PUBLIC DISCLOSURE COPY

EXTENDED TO FEBRUARY 15, 2022

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

Open to Public

OMB No. 1545-0047

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. APR 1 2020

<u> </u>	OI LII	2020 Calendar year, or tax year beginning A	in i, 2020 and	enuing M	AR 31, 202	_		
	Check if pplicab	C Name of organization			D Employe	er identifi	cation number	
	Addre							
	Name	Doing business as	81-4	81-4465275				
	Initial return Final	Number and street (or P.O. box if mail is not del 2600 VIKINGS CIRCLE	ne numbe 828-65					
	return termir ated		G Gross receip			977,145.		
	Amen		H(a) Is this			· ,•		
	Applic	·		ordinates		s X No		
	tion pendi	SAME AS C ABOVE			H(b) Are all su			
1 7	Tay-Av		◄ (insert no.) 4947(a)(1)	or 527	7 ` ´		list. See instru	
		te: WWW.VIKINGS.COM/COMMUNITY/VIKINGS		01 021	ז י		n number	0.10113
			ssociation Other >	I Vear	of formation: 2		M State of legal of	nomicile MN
Pa	art I	Summary	5 and F	<u> </u> ⊑ 10α1	or iorinadon, -		otato or logal t	2011110110,
	1	Briefly describe the organization's mission or most	significant activities: THE MI	NNESOTA V	/IKINGS FO	JNDATIO	N	
če	Ι΄.	ADVANCES THE WELL-BEING OF YOUTH THRO						
nan	2		ntinued its operations or dispos		than 25% of	its net ass	sets.	
Activities & Governance	3	Number of voting members of the governing body				1		7
ģ	4	Number of independent voting members of the governing body						4
<u>«</u> ۆ	5	Total number of individuals employed in calendar y						0
ties	6	Total number of volunteers (estimate if necessary)						75
tivi		Total unrelated business revenue from Part VIII, co	. (0) (0			1_		0.
Ac	l	Net unrelated business taxable income from Form						0.
		TOTAL STRUCTURE DAGINGS LANADIC INCOME HOM FUILI	555 1, 1 art 1, 11110 11		Prior Yea		Current	
	8	Contributions and grants (Part VIII, line 1h)				91,574.	Juneall	902,399.
Revenue	9					0.		0.
		Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			25,205.		451.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				60,648.		42,565.
	1	Total revenue - add lines 8 through 11 (must equal			77,427.	945,415.		
		Grants and similar amounts paid (Part IX, column (05,716.		525,349.
	1	Benefits paid to or for members (Part IX, column (A				0.		0.
۰,۵	45	Salaries, other compensation, employee benefits (F				0.		0.
ses	162	Professional fundraising fees (Part IX, column (A), li				0.	0.	
Expenses	.0a	Total fundraising expenses (Part IX, column (D), line		653.			1.	
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d,			38	33,334.		333,723.
		Total expenses. Add lines 13-17 (must equal Part I)				39,050.		859,072.
		Revenue less expenses. Subtract line 18 from line				38,377.		86,343.
or es			·		ginning of Curi	-	End of	
ets	20	Total assets (Part X, line 16)				93,965.		341,155.
t Assets or od Balances	21	Total liabilities (Part X, line 26)				56,753.	<i>'</i>	327,600.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20			27,212.	3 .	,013,555.
Pa	art II	Signature Block			<u>'</u>			<u> </u>
Jnd	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the	best of my	/ knowledge and	belief, it is
		t, and complete. Declaration of preparer (other than office					J	,
						-		
Sigi	n	Signature of officer			Date)		
Her		STEVE POPPEN, TREASURER						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	i	KRISTINA RASMUSSEN	Knistia Zamune	<u>n</u> 2	2/3/2022	if self-employ	red P0014392	20
rep	arer	Firm's name DELOITTE TAX LLP			Firm	ı's EIN ▶	86-106577	2
Jse	Only	Firm's address 50 SOUTH SIXTH STREET						
		MINNEAPOLIS, MN 55402			Pho	ne no.612	-397-4000	
Лау	the I	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automa	atic 6-Month Extension of Time. Only su	bmit origin	al (no copies needed).			
	rations required to file an income tax return other than			erships, REMICs	s. and trusts	
•	Form 7004 to request an extension of time to file inc				•	
Type or	Name of exempt organization or other filer, see ins	structions.		Taxpayer	identification	number (TIN)
print	MINNESOTA VIKINGS FOUNDATION				81-4465	275
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box 2600 VIKINGS CIRCLE					
instructions.	City, town or post office, state, and ZIP code. For EAGAN, MN 55121	a foreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for	(file a separa	te application for each return)			0 1
Application			Application			Return
Is For	0 or Form 000 F7	Code	Is For			Code 07
	or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			08
Form 990-BL Form 4720 (individual)			Form 4720 (other than individ	fual)		09
Form 990-PF			Form 5227	iuaij		10
	-T (sec. 401(a) or 408(a) trust)	04	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
Teleph If the c If this i box ▶ [ERRY SCHANNO coks are in the care of pooks are of pooks are in the care of pooks are in the car	git Group Exe and atta	emption Number (GEN) uch a list with the names and T	If this is fo	r the whole gro ers the extens	ion is for.
▶ [▶ [calendar year or apr 1, 2020 tax year beginning APR 1, 2020 the tax year entered in line 1 is for less than 12 months Change in accounting period	, ar	nd ending MAR 31, 2021	Final retur	· n	
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 47	'20, or 6069, o	enter the tentative tax, less			
	nonrefundable credits. See instructions.			3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 60					2
	mated tax payments made. Include any prior year ov			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your			_		0
usir	ng EFTPS (Electronic Federal Tax Payment System).	See instructio	ns.	3c	\$	0.

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

Form 8868 (Rev. 1-2020)

Forn	n 990 (2020) MINNESOTA VIKINGS FOUNDATION	81-4465275	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
-	THE MINNESOTA VIKINGS FOUNDATION WILL ADVANCE THE WELL-BEING OF YOUTH		
	THROUGH ENGAGING HEALTH AND EDUCATION INITIATIVES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		□v _o ,	x No
	prior Form 990 or 990-EZ?	1 es	S LAT INO
_	If "Yes," describe these new services on Schedule O.		V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	S LA_ 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 more constant and the services accomplishments for each of its three largest program services, as more constant and the services accomplishments for each of its three largest program services, as more constant and the services accomplishments for each of its three largest program services, as more constant and the services accomplishments for each of its three largest program services, as more constant and the services accomplishments for each of its three largest program services.		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	e\$24	<u>15,000.</u>)
	THE MINNESOTA VIKINGS FOUNDATION ADVANCES THE WELL-BEING OF YOUTH		
	THROUGH ENGAGING HEALTH AND EDUCATION INITIATIVES. VIKINGS TABLE IS A		
	FOOD TRUCK PROGRAM WITH THE MISSION OF SERVING HEALTHY MEALS AND		
	NUTRITION EDUCATION TO YOUTH ACROSS THE GREATER TWIN CITIES AREA.		
	NUTRITIOUS MEALS ARE DISTRIBUTED IN CONJUNCTION WITH OTHER LOCAL		
	NONPROFITS TO YOUTH AND FAMILIES IN NEED. VIKINGS TABLE ALSO HAS AN		
	EXPERIENCE PORTION OF ITS VEHICLE THAT OFFERS VIDEO PROGRAMMING		
	INFORMING PROGRAM PARTICIPANTS ABOUT MY PLATE STANDARDS AND PROPER		
	NUTRITION.		
	525 349	. 3	L4,000.)
4b	(Code:) (Expenses \$ 525,349. including grants of \$ 525,349.) (Revenue THE MINNESOTA VIKINGS FOUNDATION WORKS IN CONJUNCTION WITH THE NFL	e\$	14,000.
	FOUNDATION UTILIZING PROGRAM GRANTS TO SUPPORT OUR MISSION IN THE		
	REGION. EXAMPLES OF THIS PROGRAMMING INCLUDE VOLUNTEER PROGRAMMING TO		
	SUPPORT PROVIDING MEALS/SNACKS TO UNDERSERVED POPULATIONS, EDUCATION		
	PROGRAMMING AROUND DIVERSITY/INCLUSION, AND YOUTH FOOTBALL GRANTS THAT		
	PROMOTE OVERALL HEALTH AND WELLNESS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 823,348.		222

Form 990 (2020) MINNESOTA VIKINGS FOUNDATION 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
0	, ,	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		х
С	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? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	4-		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 -
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2020) MINNESOTA VIKINGS FOUNDATION 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? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	l		
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
20	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

020) MINNESOTA VIKINGS FOUNDATION

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

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	b If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x				
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a						
b	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	OD						
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
''	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a							
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against							
b	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2020) MINNESOTA VIKINGS FOUNDATION 81-4465275 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7b 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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website 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	financ	cial	
	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			
	KERRY SCHANNO - 9529188301			
	2600 VIKINGS CIRCLE, EAGAN, MN 55121			

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.

X Check this box if neither the organization no	orga	niza	tion	con	npen	sate	ted any current officer, director, or trustee.				
(A)	(B)		(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos			nne	Reportable	Estimated		
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)					an an	compensation	compensation	amount of	
	week				a director/tru		tee)	from	from related	other	
	(list any	recto						the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation	
	hours for	or di	ee.			sated				from the	
	related organizations	ustee	trust		ee	ubeu		(W-2/1099-WISC)		organization and related	
	below	lual tr	tional		nploy	yee yee	L			organizations	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ANDREW MILLER	1.00		_		*	1 0	T.				
DIRECTOR & CO-VICE CHAIR	0.00	Х		x				0.	0.	0.	
(2) ELANA WILF TANZMAN	1.00										
DIRECTOR & CO-CHAIR	0.00	Х		х		K		0.	0.	0.	
(3) HALLE WILF	1.00										
DIRECTOR & CO-CHAIR	0.00	Х		х				0.	0.	0.	
(4) LESTER BAGLEY	1.00										
DIRECTOR & CO-VICE CHAIR	0.00	Х		Х				0.	0.	0.	
(5) RACHEL WILF	1.00				7						
DIRECTOR & CO-CHAIR	0.00	Х		X				0.	0.	0.	
(6) STEPHANIE WILF	1.00										
DIRECTOR & CO-CHAIR	0.00	Х		х				0.	0.	0.	
(7) KARIN NELSEN	5.00										
DIRECTOR	0.00	Х						0.	0.	0.	
(8) KATE SHIBILSKI	2.00										
SECRETARY	0.00			Х				0.	0.	0.	
(9) STEVE POPPEN	1.00										
TREASURER	0.00			Х				0.	0.	0.	
(10) BRETT TABER	16.00										
EXECUTIVE DIRECTOR	0.00			Х				0.	0.	0.	
		-									

032007 12-23-20 Form **990** (2020)

Form 990 (2020) MINNESOTA VIE	KINGS FOUND	ATI	ON						81-44	6527	5	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	Average hours per week			Position check more than one ess person is both an and a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	099-MISC) f org an			ation ne tion ted ions
								4					
							4						
			-				4						
di O titali								0.		0.			0.
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to th) wh	o re		000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer,													Х
line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth		he organization		3		
and related organizations greater than \$150Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	om a	any	unre	elate	ed organization or individ	dual for services		4		Х
rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or st	ıch r	oers	on .					5		Х
Complete this table for your five highest con	=	-							•	ensa	tion fro	om	
the organization. Report compensation for t				ng w	ith c	or wi	thin 	(B)			(0		
Name and business	address	NO	NE					Description of s	ervices		ompe	nsatio	<u>n</u>
							1						
Total number of independent contractors (in \$100,000 of compensation from the organize)	•	ot lin	nited	d to t		se lis	ted	above) who received mo	ore than				

Form 990 (2020)
Part VIII

Statement of Revenue

		Check if Schedule O contains a r	esponse o	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
ω ω	1 2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			1b					
يَّ وَ		r	1c	190,112.				
fts,				62,641.				
ig ig			1d	02,041.				
ns, Sim		3 " (")	1e					
e ë	f	All other contributions, gifts, grants, and		540 545				
ğ			1f	649,646.				
d d	g	Noncash contributions included in lines 1a-1f	1g \$	43,347.				
ŏ ¤	h	Total. Add lines 1a-1f		<u></u>	902,399.			
				Business Code				
e e	2 a							
Program Service Revenue	b							
Se	С							
an eve	d							
P. G.	е							
Pr	f	All other program service revenue						
		Total. Add lines 2a-2f		•				
	3	Investment income (including dividen						
	Ū	other similar amounts)			451.			451.
	4	Income from investment of tax-exemp						
	5	·						
	3	Royalties	Real	(ii) Personal				
	•		ricai	(ii) i cisoriai				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7 a	0.000 u u u u u u u.	curities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
ne		and sales expenses 7b						
Revenue	С	Gain or (loss) 7c						
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	>				
ther	8 a	Gross income from fundraising events (no	ot					
₹		including \$190,112.	of					
		contributions reported on line 1c). Se	e					
		Part IV, line 18	8a	74,295.				
	b	Less: direct expenses		31,730.				
	С	Net income or (loss) from fundraising	events		42,565.			42,565.
		Gross income from gaming activities.						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming acti						
		Gross sales of inventory, less returns						
		and allowances						
	h	Less: cost of goods sold						
\dashv	C	Net income or (loss) from sales of inve	citory	Business Code				
SI	44 -			Business Code				
ne eo	11 a							
Miscellaneous Revenue	b							-
Sce Be	С.							
Ξ̈́		All other revenue						
		Total. Add lines 11a-11d		······	0.45 445	^		42.045
	12	Total revenue. See instructions			945,415.	0.	0.	43,016.

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 525,349 525,349. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,069 2,069. column (A) amount, list line 11g expenses on Sch O.) 6,321, 6,321. Advertising and promotion 12 1,684. 865 819. Office expenses 13 505 19,226 18,721. Information technology 14 Royalties 15 Occupancy 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 4.723. 4,723. Depreciation, depletion, and amortization 22 1,051 1,051 23 Other expenses. Itemize expenses not covered 24 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.) FOOD TRUCK EXPENSES 284,235. 284,235. GENERAL PROGRAM EXPENSE 13,764. 13,764. DUES AND SUBSCRIPTION 650. 650 С d All other expenses е 859,072, 823,348 3,071 32,653. Total functional expenses. Add lines 1 through 24e 25 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)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,838,981. 2,472,864. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 850,198. 467,581. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 0. 20,075. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 509,612. basis. Complete Part VI of Schedule D ______ 10a 454,786. 380,635. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 50,000. Other assets. See Part IV, line 11 15 15 3,193,965. 3,341,155. 16 Total assets. Add lines 1 through 15 (must equal line 33) ... 16 55,420. 11,267. Accounts payable and accrued expenses 17 17 18 Grants payable 18 211,333. 316,333. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 266,753. 327,600. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,499,827. 2,731,778. 27 27 427,385. Net assets with donor restrictions 281,777. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 2,927,212. 32 3,013,555. 32 3,193,965. 3,341,155. 33 Total liabilities and net assets/fund balances 33

Form 990 (2020)

81-4465275	D

Ра	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		945,	415.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		859,	072.		
3	Revenue less expenses. Subtract line 2 from line 1	3		86,34			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	927,	212.		
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						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h				

Form **990** (2020)

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 **Employer identification number** MINNESOTA VIKINGS FOUNDATION 81-4465275 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar 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.")	250,000.	654,383.	1,972,902.	891,574.	902,399.	4,671,258.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	250,000.	654,383.	1,972,902.	891,574.	902,399.	4,671,258.
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)						2,277,247.
	Public support. Subtract line 5 from line 4.						2,394,011.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	250,000.	654,383.	1,972,902.	891,574.	902,399.	4,671,258.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			2 620	05 005	451	22 225
	and income from similar sources			3,639.	25,205.	451.	29,295.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						4 700 FF2
	Total support. Add lines 7 through 10					40	4,700,553. 555,183.
12						12	333,103.
13	First 5 years. If the Form 990 is for the	ŭ				. , . ,	▶ X
Sec	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2020 (I			olumn (f))		14	%
	Public support percentage from 2019					15	<u>%</u>
	33 1/3% support test - 2020. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the o		~				
	and stop here. The organization qual						
172	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact:	-					
	meets the facts-and-circumstances te			=		viriow the organiza	▶ □
h	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	_					5,5 Oi
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization		-				

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.)

Se	ction A. Public Support	ciow, picase comp	nete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not		, ,	, ,			
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here				·····		>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
<u>Se</u>	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar		-	•	• •		
ŀ	o 33 1/3% support tests - 2019. If the	· ·			•	•	
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check t	his box and see ins	structions	▶∟

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
20		
3a		
3b		
3c		
30		
4a		
4b		
4c		
-10		
5a		
- Ju		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
30		
9с		
10a		
154		
10b		

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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	4		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
Seci	ion C. Type if Supporting Organizations		1	·
			Yes	No
	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	_		
Soot	the supported organization(s). ion D. All Type III Supporting Organizations	1		
Seci	ion b. All Type III Supporting Organizations		1	Г
			Yes	No
	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		
	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		
	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			
0	supported organizations played in this regard.	3		
	ion 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)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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.	2a		
	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.			
	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 "Voc " describe in Part VI the role played by the organization in this regard	3h		I

Sche	dule A (Form 990 or 990-EZ) 2020 MINNESOTA VIKINGS FOUNDATION			81-4465275	Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	n Nov. 20, 1970 (explain in	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must co		•	·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (options	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see		A		
	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			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion C - Distributable Amount			Current Y	ear
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	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting org	anization (see	
	instructions).		· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	inizations _{(continued})	
Secti	on D - Distributions			Curren	t Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s ;	3	
4	Amounts paid to acquire exempt-use assets			1	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		(6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			3	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii Distribu Amount f	utable
1	Distributable amount for 2020 from Section C, line 6		4		
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
d	From 2018		<u> </u>		
e	From 2019				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i_</u>	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> b</u>	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	Form 990 or 990-EZ) 2020 MINNESOTA VIKINGS FOUNDATION	81-4465275	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	ı C,

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 Open to Public Inspection

Name of the organization

MINNESOTA VIKINGS FOUNDATION

Employer identification number

81 - 4465275

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	a historically important land area				
	Protection of natural habitat	Preservation of	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre				
	listed in the National Register						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax				
	year ▶						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing cons	servation easements during the year				
	<u> </u>						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above						
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation	·					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the				
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets				
	Complete if the organization answered "Yes" on Form						
12	If the organization elected, as permitted under FASB ASC 956		nd halance sheet works				
ıa	of art, historical treasures, or other similar assets held for pub	•					
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
D	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts relating to these items:	exhibition, education, or research in furti	icialice of public service,				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
2	If the organization received or held works of art, historical trea						
_	the following amounts required to be reported under FASB A		i gairi, provido				
9	Revenue included on Form 990, Part VIII, line 1	G	> \$				
a 	Accepts included in Form 900. Part V						

Par	Till Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	imilar Asset	S (contin	nued)	
3	Using the organization's acquisition, accession						•	,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ım				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further t	ne organizatio	n's exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or othe	r similar ass	sets			
	to be sold to raise funds rather than to be ma						Yes	N	0
Par	t IV Escrow and Custodial Arrang		ete if the organization	on answered "	Yes" on Fo	rm 990, Part IV	, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia					_	_		
	on Form 990, Part X?					L	Yes	N	0
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			_
е	Distributions during the year					1e			_
f	Ending balance								_
	Did the organization include an amount on Fo				-	'L	Yes	⊢ N	0
Par	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	Part XIII				
Fai	T V Endowment Funds. Complete in					There are book	1,,,,,,,,,		_
4	Denimina of week halance	(a) Current year	(b) Prior year	(c) Two year	s dack (d)	Three years back	(e) Foul	r years bacl	<u>K</u>
1a	Beginning of year balance						+		—
b	Contributions								_
C	Net investment earnings, gains, and losses								_
d	Grants or scholarships						+		_
е	Other expenditures for facilities								
	and programs								_
	Administrative expenses End of year balance						+		_
g 2	Provide the estimated percentage of the curr	ont year and halance	(line 1g, column (s)) bold as:					_
a	Board designated or quasi-endowment	ent year end balance	% Column (2	ij) Heiu as.					
b	Permanent endowment	%	_/0						
		^ %							
Ŭ	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ition that are held a	nd administer	ed for the o	rganization			
	by:	g				· 9		Yes No	— o
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								_
b	If "Yes" on line 3a(ii), are the related organizar								
4	Describe in Part XIII the intended uses of the						· <u> </u>		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or o basis (investn		t or other (other)		umulated ciation	(d) Boo	k value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			509,612.		128,977.		380,635	j .
	Other								
<u>Total</u>	l. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X, column (B), line 1	Oc.)				380,635	<u>.</u>

Part VII Investments - Other Securities.			rage
Complete if the organization answered "Yes" o	n 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	I-of-vear market value
(A) Fire and the house			, , , , , , , , , , , , , , , , , , ,
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)	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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)	1		
(5)			
(6)			
(7)	7		
(8)			
(9)			
	15\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	13.)		
Complete if the organization answered "Yes" o	n Form 000 Part IV line	110 or 11f Soo Form 990 Part V line 25	
	irroini 990, rait iv, iiie	The or Thi. See Form 990, Fart A, line 25.	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	

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

Par	·		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	1,426,585.
1				1	1,420,303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا			
a	Net unrealized gains (losses) on investments		449,440.	-	
b	Donated services and use of facilities		115,110.	-	
c d	Recoveries of prior year grants Other (Describe in Part XIII.)		31,730.	-	
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	481,170.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	945,415.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	945,415.
	t XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per F		,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	1,340,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	449,440.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		31,730.		
е	Add lines 2a through 2d			2e	481,170.
3	Subtract line 2e from line 1			3	859,072.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	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	859,072.
	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b a	nd 2b; Part V, line 4	; Part X, lir	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	lditional informa	ation.		
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
DIRE	CT FUNDRAISING COSTS	31,730.			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
DIRE	CT FUNDRAISING COSTS	31,730.			

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► 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

Employer identification number

Schedule G (Form 990 or 990-EZ) 2020

Name of the organization				Employer ide	ntification number		
MINNESOTA	VIKINGS FOUNDATION					81-446527	5
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includantes)	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

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

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 GOLF TOURNAMENT AUCTIONS col. (c)) (event type) (event type) (total number) 212,500 37,020. 14,887. 264,407. 1 Gross receipts 2 Less: Contributions 190,112. 190,112. **3** Gross income (line 1 minus line 2) 22,388. 37,020. 14,887. 74,295. 4 Cash prizes 5 Noncash prizes 18,016. 18,016. Direct Expenses 6 Rent/facility costs 2,972. 2,972. 10,382. 10,382. 7 Food and beverages 207 207. 8 Entertainment 153. 153. 9 Other direct expenses 31,730. **10** Direct expense summary. Add lines 4 through 9 in column (d) 42,565. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 MINNESOTA VIKINGS FOUNDATION	31-44652	75	Page 3					
	Does the organization conduct gaming activities with nonmembers?		Yes	No					
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
-			Yes	□ No					
40	to administer charitable gaming?	\Box	162	140					
	Indicate the percentage of gaming activity conducted in:	1	ı						
	The organization's facility		_	%					
	o An outside facility	13b		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name								
	Address ►								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No					
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount								
	of gaming revenue retained by the third party \$\bigseleft\ \bigseleft\ \bigs								
c	: If "Yes," enter name and address of the third party:								
	Name								
	Address ▶								
16	Gaming manager information:								
	Name								
	Gaming manager compensation \$								
	Description of services provided								
	Director/officer Employee Independent contractor								
	Director/officer Employee								
	Mandatory distributions:								
а	s the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	Ш	Yes	∟ No					
b	enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е							
	organization's own exempt activities during the tax year > \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lii	nes 9,	9b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								
	, , , , , , , , , , , , , , , , , , , ,								

Schedule G	(Form 990 or 990-EZ)	MINNESOTA VIKINGS	FOUNDATION	81-4465275	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
			4		

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 Open to Public Inspection

MINNESOTA VILINOS POUNDATION 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 for criteria used to award the grants or assistance for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 1990, 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 of the part I can be duplicated if additional space is needed. 1 (a) Name and address of organization of the part I can be duplicated if additional space is needed. 1 (a) Name and address of organization of the part I can be duplicated if additional space is needed. 1 (a) Name and address of organization of the part I can be duplicated in the Intelligence of the organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization answered "Yes" on Form 1990, Part IV, line 21, for any recognition of organization ans	Name of the organization						Employer identification number		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection IX Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III 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 depulicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (f) applicable) (c) IRC section or government or government or government (b) EIN (c) IRC section (f) applicable) (c) IRC section (f) Amount of cash grant (c) IRC section (f) Method or valuation (b) Co.M.V. appraisal, other) or assistance of the part of the								81-4465275	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
2 Describe in Part W 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 (b) EIN (c) IRC section (d) Amount of cash grant or government (e) Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant or government (e) Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant or government (e) Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (e) IRC II control (e) IRC section (f) Amount of cash grant or government (e) Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (e) IRC II control (e) IRC section (f) Amount of cash grant or government (e) Part II can be duplicated if address of organization (e) IRC II control (e) IRC I									
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Tecipient 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 (d) Amount of (fl applicable) (d) Amount of (n) Amount									
1(a) Name and address of organization or government (b) EIN (c) IRC section (f) Amount of cash grant sasistance for cash grant sasistance for cash grant sasistance for cash grant sasistance for cash grant sasistance final sasistance for cash grant sasistance for cash grant sasistan	aranto ana Other Acciotance to E	arante and other Adobtands to Democrate Organizations and Democrate Governments. Complete if the Organization and Other Test of the Other Test							
Cash grant Cas	•		·			(f) Method of			
501 E HWY 13, STE 112 BURNSVILLE, MN 55337 41-0987708 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING DIVISION OF INDIAN WORK 1001 EAST LAKE ST. MINNEAPOLIS, MN 55407 81-5265328 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING JEWISH COMMUNITY RELATIONS COUNCIL 12 NORTH 12TH STREET 4480 MINNEAPOLIS, MN 55403 41-0826434 501(C)(3) 10,000. 0. SANNEH FOUNDATION 2090 CONNAY ST. ST. FAUL, MN 55119 56-2332269 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING SANNEH FOUNDATION 2090 CONNAY ST. ST. FAUL, MN 55119 56-2332269 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING ATHLETIC TRAINING GRANT UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55013 27-0711063 501(C)(3) 10,000. 0. SALUTE TO SERVICE GRANT 11. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11. 2 Enter total number of other organizations listed in the line 1 table 11.	` '	(b) EIN			non-cash	valuation (book, FMV, appraisal,			
501 E HWY 13, STE 112 BURNSVILLE, MN 55337 41-0987708 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING DIVISION OF INDIAN WORK 1001 EAST LAKE ST. MINNEAPOLIS, MN 55407 81-5265328 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING JEWISH COMMUNITY RELATIONS COUNCIL 12 NORTH 12TH STREET 4480 MINNEAPOLIS, MN 55403 41-0826434 501(C)(3) 10,000. 0. SANNEH FOUNDATION 2090 CONNAY ST. ST. FAUL, MN 55119 56-2332269 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING SANNEH FOUNDATION 2090 CONNAY ST. ST. FAUL, MN 55119 56-2332269 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING SCIAL JUSTICE GRANT TECHNOLOGY RELIEF FUNDING ATHLETIC TRAINING GRANT UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55013 27-0711063 501(C)(3) 10,000. 0. SALUTE TO SERVICE GRANT 11. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11. 2 Enter total number of other organizations listed in the line 1 table 11.	252								
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1001 EAST LAKE ST. MINNEAPOLIS, MN 55407 81-5265328 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING JEWISH COMMUNITY RELATIONS COUNCIL 12 NORTH 12TH STREET \$480 MINNEAPOLIS, MN 55403 41-0826434 501(C)(3) 10,000. 0. SOCIAL JUSTICE GRANT ST. PAUL, MN 55119 56-2332269 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING ST. ANTHONY VILLAGE HIGH SCHOOL 3303 33RD AVENUE NE ST. ANTHONY VILLAGE HIGH SCHOOL 3303 33RD AVENUE NE ST. ANTHONY, MN 55418 41-6001400 19,900. 0. ATHLETIC TRAINING GRANT UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033 27-0711063 501(C)(3) 10,000. 0. SALUTE TO SERVICE GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11. 3 Enter total number of other organizations listed in the line 1 table	BURNSVILLE, MIN 55537	41-090//00	501(C)(3)	10,000.	0.			TECHNOLOGY RELIEF FUNDING	
1001 EAST LAKE ST. MINNEAPOLIS, MN 55407 81-5265328 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING JEWISH COMMUNITY RELATIONS COUNCIL 12 NORTH 12TH STREET \$480 MINNEAPOLIS, MN 55403 41-0826434 501(C)(3) 10,000. 0. SOCIAL JUSTICE GRANT ST. PAUL, MN 55119 56-2332269 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING ST. ANTHONY VILLAGE HIGH SCHOOL 3303 33RD AVENUE NE ST. ANTHONY VILLAGE HIGH SCHOOL 3303 33RD AVENUE NE ST. ANTHONY, MN 55418 41-6001400 19,900. 0. ATHLETIC TRAINING GRANT UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033 27-0711063 501(C)(3) 10,000. 0. SALUTE TO SERVICE GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11. 3 Enter total number of other organizations listed in the line 1 table	DIVISION OF INDIAN WORK								
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JEWISH COMMUNITY RELATIONS COUNCIL 12 NORTH 12TH STREET #480 MINNEAPOLIS, MN 55403	·	81-5265328	501(C)(3)	10 000.	0.			TECHNOLOGY RELIEF FUNDING	
2090 CONWAY ST. ST. PAUL, MN 55119 56-2332269 501(C)(3) 10,000. 0. TECHNOLOGY RELIEF FUNDING ST. ANTHONY VILLAGE HIGH SCHOOL 3303 33RD AVENUE NE ST. ANTHONY, MN 55418 41-6001400 19,900. 0. ATHLETIC TRAINING GRANT UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033 27-0711063 501(C)(3) 10,000. 0. SALUTE TO SERVICE GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11.	12 NORTH 12TH STREET #480	41-0826434	501(C)(3)	10,000.				SOCIAL JUSTICE GRANT	
ST. ANTHONY VILLAGE HIGH SCHOOL 3303 33RD AVENUE NE ST. ANTHONY, MN 55418 41-6001400 19,900. 0. ATHLETIC TRAINING GRANT UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033 27-0711063 501(C)(3) 10,000. 0. SALUTE TO SERVICE GRANT 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 11.	2090 CONWAY ST.	56-2332269	501(C)(3)	10 000.	0.			TECHNOLOGY RELIEF FUNDING	
3303 33RD AVENUE NE ST. ANTHONY, MN 55418 41-6001400 19,900. 0. ATHLETIC TRAINING GRANT UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033 27-0711063 501(C)(3) 10,000. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11.	21. 11.02, 11. 00215	00 2002203	561(5)(6)	20,000.	-				
UNITED HEROES LEAGUE 15211 RAVENNA TRAIL HASTINGS, MN 55033 27-0711063 501(C)(3) 10,000. 0. SALUTE TO SERVICE GRANT 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 1.	·								
15211 RAVENNA TRAIL HASTINGS, MN 55033 27-0711063 501(C)(3) 10,000. 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 11.	ST. ANTHONY, MN 55418	41-6001400		19,900.	0.			ATHLETIC TRAINING GRANT	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 11.	15211 RAVENNA TRAIL	0.7.0744655		40.000					
3 Enter total number of other organizations listed in the line 1 table					0.				
Enter total number of other organizations listed in the line i table		•		e line 1 table				··········· <u> </u>	
		A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020							

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	ruge
(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 non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY							
2445 PRIOR AVE. N							
ROSEVILLE, MN 55113	41-0698597	501(C)(3)	6,972.	0.			HOLIDAY DONATION FUNDING
MODEL TELEP, THE SOLIS	11 0030337	301(0)(3)	0,572.	•			DOLLENI BONNITON TONDING
SAINT PAUL & MINNESOTA FOUNDATION							
101 FIFTH STREET EAST, SUITE 2400							
SAINT PAUL, MN 55101	41-6031510	501(C)(3)	100,000.	0.			TECHNOLOGY RELIEF FUNDING
,			,				
THE BOYS & GIRLS CLUBS OF THE TWIN							
CITIES - 690 JACKSON STREET -							
SAINT PAUL, MN 55130	41-0842657	501(C)(3)	31,200.	0.			TECHNOLOGY RELIEF FUNDING
THE LINK							
1210 GLENWOOD AVE							
MINNEAPOLIS, MN 55405	41-1920649	501(C)(3)	10,000.	0.			TECHNOLOGY RELIEF FUNDING
YWCA OF MINNEAPOLIS							
1130 NICOLLET MALL							
MINNEAPOLIS, MN 55403	41-0693891	501(C)(3)	10,000.	0.			TECHNOLOGY RELIEF FUNDING
RONALD MCDONALD HOUSE							
818 FULTON STREET SE	44 404040	F04(5)(0)					L
MINNEAPOLIS, MN 55414	41-1313107	501(C)(3)	8,800.	0.			TECHNOLOGY RELIEF FUNDING
			1				
		l	I	1	1		0.1

Schedule I (Form 990) 2020 MINNESOTA VIKINGS FOUNDATION 81-4465275 Page 2

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	
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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 MINNESOTA VIKINGS FOUNDATION Employer identification number 81-4465275

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete noncash contributi	•	to.
		applicable		Form 990, Part VIII, line 1g	Horicasii contributi	JII allioulli	15
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						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (MERCHANDISE)	Х	13	43,347.	COST OR SELLING PR	RIC	
26	Other						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	-	•			_	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29		0	1
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us			1
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	-	·	•	ions?	31	X
32a	Does the organization hire or use third parties or		•				,,,
	contributions?				<u>L</u>	32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	tor which column (a) is chec	кеа,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

SCHEDULE 0

(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 Inspection

Name of the organization

MINNESOTA VIKINGS FOUNDATION

Employer identification number 81 - 4465275

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION INITIATIVES. VIKINGS TABLE IS A FOOD TRUCK PROGRAM WITH THE
MISSION OF SERVING HEALTHY MEALS AND NUTRITION EDUCATION TO YOUTH
ACROSS THE GREATER TWIN CITIES AREA. NUTRITIOUS MEALS ARE DISTRIBUTED
IN CONJUNCTION WITH OTHER LOCAL NONPROFITS TO YOUTH AND FAMILIES IN
NEED. VIKINGS TABLE ALSO HAS AN EXPERIENCE PORTION OF ITS VEHICLE THAT
OFFERS VIDEO PROGRAMMING INFORMING PROGRAM PARTICIPANTS ABOUT MY PLATE
STANDARDS AND PROPER NUTRITION. THE MINNESOTA VIKINGS FOUNDATION ALSO
WORKS IN CONJUNCTION WITH THE NFL FOUNDATION UTILIZING PROGRAM GRANTS
TO SUPPORT OUR MISSION IN THE REGION. EXAMPLES OF THIS PROGRAMMING
INCLUDE VOLUNTEER PROGRAMMING TO SUPPORT PROVIDING MEALS/SNACKS TO
UNDERSERVED POPULATIONS, EDUCATION PROGRAMMING AROUND
DIVERSITY/INCLUSION, AND YOUTH FOOTBALL GRANTS THAT PROMOTE OVERALL
HEALTH AND WELLNESS.
FORM 990, PART VI, SECTION A, LINE 2:
ELANA WILF TANZMAN, HALLE WILF, RACHEL WILF, AND STEPHANIE WILF HAVE A
FAMILY RELATIONSHIP. KARIN NELSEN, LESTER BAGLEY, AND ANDREW MILLER HAVE A
BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 7A:
BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION HAS NO SUCH COMMITTIES WITH AUTHORITY TO ACT ON BEHALF OF
THE GOVERNING BODY.

Name of the organization MINNESOTA VIKINGS FOUNDATION	Employer identification number 81-4465275
FORM 990, PART VI, SECTION B, LINE 11B:	
THE IRS FORM 990 IS REVIEWED BY THE TREASURER OF THE FOUNDATION. THE FORM	
990 IS THEN DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO	
FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MINNESOTA VIKINGS FOUNDATION'S CONFLICT OF INTEREST POLICY REQUIRES ANNUAL	
DISCLOSURE OF CONFLICTS AND POTENTIAL CONFLICTS OF INTEREST BY ALL	
DIRECTORS AND OFFICERS AND THOSE OF THEIR FAMILY MEMBERS. IN ADDITION, THE	
POLICY REQUIRES DIRECTORS AND OFFICERS TO DISCLOSE CONFLICTS AS THEY BECOME	
APPARENT AND TO RECUSE THEMSELVES AND NOT PARTICIPATE IN A VOTE WHEN A	
CONFLICT OF INTEREST EXISTS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, SC, TN, UT	
VA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S ARTICLES OF INCORPORATION, CONFLICT OF INTEREST POLICY,	
AND MOST RECENT IRS FORM 990 WERE MADE AVAILABLE ON OUR WEBSITE.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	MINNESUTA VIKINGS FOO	DNDATION					81-4465275		
Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33						
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	me End-of-year		(f) Direct controlling entity				
		•							
Part II	Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990,	, Part IV, line 34, b	ecause it had one	or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ot controlling entity	ent	rolled ity?
					501(c)(3))			Yes	No

Page 2

Schedule R (Form 990) 2020

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Organizations treated as a pa	arthership during the ta	- your.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box	man part	aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
MINNESOTA VIKINGS FOOTBALL,												
LLC - 20-2310169, 2600												
VIKINGS CIRCLE, EAGAN, MN	PROFESSIONAL											
55121	SPORTS	DE						x	N/A		x	.00%
	_											
	_ - -											
	_											

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr	tion b)(13) rolled tity?
		country)		or tructy		400010		Yes	No

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Х

Yes No

1a

1b

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)

						Х				
c Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)				1d		Х			
е	Loans or loan guarantees by related organization(s)				1e		Х			
			A							
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		Х			
h	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х			
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
, , , , , , , , , , , , , , , , , , , ,										
r	Other transfer of cash or property to related organization(s)				1r		Х			
					1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must compl									
	(a) Name of related organization (b) Transactio type (a-s)	ion	(c) Amount involved	(d) Method of determining amount inv	olved					
1)										
2)										
3)										
4)										
5)										
6)										
32163	3 10-28-20			Schedule I	R (Forn	n 990)	2020			

Schedule R (Form 990) 2020 MINNESOTA VIKINGS FOUNDATION 81-4465275 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are a partners 501(c) orgs.) [(f)	(g)	(r	າ)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners	all s sec.	Share of	Share of	Dispr tion	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	(related, unrelated,	501(c))(3)	total	end-of-year	allocat	nate tions?	amount in box 20	manag	ownership
·		country)	sections 512-514)	Yes I		income		Yes	Na	(Form 1065)	Yes N	
		· · · · · · · · · · · · · · · · · · ·	00010110 0 12 0 1 1)	resi	NO			res	NO	(1 01111 1000)	resir	-
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PUBLIC DISCLOSURE COPY

EXTENDED TO FEBRUARY 15, 2022

Form 990-T	OMB No. 1545-0047			
	(and proxy tax under section 6033(e))		2020	
	For calendar year 2020 or other tax year beginning APR 1, 2020 , and ending MAR 31, 2021	<u> </u>	2020	
Department of the Treasury Internal Revenue Service	 ▶ 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). 	501(c	to Public Inspection for)(3) Organizations Only	
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	D Employer id	dentification number	
B Exempt under section	Print MINNESOTA VIKINGS FOUNDATION	81-	4465275	
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box, see instructions.	EGroup exen	mption number	
408(e) 220(e)	Type 2600 VIKINGS CIRCLE		uono,	
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code			
529(a) 529S	EAGAN, MN 55121	F CI	heck box if	
	C Book value of all assets at end of year	ar	amended return.	
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust A	Applicable re	einsurance entity	
H Check if filing only t	o Claim credit from Form 8941 Claim a refund shown on Form 2439			
l Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	>	
J Enter the number of	f attached Schedules A (Form 990-T)	1		
K During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► Ye	es X No	
	ame and identifying number of the parent corporation.			
	re of ▶ KERRY SCHANNO Telephone number ▶ 9	52918830	1	
Part I Total Un	related Business Taxable Income			
 Total of unrelated 	business taxable income computed from all unrelated trades or businesses (see			
instructions)		1	0.	
2 Reserved		2		
3 Add lines 1 and 2		3		
4 Charitable contrib	outions (see instructions for limitation rules)	4	0.	
5 Total unrelated but	usiness taxable income before net operating losses. Subtract line 4 from line 3	5		
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 fro		7		
8 Specific deductio	n (generally \$1,000, but see instructions for exceptions)	8	1,000.	
9 Trusts. Section 1	99A deduction. See instructions	9		
	Add lines 8 and 9	10	1,000.	
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_	
enter zero	- I-P	11	0.	
Part II Tax Com				
	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.	
	trust rates. See instructions for tax computation. Income tax on the amount on			
Part I, line 11 fron	, , , , , , , , , , , , , , , , , , , ,			
3 Proxy tax. See in		3		
	s. See instructions	4		
	um tax (trusts only)	5		
-	liant facility income. See instructions	6		
	through 6 to line 1 or 2, whichever applies	7	0.	
LHA For Paperwork	Reduction Act Notice, see instructions.	Fo	orm 990-T (2020)	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print MINNESOTA VIKINGS FOUNDATION 81-4465275 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2600 VIKINGS CIRCLE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application **Application** Return Code Code Is For Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KERRY SCHANNO The books are in the care of > 2600 VIKINGS CIRCLE - EAGAN. MN 55121 Telephone No. ▶ 9529188301 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. FEBRUARY 15, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year , and ending MAR 31, 2021 ▶ X tax year beginning APR 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

Form 8868 (Rev. 1-2020)

instructions

Form 9		,							Р	age 2
Part	III T	Tax and Payments								
1a	Foreig	gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)		1a					
b					1b					
С	Gene	ral business credit. Attach Form 3800 (se	e instructions)		1c					
d	Credit	t for prior year minimum tax (attach Form	8801 or 8827)	L	1d					
е	Total	credits. Add lines 1a through 1d					1e			
2	Subtr	act line 1e from Part II, line 7					. 2			0.
3	Other	taxes. Check if from: Form 42	255 Form 8611 F	orm 869	7	Form 8866				
		Other (a	ttach statement)				. 3			
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if includes tax	previous	y deferred	under				
	section	n 1294. Enter tax amount here					4			0.
5	2020	net 965 tax liability paid from Form 965-A					. 5			0.
6a	Paym	ents: A 2019 overpayment credited to 20	020	L	6a					
b		estimated tax payments. Check if section			3b					
С					6c					
d	Foreig	gn organizations: Tax paid or withheld at			6d					
е		up withholding (see instructions)			6e					
f		for small employer health insurance pre			6f					
g		credits, adjustments, and payments:								
		Form 4136	Other Tot	tal 🕨	6g					
7		payments. Add lines 6a through 6g					7			
8		ated tax penalty (see instructions). Check					8			
9	Tax d	ue. If line 7 is smaller than the total of lin)	▶ 9			
10	Overp	payment. If line 7 is larger than the total	of lines 4, 5, and 8, enter amount of				▶ 10			
11		the amount of line 10 you want: Credite				Refunded	▶ 11			
Part	IV S	Statements Regarding Certain	Activities and Other Inform	nation	(see instr	uctions)				
1	At any	y time during the 2020 calendar year, did	the organization have an interest	in or a siç	nature or	other authori	ty		Yes	No
	over a	a financial account (bank, securities, or of	ther) in a foreign country? If "Yes,"	the orga	nization m	ay have to file	9			
	FinCE	N Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," ente	er the nar	ne of the f	oreign countr	у			
	here									Х
2	During	g the tax year, did the organization receiv	ve a distribution from, or was it the	grantor	of, or trans	feror to, a				
		n trust?		-						Х
		s," see instructions for other forms the or								
3		the amount of tax-exempt interest receiv				> \$				
4a		e organization change its method of acc								Х
b	If 4a i	s "Yes," has the organization described t								
	explai	n in Part V								
Part	V .	Supplemental Information								
Provide	e the ex	xplanation required by Part IV, line 4b. Als	so, provide any other additional inf	formation	. See instr	uctions.				
			•							
		nder penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					wledge and	belief, it is true) ,	
Sign		rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which	preparer na	s arry knowiec	ige.	May the I	RS discuss this	return w	ith
Here			TREASU	URER			-	rer shown belo		IUI
		Signature of officer	Date				instructio	ns)? X Ye	es 🔃	No
		Print/Type preparer's name	Preparer's signature	Date		Check	if P	TIN		
Paid						self- employ				
Prepa	arer	KRISTINA RASMUSSEN	Kristnia Barnunen	2/3/20)22	' '		00143920		
Use (Firm's name ▶ DELOITTE TAX LLP				Firm's EIN	<u> </u>	86-10657	772	-
U3E (- i ii y	50 SOUTH SIXTH	STREET							-
		Firm's address MINNEAPOLIS, MN	1 55402			Phone no.	612-3	97-4000		

Form **990-T** (2020)

B Employer identification number

OMB No. 1545-0047

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE A

(Form 990-T)

► 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).

501(c)(3) Organizations Only

	MINNESOTA VIKINGS FOUNDATION	81-4465275							
<u> </u>	nrelated business activity code (see instructions) 722320					D Seque	nce:	1 of	1
	escribe the unrelated trade or business FOOD TRUCK OPERATI	ONS							
Par	t I Unrelated Trade or Business Income		(A) In	come		(B) Exper	ises	(C) Net
4 -	Ouesa wasainta ay aslaa								
	Gross receipts or sales Less returns and allowances c Balance ▶	10							
2	Less returns and allowances c Balance ▶ Cost of goods sold (Part III, line 8)	1c 2							
3	Gross profit. Subtract line 2 from line 1c	3							
	Capital gain net income (attach Sch D (Form 1041 or Form	۳							
т а		4a							
h	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b							
	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach	<u> </u>							
_	statement)	5							
6	Rent income (Part IV)	6							
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		0.					
Par	t II Deductions Not Taken Elsewhere (See instruction			ons on ded	luc	tions) De	eduction	ns must k	oe .
	directly connected with the unrelated business in	come)						
1	Compensation of officers, directors, and trustees (Part X)						1		
2	Salaries and wages								
3	Repairs and maintenance								
4	Bad debts								
5	Interest (attach statement) (see instructions)								
6	Taxes and licenses								
7	Depreciation (attach Form 4562) (see instructions)			7					
8	Less depreciation claimed in Part III and elsewhere on return						8b		
9	Depletion								
10	Contributions to deferred compensation plans						. 10		
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13	Excess readership costs (Part IX)								
14	Other deductions (attach statement)								
15	Total deductions. Add lines 1 through 14						. 15		0.
16	Unrelated business income before net operating loss deduction. Su						10		٨
47	column (C)								0.
17 12	Deduction for net operating loss (see instructions) Unrelated business taxable income. Subtract line 17 from line 16								<u> </u>
18 ⊢∆	For Paperwork Reduction Act Notice, see instructions.			le Δ (Form	990-T) 2020				
	I DI I GEORITA IL CONCUENT POLITACIONE SECTIONI ACTIONIS.						Joinedle		

	ule A (Form 990-T) 2020				Page 2
Part		hod of inventory valua		Т.Т	
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part		•			
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use (see instr	uctions)	
	A				
	В				
	c				
	D	1	1		
		Α	В	С	<u>D</u>
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the	4			
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.		Y		
	Add lines 2a and 2b, columns A through D				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er		line 6, column (B)	<u> </u>	0.
Part '		ee instructions)	inic o, colariir (b)		
1	Description of debt-financed property (street address,		Check if a dual-use (see	instructions)	
	A	only, olato, 2.11 '00'do). (one of the second of the second	modraodiono,	
	В				
	c				
	D				
		A	В	С	
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	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		70	70	70
8	Total gross income (add line 7, columns A through D)		ut I line 7 column (A)	N	0.
U	Total gross moone (add line 1, coldinas A though D	, LING HOLD AND ON PA	aci, into 7, column (A)	/	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here an	d on Part I line 7 colur	nn (B)	0.
11	Total dividends-received deductions included in line				0.

(1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made payments made 10. Part of column 9 that is included in the controlling organization's gross income tonic gross income 11. Deductions directly connected with income in column 10 (1) (2)	Dart VI INTA	rest Annı	iities Ro	ovalties and Re	ents from Control	led Or	nanizations	S (ooo inatruo	tiona)	Page	
1. Name of controlled organization 2. Employer identification number 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 direct connected with income in column 12. Taxable Income (1) (a) (b) (see instructions) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Part VI IIIte	iest, Ailite	iities, itt					•			
organization identification number (see instructions) payments made that is included in the controlling organization's gross income in column (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income (loss) (see instructions) 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made payments made controlling organization's gross income 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)	1 Name	a of controlled	4	2 Employer	3 Net unrelated					6 Deductions directly	
number (see instructions) controlling organization's gross income income in column (1) (2) (3) (4)			-			1	•	that is included	in the	•	
(1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 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			number	1 ' '	' ´				income in column 5	
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) (see instructions) 9. Total of specified payments made that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1) (2)	(1)							tion o groce in	001110		
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 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)											
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 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)										
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)	(4)										
income (loss) payments made that is included in the controlling organization's gross income column 10 (1) (2)	= T				· · · · · · · · · · · · · · · · · · ·		1	-fl 0		Ded attended to all	
(see instructions) controlling organization's gross income in column 10 (1) (2)	7. Taxable I	ncome			l .	· I			11.	•	
(1) gross medine (2)				, ,	payments mad	C			in		
(2)	(1)		,	,	gross moone						
	(3)										
(4)											
									Add columns 6 and 11.		
Enter here and on Part I, Enter here and on Part I line 8, column (A) line 8, column (B)								,	line 8, column (E		
	T. 4-1-									, , ,	
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)										0	
	1111							-asides	5. Total deduction		
income directly connected (attach statement) and set-aside			•				directly conn	ected (attach s		nt) and set-asides	
(attach statement) (add cols 3 and							(attach state	ment)		(add cols 3 and 4)	
(1)											
(2)											
(3)											
Add amounts in Add amounts in Add amounts in	(4)				Add amor	ınts in				Add amounts in	
column 2. Enter column 5. Enter					column 2	. Enter				column 5. Enter	
										here and on Part I line 9, column (B)	
Totals	Totals									0	
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)		xploited E	xempt A	Activity Income,	Other Than Adve	ertising	g Income (see instructions	;)		
1 Description of exploited activity:	1 Description	on of exploite	d activity:								
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2	2 Gross uni	related busin	ess incom	e from trade or busin	ness. Enter here and o	n Part I,	line 10, colum	n (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		•									
5 Gross income from activity that is not unrelated business income 5 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		

Schedule A (Form 990-T) 2020

Sched Part	ule A (Form 990-T) 2020 IX Advertising Income					Page 4
	Name(s) of periodical(s). Check box if reporting	a two or mor	a pariadicale an a	aanaalidatad basis		
1	A	g two or mor	e periodicals on a	consolidated basis	•	
	В —					
	c					
	D					
Entor	amounts for each periodical listed above in the c	correspondin	a column			
LIILEI	amounts for each periodical listed above in the c	orresportain	A A	В	С	D
2	Gross advertising income					
2	Add columns A through D. Enter here and on F		L column (A)			0.
а	Add coldinins A through b. Enter here and of the	i aiti, iiie i i	i, column (A)			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and on F		L column (R)		•	0.
a	Add coldinins A through b. Enter here and of the	i aiti, iiie i i	г, сошти (b)			
4	Advertising gain (loss). Subtract line 3 from line					
7	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	l l		4		
	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 les	s				
	than line 6, enter zero	I				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain or	n				
	line 4, enter the lesser of line 4 or line 7	I				
а	Add line 8, columns A through D. Enter the gre	eater of the li	ine 8a, columns to	otal or zero here and	d on	
	Part II, line 13)	0.
Part	X Compensation of Officers, Dire	ectors, an	d Trustees (see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>		_			%	
(3)					%	
<u>(4)</u>					%	
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (see	e instructions	s)			
-						

FORM 990-T PAGE 1 990-T

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	FOOD TRUCK	07/01/19	200DB	5.00	ну17	277,714.			277,714.				0.	
	* TOTAL 990-T PG 1 DEPR					277,714.			277,714.	0.	0.		0.	0.
									4					

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

OMB No. 1545-0123

Employer identification number

81-4465275

Department of the Treasury Internal Revenue Service

MINNESOTA VIKINGS FOUNDATION

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2020

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. **Required Annual Payment** 1 Total tax (see instructions) 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a **b** Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 3 Enter the tax shown on the corporation's 2019 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. The corporation is using the adjusted seasonal installment method. 6 The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III | Figuring the Underpayment (a) (b) (c) (d) **Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions 9 **Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 10 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 11 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column 12 Add lines 11 and 12 13 Add amounts on lines 16 and 17 of the preceding column 14 14 15 Subtract line 14 from line 13. If zero or less, enter -0-15 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-16 **Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next 17 column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

from line 15. Then go to line 12 of the next column

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30						
	and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2020 and before 7/1/2020	21					
22	Underpayment on line 17 x Number of days on line 21 x 5% (0.05)	22	\$	\$	\$		\$
23	Number of days on line 20 after 6/30/2020 and before 10/1/2020	23					
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2020 and before 1/1/2021	25					
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2020 and before 4/1/2021	27					
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$		\$
29	Number of days on line 20 after 3/31/2021 and before 7/1/2021	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
31	Number of days on line 20 after 6/30/2021 and before 10/1/2021	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2021 and before 1/1/2022	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
35	Number of days on line 20 after 12/31/2021 and before 3/16/2022	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, lin	e 34; or the comparable			
	line for other income tax returns					38	\$ 0.

Form **2220** (2020)

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.