14	15			6,257.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			57,355.
17 Deduction for net operating loss (see instructions)	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			57,355.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

- 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)
- A **Radio antenna & billboard** 9600 Aldrich Avenue South, Bloomington, MN
- B
- C
- D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
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)	63,612.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	63,612.			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	63,612.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	0.			
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

- 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)
- A
- B
- C
- D

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

Form 990-T (A)	Other Deductions	Statement	1
----------------	------------------	-----------	---

<u>Description</u>		<u>Amount</u>
Facilities Expense		<u>49.</u>
Total to Schedule A, Part II, line 14		<u>49.</u>

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING
December 31, 2020

Prepared for	VEAP, Inc. 9600 Aldrich Ave S Bloomington, MN 55420
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436
Amount due or refund	Balance due of \$25.00
Make check payable to	State of Minnesota
Mail tax return and check (if applicable) to	Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	July 15, 2021
Special Instructions	The report should be signed and dated by the authorized individual(s). Include the organization's Federal Employer Identification Number and 2020 Annual Report on the remittance.

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

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization VEAP, Inc.

Federal EIN: 41-6175999

Fiscal Year-End: 12312020

mm/dd/yyyy

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

Mailing Address: <u>Marnie Anderson</u> Contact Person <u>9600 Aldrich Ave S</u> Street Address <u>Bloomington, MN 55420</u> City, State, and ZIP Code <u>952-955-8311</u> Phone Number <u>marniea@veap.org</u> Email Address	Physical Address: <u>Marnie Anderson</u> Contact Person <u>9600 Aldrich Ave S</u> Street Address <u>Bloomington, MN 55420</u> City, State, and ZIP Code <u>952-955-8311</u> Phone Number <u>marniea@veap.org</u> 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

Volunteers Enlisted to Assist People

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

5. Total amount of contributions the organization received from Minnesota donors: \$ 10,443,346.

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
Joe McDonald CEO	109,237.	12,235.

*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

\$ _____
(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

President _____ (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.

Anne Marie Gavel _____
Name (Print)

Signature

President _____
Title

Date

Rebecca Johnson _____
Name (Print)

Signature

Treasurer _____
Title

Date

2021 ESTIMATED TAX FILING INSTRUCTIONS

MINNESOTA ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2021

Prepared for	VEAP, Inc. 9600 Aldrich Ave S Bloomington, MN 55420																											
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436																											
Amount of tax	<table><tr><td>Total Estimated Tax</td><td>\$</td><td>5,624.00</td></tr><tr><td>Less credit from prior year</td><td>\$</td><td>0.00</td></tr><tr><td>Less amount already paid on 2021 estimate</td><td>\$</td><td>0.00</td></tr><tr><td>Balance due</td><td>\$</td><td>5,624.00</td></tr></table> <p>Payable in full or in installments as follows:</p> <table><thead><tr><th>Installment</th><th>Amount</th><th>Due Date</th></tr></thead><tbody><tr><td>No. 1</td><td>\$ 1,406.00</td><td>March 15, 2021</td></tr><tr><td>No. 2</td><td>\$ 1,406.00</td><td>June 15, 2021</td></tr><tr><td>No. 3</td><td>\$ 1,406.00</td><td>September 15, 2021</td></tr><tr><td>No. 4</td><td>\$ 1,406.00</td><td>December 15, 2021</td></tr></tbody></table>	Total Estimated Tax	\$	5,624.00	Less credit from prior year	\$	0.00	Less amount already paid on 2021 estimate	\$	0.00	Balance due	\$	5,624.00	Installment	Amount	Due Date	No. 1	\$ 1,406.00	March 15, 2021	No. 2	\$ 1,406.00	June 15, 2021	No. 3	\$ 1,406.00	September 15, 2021	No. 4	\$ 1,406.00	December 15, 2021
Total Estimated Tax	\$	5,624.00																										
Less credit from prior year	\$	0.00																										
Less amount already paid on 2021 estimate	\$	0.00																										
Balance due	\$	5,624.00																										
Installment	Amount	Due Date																										
No. 1	\$ 1,406.00	March 15, 2021																										
No. 2	\$ 1,406.00	June 15, 2021																										
No. 3	\$ 1,406.00	September 15, 2021																										
No. 4	\$ 1,406.00	December 15, 2021																										
Make check payable to	Minnesota Revenue																											
Mail voucher and check (if applicable) 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.																											

2020 TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

December 31, 2020

Prepared for	VEAP, Inc. 9600 Aldrich Ave S Bloomington, MN 55420
Prepared by	Abdo, Eick & Meyers, LLP 5201 Eden Avenue, Suite 250 Edina, MN 55436
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 5,621.00 Less: payments and credits \$ 5,512.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 9.00 Balance due \$ 118.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Minnesota Revenue
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	
Special Instructions	Include Form UBIT Return Payment with the check or money order.

Unrelated Business Estimated Income Tax Worksheet

1	Enter current year income	1	57,355.
2	Enter current year tax liability	2	5,621.
3	Enter amount from line 2. This is the required annual Payment	3	5,621.
ADJUSTED TO			5624

Payment Number	1	2	3	4
Date Due	03152021	06152021	09152021	12152021
Amount Due	1,406.	1,406.	1,406.	1,406.
Amount Credited from Last Year				
Total Due	1,406.	1,406.	1,406.	1,406.
Payment Made				
Date of Payment				
Confirmation or Check Number				



UBIT Estimated Tax Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

059501 08-25-20

VOUCHER NUMBER 1

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



UBIT Estimated Tax Payment

VEAP, INC.
 MARNIE ANDERSON 9529558311
 9600 ALDRICH AVE S
 BLOOMINGTON MN 55420

Preparer Tax
 Identification Number: P00552219

 Minnesota Tax ID
 (required): 6617495

 Federal ID: 416175999
 Tax-Year End: 123121

Make check payable to:
 Minnesota Revenue
 Mail Station 1257, St. Paul, MN 55146-1257

Amount of Check: 1406 00

0680000000000000000000000012312100000066174954000000000000000000001116

UBIT Estimated Tax Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to www.revenue.state.mn.us and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type **ACH Credit** into the Search box.

059501 08-25-20

VOUCHER NUMBER 2

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



UBIT Estimated Tax Payment

VEAP, INC.
MARNIE ANDERSON 9529558311
9600 ALDRICH AVE S
BLOOMINGTON MN 55420

Make check payable to:
Minnesota Revenue
Mail Station 1257, St. Paul, MN 55146-1257

Preparer Tax
Identification Number: P00552219

Minnesota Tax ID
(required): 6617495

Federal ID: 416175999
Tax-Year End: 123121

Amount of Check: 1406 00

06800000000000000000000012312100000066174954000000000000000000001116

UBIT Estimated Tax Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to **www.paystatetax.com/mn** or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

059501 08-25-20

VOUCHER NUMBER 3

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



UBIT Estimated Tax Payment

VEAP, INC.
MARNIE ANDERSON 9529558311
9600 ALDRICH AVE S
BLOOMINGTON MN 55420

Preparer Tax
Identification Number: P00552219

Minnesota Tax ID
(required): 6617495

Federal ID: 416175999
Tax-Year End: 123121

Make check payable to:
Minnesota Revenue
Mail Station 1257, St. Paul, MN 55146-1257

Amount of Check: 1406 00

06800000000000000000000001231210000006617495400000000000000000000001116



UBIT Estimated Tax Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to www.revenue.state.mn.us and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type **ACH Credit** into the Search box.

059501 08-25-20

VOUCHER NUMBER 4

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



UBIT Estimated Tax Payment

VEAP, INC.
MARNIE ANDERSON 9529558311
9600 ALDRICH AVE S
BLOOMINGTON MN 55420

Preparer Tax
Identification Number: P00552219

Minnesota Tax ID
(required): 6617495

Federal ID: 416175999
Tax-Year End: 123121

Make check payable to:
Minnesota Revenue
Mail Station 1257, St. Paul, MN 55146-1257

Amount of Check: 1406 00

0680000000000000000000000000000000000000001231210000006617495400000000000000000000000001116



UBIT Return Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits - characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to www.revenue.state.mn.us and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paystatetax.com/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to www.revenue.state.mn.us and type **ACH Credit** into the Search box.

059495 08-25-20

Cut carefully along this line to detach.
Your check authorizes us to make a one-time electronic fund transfer from your account.

1116



UBIT Return Payment

VEAP, INC.
MARNIE ANDERSON 9529558311
9600 ALDRICH AVE S
BLOOMINGTON MN 55420

Make check payable to:
Minnesota Revenue
Mail Station 1257, St. Paul, MN 55146-1257

Preparer Tax
Identification Number: P00552219

Minnesota Tax ID
(required): 6617495

Federal ID: 416175999
Tax-Year End: 123120

Amount of Check: 118 00

06802000000000000000000123120000000661749540000000000000000000000001116



2020 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. See *2020 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01/01 /2020 , and ending (MM/DD/YYYY) 12/31 /2020 (required)

VEAP, INC.
Name of Organization

416175999
FEIN

6617495
Minnesota Tax ID (required)

9600 ALDRICH AVE S
Mailing Address Check if New Address
BLOOMINGTON **MN 55420**
City County State ZIP Code

This Organization Files Federal Form (check one)
 990-T 1120-C 1120-H 1120-POL
Exempt Under IRS Section (check one)
 501(c)(3) 528 Other: _____

Check All That Apply: Amended Return Filing Under an Extension Final Return (see inst., pg. 4) Enter Close Date:

Enter your NAICS Codes (see instructions, pg. 4) /

Are you filing a combined income return? Yes No

Was 100% of the business conducted in Minnesota for this tax year?
 Yes No (complete and attach Schedule M4NPA)

You must round amounts to nearest whole dollar.

1	Federal taxable income before net operating loss and specific deduction (total from all federal Form 990-T Schedule As, Part II Line 16; 1120-c, line 25c; 1120-H, line 17; or 1120-POL, line 17c).....	1	<u>57355</u>
2	Total additions to federal taxable income (from Form M4NPI, line 1)	2	_____
3	Federal taxable income after additions (add lines 1 and 2)	3	<u>57355</u>
4	Total subtractions from federal taxable income (from Form M4NPI, line 2)	4	_____
5	Federal taxable income (loss) after subtractions. (See instructions.) If you conducted business both within and outside Minnesota, complete Form M4NPA. (See instructions, pg. 4.) If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6	5	<u>57355</u>
6	Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of your activities were conducted in Minnesota, enter amount from line 5 above.	6	<u>57355</u>
7	Minnesota net operating loss deduction (from Form M4NP NOL)	7	_____
8	Subtract line 7 from line 6 (if zero or less, enter zero)	8	<u>57355</u>
9	Total deductions from taxable net income (from Form M4NPI, line 3)	9	_____
10	Taxable income (subtract line 9 from line 8; if zero or less, enter zero)	10	<u>57355</u>
11	Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)	11	<u>5621</u>
12	Proxy tax (see instructions, pg. 4)	12	_____
13	Tax before credits (add lines 11 and 12)	13	<u>5621</u>
14	Total credits against tax (from Form M4NPI, line 4)	14	_____
15	Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero)	15	<u>5621</u>

Continued next page

2020 M4NP UBIT Return, Page 2 (continued)



VEAP, INC.	416175999	6617495
Name of Organization	FEIN	Minnesota Tax ID
16 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 4)	16	
17 Add lines 15 and 16	17	5621
18 Total refundable credits (from Form M4NPI, line 5)	18	
19 Amount credited from your 2019 Form M4NP, line 32	19	
20 2020 estimated tax payments	20	5512
21 2020 extension payment	21	
22 Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	5512
23 Subtract line 22 from line 17	23	109
24 Penalty (determine from worksheet in the instructions, pg. 5)	24	
25 Interest (determine from worksheet in the instructions, pg. 5)	25	
26 Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	9
27 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	5630
28 Amount from line 27	28	5630
29 Amount from line 22	29	5512
30 AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28	30	118

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

31 OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	31	
32 Amount of line 31 to be credited to your 2021 estimated tax	32	
33 Refund (subtract line 32 from line 31)	33	

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	/ /	9529558311
STEVEN D. ANSETH, CP	P00552219	05/25/2021	9528359090
Signature of Preparer	PTIN	Date (MM/DD/YYYY)	Preparer's Daytime Phone

MARNIEA@VEAP.ORG

Email Address for Correspondence, if Desired

This email address belongs to (check one)

Employee 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 Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.



2020 M15NP Additional Charge for Underpayment of Estimated Tax

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

Complete this schedule if your total tax is more than \$500 or you did not pay the correct amount of estimated tax by the due dates.

VEAP, INC. 416175999 6617495
Name of Organization FEIN Minnesota Tax ID

Check installment method used on this schedule (must check one box):

- Standard Installment Method Adjusted Seasonal Installment Method Annualized Income Installment Method

You must round amounts to nearest whole dollar.

- 1** Enter your 2020 total tax liability (from 2020 Form M4NP, line 15 minus line 18) **1** 5621
If \$500 or less, do not complete this form. You owe no additional charge.
- 2** Enter your 2019 regular tax (from 2019 Form M4NP, line 15 minus line 18) **2** 5509
- 3** Required annual payment. Enter the amount from line 1 or line 2, whichever is less **3** 5509
Exceptions: If you did not file a 2019 return or filed a return for less than a full 12-month period in the preceding tax year, or you did not have a 2019 tax liability, you must enter the amount from line 1.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
4 Enter the due dates 4	<u>03152020</u>	<u>06152020</u>	<u>09152020</u>	<u>12152020</u>
5 Required installments (see instructions) 5	<u>1377</u>	<u>1377</u>	<u>1377</u>	<u>1377</u>
6 Amount paid each period (see instructions) 6		<u>1364</u>	<u>2770</u>	<u>1378</u>
Complete lines 7-13 for one column before completing the next column. For the first column only, enter the amount from line 6 on line 10.				
7 Enter the amount from line 13 of the previous column 7				<u>3</u>
8 Add lines 6 and 7 8		<u>1364</u>	<u>2770</u>	<u>1381</u>
9 Add lines 11 and 12 of the previous column 9		<u>1377</u>	<u>1390</u>	
10 Subtract line 9 from line 8. If less than zero, enter zero 10			<u>1380</u>	<u>1381</u>
11 Remaining underpayment from previous period. If line 10 is zero, subtract line 8 from line 9. Otherwise, enter zero 11		<u>13</u>		
12 UNDERPAYMENT. If line 10 is less than or equal to line 5, subtract line 10 from line 5, enter the result and go to line 6 of the next column. Otherwise, go to line 13 12	<u>1377</u>	<u>1377</u>		
13 OVERPAYMENT. If line 5 is less than line 10, subtract line 5 from line 10 and enter the result. Go to line 6 of the next column 13			<u>3</u>	<u>4</u>
14 Date underpayment is paid or regular due date of 2020 return, whichever is earlier 14				
15 Number of days from the due date on line 4 to the date on line 14 15				
16 Additional charge (line 15 ÷ 365 x .05 x line 12) 16				
17 TOTAL. Add amounts on line 16. Enter this amount on Form M4NP, line 26 17				<u>9</u>

Attach this schedule to Form M4NP.



**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET
MN**

Name(s) VEAP, Inc.					Identifying Number 41-6175999
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(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
03152020	1,377.	1,377.	30	.000136612	6.
04142020	-1,364.	13.	62	.000136612	
06152020	1,377.	1,390.	16	.000136612	3.
07012020	-1,392.	-2.			
09082020	-1,378.	-1,380.			
09152020	1,377.	-3.			
12042020	-1,378.	-1,381.			
12152020	1,377.	-4.			

Penalty Due (Sum of Column F). **9.**

* Date of estimated tax payment, withholding credit date or installment due date.