EXTENDED TO FEBRUARY 18, 2025

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| Α | For the | 2023 calendar year, or tax year beginning APR 1, 2023 and en | nding M | AR 31, 2024 | | |
|-------------------------|---------------------|--|-----------------|---------------------------------------|-------------------------------|--|
| | Check if applicable | C Name of organization | | D Employer identific | cation number | |
| | Addres change | MINNESOTA VIKINGS FOUNDATION | | | | |
| | Name change | Doing business as | | 81-4465275 | | |
| | Initial return | | oom/suite | E Telephone numbe | r | |
| | Final return/ | 2600 VIKINGS CIRCLE | | 952-828-6500 | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,192,358. | |
| | Amend return | EAGAN, MIN 55121 | | H(a) Is this a group re | eturn | |
| | Applica tion | F Name and address of principal officer: STEFFARTE WITH | | for subordinates | ? Yes X No | |
| | pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | |
| <u>T.</u> | Tax-exe | mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | 1 ′ | list. See instructions | |
| | Website | | | H(c) Group exemptio | | |
| | | organization: X Corporation Trust Association Other | L Year o | of formation: 2016 | M State of legal domicile: MN | |
| P | | Summary | TROOPS II | TENICS FOUNDAMES | NT. | |
| ě | 1 1 | Briefly describe the organization's mission or most significant activities: THE MINN | | TRINGS FOUNDATION | N | |
| and | | VILL ADVANCE THE WELL-BEING OF YOUTH THROUGH ENGAGING HEALTH A | _ | H 050/ -f:ll | | |
| Activities & Governance | 3 1 | Check this box if the organization discontinued its operations or disposed | | 1 | sets. | |
| <u>်</u> | 4 1 | Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 | |
| ∞ | 5 | otal number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 0 | |
| ities | 6 | otal number of individuals employed in calendar year 2020 (Fart V, inte 2a) | | | 341 | |
| ξ | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | |
| Ă | 1 d | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | |
| | | | | Prior Year | Current Year | |
| Revenue | 8 (| Contributions and grants (Part VIII, line 1h) | 1,294,520. | 1,603,011. | | |
| | 9 F | Program service revenue (Part VIII, line 2g) | | 0. | 0. | |
| eve | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 42,562. | 190,762. | |
| æ | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 292,207. | -15,321. | |
| | 12 | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,629,289. | 1,778,452. | |
| | 13 (| Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 239,762. | 240,500. | | |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$ | | 0. | 0. | |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | |
| Ž | b i | otal fundraising expenses (Part IX, column (D), line 25) 48,58 | | | | |
| ш | '' \ | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 236,665. | 1,047,246. | |
| | 1 | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 476,427. | 1,287,746. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | Par | 1,152,862. | | |
| Net Assets or | <u> </u> | Talah asasta (Dad V. Kasa 40) | | ginning of Current Year 5,099,822. | End of Year 5,420,665. | |
| SSE | 20 7 | Total assets (Part X, line 16) | | 307,966. | 138,103. | |
| let / | 22 1 | otal liabilities (Part X, line 26) Vet assets or fund balances. Subtract line 21 from line 20 | | 4,791,856. | 5,282,562. | |
| | art II | Signature Block | | -,:, | -,, | |
| Und | ler penal | ties of perjury, I declare that I have examined this return, including accompanying schedules ar | ınd stateme | ents, and to the best of my | knowledge and belief, it is | |
| | - | , and complete. Declaration of preparer (other than officer) is based on all information of which | | | , | |
| | | | | | | |
| Sig | n [| Signature of officer | | Date | | |
| Hei | re g | TEVE POPPEN, TREASURER | | | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name NNA KOLAKALURI Preparer's signature Who Kolakaluri | | Date 1/16/25 Check if | PTIN | |
| Pai | - F | | | seir-employ | | |
| | | Firm's name DELOITTE TAX LLP | | Firm's EIN | 86-1065772 | |
| Use | Only | Firm's address 50 SOUTH SIXTH STREET | | _ | | |
| | | MINNEAPOLIS, MN 55402 | | Phone no.612 | | |
| Ma | y the IR | S discuss this return with the preparer shown above? See instructions | | | X Yes No | |

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, 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) 0 1 Application Is For Return Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 8870 Form 990-T (sec. 401(a) or 408(a) trust) 05 12 Form 990-T (trust other than above) Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of KERRY SCHANNO 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 and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box I request an automatic 6-month extension of time until FEBRUARY 18 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 APR 1 , 20 ²³ , and ending MAR 31 , 2024 」 tax year beginning 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-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. Зс

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

Form 8868 (Rev. 1-2024)

| Form | 1 990 (2023) MINNESOTA VIKINGS FOUNDATION | 81-4465275 | Page 2 |
|------|--|-----------------------|--------|
| Pai | 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 | | |
| | prior Form 990 or 990-EZ? | Ye | s X No |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Ye | s X No |
| • | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as more | easured by expenses | 2 |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | | |
| | revenue, if any, for each program service reported. | the total expenses, a | anu |
| 40 | | Φ. |) |
| 4a | 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. | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ | \$ |) |
| | THE MINNESOTA VIKINGS FOUNDATION 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. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ 546,580. including grants of \$) (Revenue | \$ |) |
| | THE MINNESOTA VIKINGS FOUNDATION PROVIDES SCIENCE AND MATH FOCUSED | | |
| | EDUCATIONAL PROGRAMMING (THE VIKINGS VOYAGE) TO IMPACT THE OPPORTUNITY | | |
| | GAP EXISTING IN MINNESOTA AND REINFORCE STATE CURRICULUM CONCEPTS | | |
| | THROUGH HANDS-ON LEARNING AND CAREER EXPLORATION. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 1,229,514. | | |

MINNESOTA VIKINGS FOUNDATION Form 990 (2023) MINNESOTA VIKINGS
Part IV Checklist of Required Schedules

81-4465275

| | · | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 88 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 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 | | Х |
| 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 | | X |
| | 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 | | X |
| 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 | | X |
| 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 | | Х |
| 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 | | | x |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | |
| 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 | | | x |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 4. | | x |
| 4 | 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, | | | _v |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | х | |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | А | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 4. | | x |
| 00- | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| | 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 | | х | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Λ | |

MINNESOTA VIKINGS FOUNDATION Form 990 (2023) MINNESOTA VIKINGS FOUNDATION Part IV Checklist of Required Schedules (continued)

81-4465275

| | | | 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 | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | l | | |
| | any tax-exempt bonds? | 24c | | - |
| | 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 | | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| р | 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 | 054 | | X |
| 00 | Schedule L, Part I | 25b | | |
| 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% | 26 | | x |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | <u> </u> |
| 21 | 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 the 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? <i>If</i> | | | |
| _ | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | — |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | 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 | | | ۱ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Pai | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| · u | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Oneon it Solieuule O contains a response of flote to any line in this Fart V | | | NI- |
| 4. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| _ | Enter the number reported in box 6 of 1 offit 1000. Enter 6 in not applicable | | | |
| b | Enter the number of forms with the fat. Enter of infot applicable | 1 | | |
| С | | 1c | х | |
| | (gambling) winnings to prize winners? | _ IU | 990 | (0000 |

Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued)

Part V

MINNESOTA VIKINGS FOUNDATION

81-4465275

| | | | Yes | No |
|------------|--|-----------------|-----|----------|
| 2 a | 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 2a0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | l |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | Х |
| 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). | _ | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| ба | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 0- | | x |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6h | | |
| 7 | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7- | Х | |
| a | 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? | <u>7a</u> 7b | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | 7.0 | | |
| С | to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 70 | | |
| e | 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 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 organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | 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 | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | 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 The the ground of recovery as head. | | | |
| | Enter the amount of reserves on hand Did the exemplation vession any payments for indeed template equipment the top year? | 110 | | Х |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation on School of O. | 14a | | <u> </u> |
| ъ 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | |
| IJ | | 15 | | х |
| | excess parachute payment(s) during the year? | 13 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| .5 | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |
| | | | | |

Form 990 (2023)

MINNESOTA VIKINGS FOUNDATION

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes **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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates?... X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official X 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Upon request ___ Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KERRY SCHANNO - 9529188301

EAGAN,

2600 VIKINGS CIRCLE,

Form 990 (2023) MINNESOTA VIKINGS FOUNDATION 81-4465275 Page 7

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

V O

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| X Check this box if neither the organization nor any related organization compensated any current officer, director, or | | | | | | | | irector, or trustee. | | |
|---|------------------------|---|-----------------------|---------|----------|------------------------------|--------------|----------------------|----------------------------------|-----------------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | າ than ເ | one | Reportable | Reportable | Estimated |
| | hours per | box, unless person is both an officer and a director/trustee) | | | s both | n an | compensation | compensation | amount of | |
| | week | | l a | | l | 174443 | | from | from related | other |
| | (list any hours for | lirecto | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | stee | | | sated | _ | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al trus | | yee | m per | 4 | 1099-NEC) | 10001120) | and related |
| | below | Individual trustee or director | Institutional trustee | <u></u> | oldm | st co | -B | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | Highest compensated employee | Former | | | |
| (1) ANDREW MILLER | 1.00 | | | | | | | | | |
| CO-VICE CHAIR AND DIRECTOR | | Х | 4 | X | | | 4 | 0. | 0. | 0. |
| (2) ELANA WILF TANZMAN | 1.00 | | | | | | | | | |
| DIRECTOR AND CO-CHAIR | | Х | | Х | | K | | 0. | 0. | 0. |
| (3) HALLE WILF OSHINSKY | 1.00 | | | | | | | | | |
| DIRECTOR AND CO-CHAIR | | Х | | Х | | | Ţ | 0. | 0. | 0. |
| (4) LESTER BAGLEY | 1.00 | | | | | 1 | | | | |
| CO-VICE CHAIR AND DIRECTOR | | Х | | Х | | _ | | 0. | 0. | 0. |
| (5) RACHEL WILF | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR AND CO-CHAIR | | Х | | X | <u> </u> | | | 0. | 0. | 0. |
| (6) STEPHANIE WILF KAHN | 1.00 | | | | | | | | | |
| DIRECTOR AND CO-CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (7) KARIN NELSEN | 3.00 | | | | | | | | | |
| DIRECTOR | 10.00 | Х | | | | | | 0. | 0. | 0. |
| (8) BRETT TABER | 12.00 | | | l | | | | | | |
| EXECUTIVE DIRECTOR | 4 00 | | | Х | | | | 0. | 0. | 0. |
| (9) KATE SHIBILSKI | 1.00 | | | ., | | | | 0 | | _ |
| SECRETARY | 1 00 | | | Х | | | | 0. | 0. | 0. |
| (10) STEVE POPPEN | 1.00 | | | | | | | 0 | | 0 |
| TREASURER | | | | Х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| | I | | | | | | | I | l | |

332007 12-21-23 Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2023)

\$100,000 of compensation from the organization

| | | | 2023) MINNESOTA VIKINGS FOUNDATION | | | 81-446527 | 5 Page 9 |
|--|------|---|--|----------------------|--|--------------------------------|--|
| Pa | rt V | Ш | Statement of Revenue | | | | |
| | | | Check if Schedule O contains a response or note to any li | ne in this Part VIII | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts ts | 1 | а | Federated campaigns 1a | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues 1b | | | | |
| ₽,E | | | Fundraising events 1c 207,631 | | | | |
| ifts Ir A | | | Related organizations 1d 215,417 | | | | |
| nis | | | Government grants (contributions) | | | | |
| ons | | | All other contributions, gifts, grants, and | 7 | | | |
| outi her | | | similar amounts not included above 1f 1,179,963 | | | | |
| ort. | | a | Noncash contributions included in lines 1a-1f 1g \$ 120,926 | — | | | |
| Sor | | | Total. Add lines 1a-1f | 1,603,011. | | | |
| <u> </u> | | | Business Code | , , | | | |
| ø) | 2 | а | | | | | |
| vic | _ | b | | | | | |
| Program Service Revenue | | c | | | 4 | | |
| ım (| | d | | | | | |
| gra | | e | | | | | |
| Pro | | | All other program service revenue | | | | |
| | | | Total. Add lines 2a-2f | | - | | |
| | 3 | | Investment income (including dividends, interest, and | | | | |
| | | | other similar amounts) | 190,762. | | | 190,762. |
| | 4 | | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | | Royalties | | | | |
| | | | (i) Real (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | |
| | | | Less: rental expenses 6b | | | | |
| | | | Rental income or (loss) 6c | | | | |
| | | | Net rental income or (loss) | | | | |
| | | | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | |
| | | b | Less: cost or other basis | | | | |
| e | | | and sales expenses 7b | | | | |
| evenue | | С | Gain or (loss) 7c | | | | |
| | | | Net gain or (loss) | | | | |
| Other R | | | Gross income from fundraising events (not | | | | |
| ₽ | | | including \$ 207,631. of | | | | |
| | | | contributions reported on line 1c). See | | | | |
| | | | Part IV, line 18 8a 398,585 | | | | |
| | | b | Less: direct expenses 8b 413,906 | • | | | |
| | | С | Net income or (loss) from fundraising events | -15,321. | | | -15,321. |
| | 9 | а | Gross income from gaming activities. See | | | | |
| | | | Part IV, line 19 9a | | | | |
| | | b | Less: direct expenses 9b | | | | |
| | | С | Net income or (loss) from gaming activities | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | |
| | | | and allowances10a | | | | |
| | | b | Less: cost of goods sold 10b | | | | |
| | | С | Net income or (loss) from sales of inventory | | | | |
| v | | | Business Code | | | | |
| Miscellaneous Revenue | 11 | а | | | | | |
| lane enu | | b | | | | | |
| cell ev | | С | | - | | | |
| Mis | | | All other revenue | 1 | | | |
| | | | Total. Add lines 11a-11d | | | - | |
| | 12 | | Total revenue. See instructions | 1,778,452. | 0. | 0. | 175,441. |

81-4465275

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Form 990 (2023) MINNESOTA VIKINGS FOUNDATION Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All othe | er organizations must con | nplete column (A). | |
|----------|--|-----------------------------|---|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | <u> </u> | | |
| | and domestic governments. See Part IV, line 21 | 215,500. | 215,500. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 25,000. | 25,000. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 7,795. | | -50. | 7,845. |
| 12 | Advertising and promotion | 21,053. | | | 21,053. |
| 13 | Office expenses | 13,832. | 7,418. | 6,347. | 67. |
| 14 | Information technology | 11,561. | | 425. | 11,136. |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 21 | Interest Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 8,483. | | | 8,483. |
| 23 | Insurance | 1,943. | | 1,943. | -, |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | EDUCATION EXPENSE | 539,162. | 539,162. | | |
| b | FOOD TRUCK EXPENSES | 442,434. | 442,434. | | |
| С | DUES AND SUBSCRIPTIONS | 983. | | 983. | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,287,746. | 1,229,514. | 9,648. | 48,584. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2022) |
| | | | | | |

Form 990 (2023)
Part X Balance Sheet

MINNESOTA VIKINGS FOUNDATION

81-4465275

Page **11**

| Pai | π χ | Balance Sneet | | | | | |
|-----------------------------|------|---|-----------|-----------------------|------------------------------|---------|-----------------|
| | | Check if Schedule O contains a response or no | ote to an | y line in this Part X | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 736,189. | 1 | 768,279. | | |
| | 2 | Savings and temporary cash investments | | | 3,749,692. | 2 | 4,026,957. |
| | 3 | Pledges and grants receivable, net | 275,841. | 3 | 305,167. | | |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Loans and other receivables from any current | | | | _ | |
| | | trustee, key employee, creator or founder, sub | | | | | |
| | | controlled entity or family member of any of th | | | | 5 | |
| | 6 | Loans and other receivables from other disqua | • | | | | |
| | | under section 4958(f)(1)), and persons describe | • | , | | 6 | |
| " | 7 | Notes and loans receivable, net | | Г | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 500. | 8 | |
| Ass | 9 | Dona sid some server and defermed also some | | | 30,267. | 9 | |
| | 1 | Land, buildings, and equipment: cost or other | 1 1 | | | j | |
| | 104 | basis. Complete Part VI of Schedule D | | 547,212. | A | | |
| | b | | | 355,191. | 232,333. | 10c | 192,021. |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | 75,000. | 14 | 75,882. | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 52,359. | | |
| | 16 | Total assets. Add lines 1 through 15 (must ed | | | 5,099,822. | 16 | 5,420,665. |
| | 17 | Accounts payable and accrued expenses | | | 58,476. | 17 | 11,453. |
| | 18 | Grants payable | | | , - | 18 | , . |
| | 19 | Deferred revenue | | | 249,490. | 19 | 2,500. |
| | 20 | Tax-exempt bond liabilities | | | , | 20 | , |
| | 21 | Escrow or custodial account liability. Complete | | of Cohodula D | | 21 | |
| | 22 | Loans and other payables to any current or for | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | | | | | |
| iliq | | controlled entity or family member of any of th | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelat | _ | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | | parties, and other liabilities not included on line | | | | | |
| | | of Schedule D | | · | 0. | 25 | 124,150. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 307,966. | 26 | 138,103. |
| | | Organizations that follow FASB ASC 958, ch | neck her | e X | | | |
| es | | and complete lines 27, 28, 32, and 33. | | _ | | | |
| anc | 27 | | | | 4,502,141. | 27 | 5,224,062. |
| Bal | 28 | Net assets with donor restrictions | | | 289,715. | 28 | 58,500. |
| pu | | Organizations that do not follow FASB ASC | | | | | |
| Ē | | and complete lines 29 through 33. | , | | | | |
| ō | 29 | Capital stock or trust principal, or current fund | ls | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 4,791,856. | 32 | 5,282,562. |
| ~ | 33 | | | | 5,099,822. | 33 | 5,420,665. |
| | - 00 | Total habilities and not assets/fully balances | | | ,,, | - 55 | Form 990 (3 |

Form **990** (2023)

| Form | 1990 (2023) MINNESOTA VIKINGS FOUNDATION | 81-446527 | 5 | Pa | ge 12 |
|------|--|-----------|----|-------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | ,778, | 452. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | ,287, | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 490, | 706. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4 | ,791, | 856. |
| 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 | 5 | ,282, | 562. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | |
| 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 | 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 Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule Cand describe any steps taken to undergo such audits | | 3h | | |

Form **990** (2023)

SCHEDULE A

(Form 990)

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

2023

Open to Public Inspection

Name of the organization **Employer identification number** MINNESOTA VIKINGS FOUNDATION 81-4465275 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 on 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990) 2023

MINNESOTA VIKINGS FOUNDATION

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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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 891,574. | 902,399. | 1,074,501. | 1,294,520. | 1,603,011. | 5,766,005. |
| 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | 891,574. | 902,399. | 1,074,501. | 1,294,520. | 1,603,011. | 5,766,005. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | 4 | | |
| | supported organization) included | | | 1 | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 2,201,524. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 3,564,481. |
| | ction B. Total Support | | | | | | <u> </u> |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 891,574. | 902,399. | 1,074,501. | 1,294,520. | 1,603,011. | 5,766,005. |
| | Gross income from interest, | | | | | , , | · · · · · |
| _ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 25,205. | 451. | 703. | 42,562. | 190,762. | 259,683. |
| 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.) | 1 | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6,025,688. |
| | Gross receipts from related activities, | etc (see instruction | ns) | | | 12 | |
| | First 5 years. If the Form 990 is for the | | | ourth or fifth tax v | ear as a section 50 | | |
| | organization, check this box and stor | • | | | | . , . , | |
| Sec | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | olumn (f)) | | 14 | 59.15 % |
| | Public support percentage from 2022 | | | | | 15 | 53.16 % |
| | 33 1/3% support test - 2023. If the | | | | | | |
| | stop here. The organization qualifies | | | | | , | ₹ |
| b | 33 1/3% support test - 2022. If the | | • | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | • | • • | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | | - · | and organize | |
| 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 | | | | • | | |
| .0 | Tittate roundation. If the organization | and not oneon a l | 201 OIT III 10 TO, 100 | i, 100, 17a, 01 17b | , or look trills box at | | Form 990) 2023 |

Schedule A (Form 990) 2023

MINNESOTA VIKINGS FOUNDATION

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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 | elow, please comp | nete Part II.) | | | | |
|------|--|----------------------|---------------------|----------------------|---------------------|----------------------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 business 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 | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| t | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | * | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | T | T | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 10 | Amounts from line 6 | | | | | | |
| k | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organizatio | on, |
| _ | check this box and stop here | | | | | | <u></u> |
| | ction C. Computation of Publi | | | | | т т | |
| | Public support percentage for 2023 (I | | | column (f)) | | 15 | <u>%</u> |
| | Public support percentage from 2022 | | | <u></u> | | 16 | <u>%</u> |
| | ction D. Computation of Inves | | | . 10 1 (0) | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from | | | | | 18 23 1/3% and line 1 | % 7 is not |
| 198 | 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar | | | | | | |
| ı | 33 1/3% support tests - 2022. If the | | | | | | |
| • | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |

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MINNESOTA VIKINGS FOUNDATION

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 |
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| Sche | dule A | (1 0111 000) 2020 | 81-4465275 | Pa | age 5 |
|----------|------------------------|---|---------------------|-----|--------------|
| Pa | rt IV | Supporting Organizations (continued) | | | |
| | | | | Yes | No |
| 11 | Has th | he organization accepted a gift or contribution from any of the following persons? | | | |
| | | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | | elow, the governing body of a supported organization? | 11a | | |
| b | | nily member of a person described on line 11a above? | 11b | | |
| | | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| · | | in Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | 71 11 0 0 | | Yes | No |
| 1 | Did th | ne governing body, members of the governing body, officers acting in their official capacity, or membership of on | e or | 163 | INO |
| • | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's office | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | , | | |
| | effect | ively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo | | | |
| | | ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to | | | |
| _ | | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | ne organization operate for the benefit of any supported organization other than the supported | | | |
| | | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | | how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| 800 | super | vised, or controlled the supporting organization. C. Type II Supporting Organizations | 2 | | <u> </u> |
| <u> </u> | LIOIT | 5. Type it Supporting Organizations | | | Γ |
| _ | 14/ | | | Yes | No |
| 1 | | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | 1 | | |
| Sec | tne su | upported organization(s). D. All Type III Supporting Organizations | | | |
| | | Trum Type III Supporting Significations | | Yes | No |
| | Did th | ne organization provide to each of its supported organizations, by the last day of the fifth month of the | | 162 | NO |
| 1 | | | | | |
| | | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 4 | | |
| • | | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| 2 | | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | - | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 3 | | |
| Sec | <u>suppo</u> tion E | orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations | | | |
| | | | uctions) | | |
| 1 a | | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. | 2000113j. | | |
| b | | The organization satisfied the Activities rest. Complete line 2 pelow. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. | v (aga inatruation | 201 | |
| 2 | | ties Test. Answer lines 2a and 2b below. | / (See IIIStruction | Yes | No |
| a | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | 110 |
| ŭ | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | e supported organization(s) to which the organization was responsive. If Tes, then if all this definity | | | |
| | | | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined hese activities constituted substantially all of its activities. | 2a | | |
| b | | nese activities constituted substantially all of its activities. The activities described on line 2a, above, constitute activities that, but for the organization's involvement, | Zu | | |
| J | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | | | | |
| | | If the reasons for the organization's position that its supported organization(s) would have engaged in | 2b | | |
| 3 | | activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below. | 20 | | |
| a | | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| J | | Supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard | 3b | | |

MINNESOTA VIKINGS FOUNDATION 81-4465275 Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

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instructions).

| | dule A (Form 990) 2023 MINNESOTA VIKINGS FO | | | | 81-4465275 | Page 7 |
|----------|---|-------------------------------|---------------------------------------|-----|-----------------------------|--------|
| Pai | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | nizations _{(continu} | ed) | | |
| Sect | ion D - Distributions | | | | Current Y | 'ear |
| _1_ | Amounts paid to supported organizations to accomplish exe | 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 | 3 | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | | 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. | | | 8 | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | | 10 | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | s | (iii) Distributa Amount for | |
| | Division 14 0000 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | |
| | Distributable amount for 2023 from Section C, line 6 | | 4 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| _3_ | Excess distributions carryover, if any, to 2023 | | | | | |
| | From 2018 | | | | | |
| | From 2019 | | | | | |
| | From 2020 | | | | | |
| | From 2021 | | | | | |
| | From 2022 | | | | | |
| | Total of lines 3a through 3e | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2023 distributable amount | | | | | |
| <u> </u> | Carryover from 2018 not applied (see instructions) | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2023 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2023 distributable amount | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| 6 | than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h | | | | | |
| 0 | <u> </u> | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | | |
| | and 4c. Breakdown of line 7: | | | | | |
| <u>8</u> | | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 Excess from 2021 | | | | | |
| | Excess from 2022 | | | | | |
| | Excess from 2023 | | | | | |
| _ | | | | | | |

Schedule A (Form 990) 2023

| Schedule A | (Form 990) 2023 | MINNESOTA V | IKINGS | FOUNDATION | | 81-4465275 | Page 8 |
|------------|---|---|---------------------------|---------------------------------------|---|---|--------|
| Part VI | Supplemental Information Part IV, Section A, lines Information 1; Part IV, Section D. | I, 2, 3b, 3c, 4b, 4c Iines 2 and 3; Pa | c, 5a, 6, 9 rt IV, Sec | ∂a, 9b, 9c, 11a, tion E, lines 1c, | ired by Part II, line 10; Part II, lin 11b, and 11c; Part IV, Section E 2a, 2b, 3a, and 3b; Part V, line . Also complete this part for any | i, lines 1 and 2; Part IV, Sectio 1; Part V, Section B, line 1e; P | n C, |
| | | | | | | | |
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332028 12-21-23 Schedule A (Form 990) 2023

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 Inspection

Name of the organization

MINNESOTA VIKINGS FOUNDATION

Employer identification number

81 - 4465275

| Pai | | | or Accounts. Complete if the |
|-----|--|---|--|
| | organization answered "Yes" on Form 990, Part IV, line | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (a) Bonor advised famas | (2) Furide and earlier descents |
| 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 w | I riting that the assets held in donor advis | ed funds |
| Ū | are the organization's property, subject to the organization's | _ | |
| 6 | Did the organization inform all grantees, donors, and donor ac | | |
| Ū | for charitable purposes and not for the benefit of the donor or | | |
| | | | |
| Pai | | | |
| 1 | Purpose(s) of conservation easements held by the organizatio | | , |
| - | Preservation of land for public use (for example, recreat | ` | f a historically important land area |
| | Protection of natural habitat | · — | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualification | ed 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 | | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | | ······· |
| d | Number of conservation easements included on line 2c acquir | | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year | | |
| 4 | Number of states where property subject to conservation ease | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | | |
| | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ing of violations, and enforcing conserva | tion easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(h |)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footnote | ote to the organization's financial stateme | ents that describes the |
| _ | organization's accounting for conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of | | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statement a | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for public | lic exhibition, education, or research in fu | ırtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan- | | |
| b | If the organization elected, as permitted under FASB ASC 958 | | |
| | art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $ | exhibition, education, or research in furth | nerance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | | | |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar assets for financia | I gain, provide |
| | the following amounts required to be reported under FASB AS | • | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| h | Assets included in Form 990, Part X | | \$ |

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued | Sche | adic D (i citii 000) 2020 | IKINGS FOUNDAT: | | | | 81-446 | | Page |
|--|------|--|-----------------------|-------------------------|----------------------|--------------|----------------|----------|---------------|
| a Public exhibition d Loan or exchange program b Scholarly research e Other | Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tre | easures, or Otl | her Simi | lar Assets | (contin | ued) |
| a Public exhibition d Loan or exchange program b Scholarly research e Other | 3 | Using the organization's acquisition, accession | on, and other record | s, check any of the | following that mak | e significar | nt use of its | • | |
| a Public exhibition d | | | , | , | 3 | 3 | | | |
| b Scholarly research e Other c Preservation for future generations d Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for usine funder stert than to be maintained ap and rid the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIII. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIII. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance C Beginning balance I C Amount C Beginning balance C Beginning balance C Beginning balance I C I C I C I C I C I C I C I C I C I | а | | | I Dan or exc | change program | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization of several properties of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustae, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustae, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c | | | _ | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 besold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Amount 1c A | | , | · | , outer | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Oustodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angult, fusates, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part X, line 21. Performs a part of the property Part XIII Amount Part XIII | _ | | lloctions and evalui | a how thoy further t | ho organization's o | vomnt nur | noco in Dart | VIII | |
| to be sold for raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it is the organization in a gent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is endiditions during the year It is end of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If it is ending balance It is | | | | • | - | | pose III Fait | AIII. | |
| Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XY Yes No If 'Yes', Explain the arrangement in Part XIII and complete the following table: C | 3 | 3 , , | | , | , | | | 7 V | |
| reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? | Par | | | | | | | | |
| Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Ves | ı aı | | | te if the organizatio | n answered "Yes" | on Form 98 | o, Part IV, II | ne 9, or | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance f Ending balance (a) Current 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (e) Four years No No No No No No No No No N | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Beginning of year balance C Net investment earnings, gains, and losses of Gontributions C Net investment earnings, gains, and losses of Gontributions G Additions the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 Term endowment 96 Term in percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thous not in the possession of the proganization that are held and administered for the organization by: (ii) Pleated organizations? 3a(ii) Pleated organizations? 3a(ii) Unrelated organizations? 3a(ii) Pleated organizations? 3a(ii) Pleated organizations? 5a(ii) Pleated organizations? 5a(iii) Pleated | па | | | | | | | ٦., | |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment 96 c Term endowment 96 c Term endowment 96 c Term endowment Lunds not in the possession of the prganization that are held and administered for the organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IX, line 10. Description of property (iii) Cost or other basis (investment) b Buildings c Leasehold improvements Description of property (iii) Cost or other basis (investment) b Buildings c Leasehold improvements G Cost or other basis (investment) b Buildings c Leasehold improvements G Cost or other basis (investment) b Buildings c Leasehold improvements G Cost or other basis (investment) B Buildings c Leasehold improvements G Cost or other basis (investment) G Cost or other basis (other) G | | | | | | | L | 」 Yes | N |
| d Additions during the year | b | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing table: | | | | | |
| d Additions during the year Distributions during the year 16 | | | | | | <u> </u> | | Amount | |
| e Distributions during the year fe finding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b f*Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment FundS Complete if the organization answered *Yes* on Form 990, Part IV, line 10. Part V Endowment FundS Complete if the organization answered *Yes* on Form 990, Part IV, line 10. Part V Endowment FundS Complete if the organization answered *Yes* on Form 990, Part IV, line 10. Part V Endowment FundS Complete if the organization shall be a provided in Part XIII Part IV Pror. year (a) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (full three years back (full thr | | | | | | | ; | | |
| t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization has been provided in Part XIII (a) Current year (b) Prior, year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 Term endowment 96 Term endowment 96 Term endowment thous not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3diji), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value d Equipment 4 Equipment 4 Equipment 4 Easehold improvements 6 Equipment 9 Ease of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Easehold improvements 6 Equipment 9 Easehold improvements 1a Easehold improvements 1a Easehold improvements 1a Easehold improvements 1b Equipment 1a Easehold improvements 1b Equipment 1a Easehold improvements 1b Equipment 1b Easehold improvements 1c Easehold improvements 1c Easehold improvements 1c Easehold improvements 1c Easehold | d | Additions during the year | | | | 1c | <u> </u> | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Calcurrent year Calcular Calcula | е | Distributions during the year | | | | <u>1e</u> |) | | |
| Part V Endowment Funds Complete if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Contributions (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four y | f | Ending balance | | | | <u>11</u> | <u> </u> | | |
| Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year Call Current year Call Two years back Call Three years | 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for escrow or c | ustodial account lia | ability? | L | Yes | L N |
| a Beginning of year balance b Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions | b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation has been | provided in Part X | III | | | |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Term endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related progranizations and Equipment Complete if the organization answered "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 485,999, 351,431, 134,568. e Other 61,213, 3,760, 57,453. | Par | t V Endowment Funds Complete if | the organization ans | swered "Yes" on Fo | rm 990, Part IV, lin | e 10. | | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | (a) Current year | (b) Prior year | (c) Two years bac | k (d) Thre | ee years back | (e) Four | years back |
| c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? 3a(iii) | 1a | Beginning of year balance | | | | | | | |
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| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | d | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | | | | | | | | |
| g End of year balance | f | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | | _ , , , , | | | | | | | |
| Board designated or quasi-endowment | _ | | ent vear end halance | e (line 1g. column (s | a)) pelq as. | | | l | |
| b Permanent endowment | | _ | ent year end balanc | | ij) ficia as. | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings c Leasehold improvements d Equipment 6 Other Other Other 100 4 Are there endowment funds administered for the organization serving administered for the organization serv | _ | Ŭ i | 0/ | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 485,999. 57,453. | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iii) Related organizations. (ii | C | | | | | | | | |
| organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (3a(ii) | 0- | 1 7 | | ation the at one hold o | | | | | |
| (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment 485,999. 351,431. 134,568. e Other | Зa | | ssion of the organiza | ation that are neid a | na administered to | rtne | | Г | Voc. N |
| (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 485,999. 351,431. 134,568. e Other | | , | | | | | | 2 (1) | Tes INC |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) c Leasehold improvements d Equipment d Equipment e Other Other 1 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 34, 568. | | | | | | | | | -+ |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 485,999. 351,431. 134,568. e Other | | (ii) Related organizations? | | | | | | | $-\!\!+\!\!-$ |
| Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 1a Land 485,999. 351,431. 134,568. 61,213. 3,760. | b | | | | | | | 3b | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 485,999. 351,431. 134,568. e Other | ÷ | | | wment funds. | | | | | |
| Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 485,999. 351,431. 134,568. | Par | | | | | | | | |
| basis (investment) basis (other) depreciation 1a Land Buildings C Leasehold improvements C Lease | | Complete if the organization answered | d "Yes" on Form 990 | <u> </u> | | | | | |
| 1a Land b Buildings c Leasehold improvements d Equipment 485,999. 351,431. 134,568. e Other 61,213. 3,760. 57,453. | | Description of property | 1 ' ' | | | - | I | (d) Book | < value |
| b Buildings C Leasehold improvements c Leasehold improvements 485,999. 351,431. 134,568. e Other 61,213. 3,760. 57,453. | | | basis (investr | nent) basis | (other) | depreciati | on | | |
| b Buildings C Leasehold improvements c Leasehold improvements 485,999. 351,431. 134,568. e Other 61,213. 3,760. 57,453. | 1a | Land | | | | | | | |
| c Leasehold improvements 485,999. 351,431. 134,568. e Other 61,213. 3,760. 57,453. | | | | | | | | | |
| d Equipment 485,999. 351,431. 134,568. e Other 61,213. 3,760. 57,453. | | | | | | | | | |
| e Other 61,213. 3,760. 57,453. | | | | | 485,999. | 35: | 1,431. | | 134,568 |
| | | | | | 61,213. | : | 3,760. | | 57,453 |
| | | | | X line 10c column | · · · · · · | | | | |

Schedule D (Form 990) 2023

<u>Schedule D (Form 990) 2023</u> MINNESOTA VIKINGS FOUNDATION 81-4465275 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,710,780. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 518,422 Donated services and use of facilities Recoveries of prior year grants 2c 413,906. Other (Describe in Part XIII.) 932,328. Add lines 2a through 2d 2e 1,778,452. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 1 778 452. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,220,074. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 518,422, a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 413,906. Other (Describe in Part XIII.) 932,328. Add lines 2a through 2d 2e 1,287,746. Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1.5 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 1,287,746. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - OTHER ADJUSTMENTS: DIRECT FUNDRAISING COSTS 413,906. PART XII, LINE 2D - OTHER ADJUSTMENTS: DIRECT FUNDRAISING COSTS 413,906.

332054 09-28-23 Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

2023

Open to Public Inspection

Schedule G (Form 990) 2023

| Name of the organization MINNESOTA | VIKINGS FOUNDATION | | | | | 81-446527 | ntification number |
|--|--|---|--|---|--------|---|---|
| | Complete if the organization answer | red "Ye | es" on | n Form 990, Part IV, I | ine 1 | | |
| Indicate whether the organization raise A Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Indicate whether the organization raise | sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursu | tion of dition of dition of dition of dition of dition of the dition of | non-go governising of ing off | overnment grants nment grants events ficers, directors, trus undraising services? | itees, | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundra have cu or cont contribu | Did aiser istody trol of itions? | (iv) Gross receipts from activity | to (| Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
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| Total | | | | | | | |
| List all states in which the organization or licensing. | | | | or has been notified | it is | exempt from re | gistration |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| _ | | le G (Form 990) 2023 | | VIKINGS FOUNDATION | | | 4465275 Page 2 |
|-----------------|------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|
| Pa | rt I | | | | | rt IV, line 18, or reported | |
| | | of fundraising event | contributions and gro | | · | events with gross receipt | s greater than \$5,000. |
| | | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | | 3 11GM T 031G | | (add col. (a) through |
| | | | | | AUCTIONS | (total number) | col. (c)) |
| e | | | | (event type) | (event type) | (total number) | |
| Revenue | _ | 0 | | 260,480. | 196,029. | 149,707. | 606,216. |
| Вè | ' | Gross receipts | | 200,400. | 150,025. | 145,707. | 000,210. |
| | 2 | Less: Contributions | | 207,631. | | | 207,631. |
| | | Less. Continuations | | 207,002. | | | 207,002. |
| | 3 | Gross income (line 1 mine | nus line 2) | 52,849. | 196,029. | 149,707. | 398,585. |
| | | , | , | , | | | , |
| | 4 | Cash prizes | | | | | |
| | | | | | | | |
| | 5 | Noncash prizes | | 37,927. | | | 37,927. |
| ses | | | | | | | |
| Sens | 6 | Rent/facility costs | | 10,495. | 4 | | 10,495. |
| Direct Expenses | | | | | | | |
| ect | 7 | Food and beverages | | 33,981. | | | 33,981. |
| ₫ | | | | 4 005 | | | 4 006 |
| | 8 | Entertainment | | 1,886. | 20 102 | 200 424 | 1,886. |
| | 9 | Other direct expenses | | 0: 1 (1) | 20,183. | | 329,617. 413,906. |
| | 10 | Direct expense summary | | | | | -15,321. |
| Pa | 11 rt I | | | answered "Yes" on Form | | reported more than | 15,521. |
| | | \$15,000 on Form 990 | | answered res our onn | 330, 1 are 10, iii c 13, 01 | reported more than | |
| _ | | + · - , · · · · · · · · · · · · · | , | | (b) Pull tabs/instant | | (d) Total gaming (add |
| Revenue | | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
| e eve | | | | | | | |
| ď | 1 | Gross revenue | | | · | | |
| | | | | | | | |
| S | 2 | Cash prizes | | | | | |
| Expenses | | | | | | | |
| xbe | 3 | Noncash prizes | | | | | |
| Ċ E | | | | | | | |
| Dire | 4 | Rent/facility costs | | | | | |
| | _ | Other discount and a | | | | | |
| _ | 5 | Other direct expenses | | | | | |
| | _ | Volunteer labor | | Yes % | Yes % No | | |
| | • | Volunteer labor | l | L No | I NO | No | |
| | 7 | Direct expense summary | / Add lines 2 through | 5 in column (d) | | | |
| | ' | Bireot expense sammary | 7. 7 taa iirico 2 tirioagri | 0 111 001a11111 (a) | | | |
| | 8 | Net gaming income sumr | mary. Subtract line 7 | from line 1, column (d) | | | |
| | | <u> </u> | - | , , , | | | |
| 9 | En | ter the state(s) in which the | e organization condu | cts gaming activities: | | | |
| а | ls t | he organization licensed to | to conduct gaming ac | tivities in each of these s | states? | | Yes No |
| b | If " | No," explain: | | | | | |
| | _ | | | | | | |
| | _ | | | | | | |
| | | ere any of the organization | | | | year? | Yes No |
| b | If " | Yes," explain: | | | | | |
| | _ | | | | | | |
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| Sch | nedule G (Form 990) 2023 MINNESOTA VIKINGS FOUNDATION | 31-44652 | 75 | Page 3 |
|------------|--|-----------------|--------|----------|
| 11 | 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 | | | |
| | to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | a The organization's facility | 13a | | % |
| | b An outside facility | | 1 | % |
| | | | | ,- |
| • | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| | | | | |
| h | b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun | ıt | | |
| _ | of gaming revenue retained by the third party \$ | • | | |
| , | c If "Yes," enter name and address of the third party: | | | |
| ٠ | on res, entername and address of the time party. | | | |
| | Name | | | |
| | Name | | | |
| | Address | | | |
| | Address | | | |
| 46 | Coming manager information | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Name | | | |
| | Coming response company to the Committee of the Committee | | | |
| | Gaming manager compensation \$ | | | |
| | Description of consists and description | | | |
| | Description of services provided | | | |
| | | | | |
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| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| | Mandatory distributions: | | | |
| а | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | Ш | Yes | ∟ No |
| b | b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | е | | |
| D - | 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 | d Part III, lir | nes 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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332083 09-13-23 Schedule G (Form 990) 2023

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

| Name of the organization MINNESOTA VIKI | NGS FOUNDAT | ION | | | | | Employer identification number 81-4465275 |
|--|--------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|
| Part I General Information on Grants an | nd Assistance | | | | | | |
| Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's product. | tance? | | | | | | |
| Part II Grants and Other Assistance to Description recipient that received more than \$ | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| THIELEN FOUNDATION 314 1ST AVE N #200 MINNEAPOLIS, MN 55401 | | 501(C)(3) | 55,000. | 0. | | | TO PROVIDE GENERAL MISSION SUPPORT |
| AMERICAN NATIONAL RED CROSS 1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 55454 | | 501(C)(3) | 20,000. | 0. | | | TO PURCHASE AND DISTRIBUTE AEDS |
| EDINA GIRLS ATHLETIC ASSOCIATION 4801 W 50TH ST EDINA, MN 55424 | | 501(C)(3) | 10,000. | 0. | | | TO PROVIDE SUPPORT FOR FOOTBALL PROGRAMMING AND GENERAL MISSION SUPPORT |
| INFINITE HEALTH COLLABORATIVE PO BOX 9188 MINNEAPOLIS, MN 55480 | | | 25,259. | 0. | | | TO PROVIDE ATHLETIC TRAINING TEACHING AND EQUIPMENT FOR HIGH SCHOOL ATHLETICS |
| SCHOOL SPACE MEDIA, LLC 955 WELLS STREET, SUITE 400 ST. PAUL, MN 55106 | | | 10,000. | 0. | | | TO SUPPORT BROADCASTING OF HIGH SCHOOL FOOTBALL ALL-STAR GAME |
| REVIVE ROOTS, PLLC 1625 HENNEPIN AVE, STE 300 MINNEAPOLIS, MN 55403 | | | 10,000. | 0. | | | TO SUPPORT PROGRAMMING FOR MENTAL HEALTH |
| 2 Enter total number of section 501(c)(3) an | J | • | | | | | 3. |
| 3 Enter total number of other organizations | listed in the line | e 1 table | | | | | 5. |

Schedule I (Form 990) MINNESOTA VIKINGS FOUNDATION 81-4465275 Page 1

| Part II Continuation of Grants and Other | r Assistance to Do | | and Domestic Go | overnments (Sch | edule I (Form 990) Pa | | 01-4403273 Pag |
|--|--------------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | |
| | | | | | | | TO SUPPORT THE 2023 |
| S BANK STADIUM/SMG | | | | | | | MINNESOTA FOOTBALL |
| 005 4TH STREET S | | | | _ | | | SHOWCASE FOR HIGH SCHOOL |
| INNEAPOLIS, MN 55415 | | | 10,000. | 0. | | | ATHLETICS |
| Y-VEE, INC. | | | | 4 | | | TO PURCHASE AND |
| 500 CENTRAL PARK COMMONS DR | | | | | | | DISTRIBUTE THANKSGIVING |
| AGAN, MN 55121 | | | 40,000. | 0. | | | MEALS TO FAMILIES IN NE |
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MINNESOTA VIKINGS FOUNDATION 81-4465275 Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance TO PROVIDE ASSISTANCE TO THE FAMILIES OF THE BURNSVILLE FALLEN PUBLIC SAFETY PROFESSIONALS 0 15,000 TO SUPPORT A TRIP FOR VETERANS TO WASHINGTON D.C. 10,000 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: ALL EXPENSES ARE APPROVED BY THE EXECUTIVE DIRECTOR OF THE FOUNDATION. PART II, LINE 1: THE MINNESOTA VIKINGS FOUNDATION WORKS IN CONJUNCTION WITH THE NFL FOUNDATION UTILIZING PROGRAM GRANTS TO SUPPORT OUR MISSION IN THE REGION. GRANTS INCLUDED IN PART II AND PART III ARE FUNDS RECEIVED FROM THE NFL FOUNDATION TO SUPPORT PROGRAMS OF THE MINNESOTA VIKINGS FOUNDATION.

332102 11-01-23 Schedule I (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

MINNESOTA VIKINGS FOUNDATION 81-4465275 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies _____ 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (MERCHANDISE 120,926, COST OR SELLING PRIC 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions?

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

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

Schedule M (Form 990) 2023

describe in Part II

If "Yes," describe in Part II.

| Schedule M | (Form 990) 2023 MINNESOTA VIKINGS FOUNDATION | 81-4465275 | Page 2 |
|------------|--|--|-----------|
| Part II | (Form 990) 2023 MINNESOTA VIKINGS FOUNDATION Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information. | nd 33, and whether the orga combination of both. Also c | anization |
| SCHEDULE | M, PART I, COLUMN (B): | | |
| NUMBER OF | CONTRIBUTIONS. | | |
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Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

MINNESOTA VIKINGS FOUNDATION 81-4465275 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION INITIATIVES. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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. THE FOUNDATION ALSO RUNS AN EDUCATION PROGRAM (THE VIKINGS VOYAGE) TO IMPACT THE OPPORTUNITY GAP EXISTING IN MINNESOTA AND REINFORCE STATE CURRICULUM CONCEPTS THROUGH HANDS-ON LEARNING AND CAREER EXPLORATION. THE MINNESOTA VIKINGS FOUNDATION 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. THOSE GRANTS/EXPENDITURES FOR THE FISCAL YEAR ENDING 3/31/24 INCLUDED THE FOLLOWING GRANTS AND PROGRAMS: 1. \$55,000 TO THE THIELEN FOUNDATION AS GENERAL MISSION SUPPORT FROM

THE WALTER PAYTON MAN OF THE YEAR GRANT.

| Schedule O (Form 990) 2023 | Page 2 |
|---|---|
| Name of the organization MINNESOTA VIKINGS FOUNDATION | Employer identification number 81-4465275 |
| 2. \$20,000 TO THE AMERICAN RED CROSS TO PROVIDE CPR AND AED TRAINING. | |
| 3. \$15,000 TO THE LELS BENEVOLENT FUND TO SUPPORT FALLEN BURNSVILLE | |
| POLICE OFFICERS FUND. | |
| 4. \$10,000 TO THE EDINA GIRLS ATHLETIC ASSOCIATION TO SUPPORT THEIR | |
| FLAG FOOTBALL PROGRAMMING. | |
| 5. A COMMUNITY VOLUNTEER PROGRAM TO SUPPORT LOCAL UNDERSERVED | |
| POPULATIONS BY PROVIDING THANKSGIVING MEALS TO FAMILIES AT NO CHARGE. | |
| 6. PROGRAMS WHICH PROVIDE AFRICAN AMERICAN HISTORY AND CIVIC ENGAGEMENT | |
| EDUCATION AT VARIOUS SCHOOLS THROUGH MINNESOTA. | |
| 7. YOUTH FOOTBALL PROGRAMS THAT HONOR A COACH OF THE WEEK, PROVIDE | |
| ATHLETIC TRAINING ASSISTANCE, AND PROVIDE THE PRODUCTION OF YOUTH | |
| FOOTBALL GAMES. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 2: | |
| ELANA WILF TANZMAN, HALLE WILF OSHINSKY, RACHEL WILF, AND STEPHANIE WILF | |
| KAHN HAVE A FAMILY RELATIONSHIP. KARIN NELSEN, LESTER BAGLEY, AND ANDREW | |
| MILLER HAVE A BUSINESS RELATIONSHIP. | |
| | |
| FORM 990, PART VI, SECTION A, LINE 8B: | |
| THE ORGANIZATION HAS NO SUCH COMMITTES WITH AUTHORITY TO ACT ON BEHALF OF | _ |
| THE GOVERNING BODY. | |
| | |
| 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. | |

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| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization MINNESOTA VIKINGS FOUNDATION | Employer identification number 81-4465275 |
| 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, RI, SC, TN | |
| VA,WI,WV | |
| | _ |
| FORM 990, PART VI, SECTION C, LINE 19: | _ |
| THE ORGANIZATION'S ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST | |
| POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S IRS 990 FORMS WERE | |
| MADE AVAILABLE ON OUR WEBSITE. | |
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332212 11-14-23 Schedule O (Form 990) 2023

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

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

Open to Public Inspection

OMB No. 1545-0047

| Name of | tne organization MINNESOTA VIKINGS FO | UNDATION | | | | E | 81-4465275 | ation nu | ımber |
|---------|---|--|---|-------------------------------|---------------------------------------|---------|----------------------------------|---------------------------------|-------|
| Part I | Identification of Disregarded Entities. Comple | te 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 | (c) Legal domicile (state or foreign country) | (d) Total inco | me End-of-year | assets | Direct c | f) ontrolling tity |) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part II | Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization a | answered "Yes" on Form 990, | Part IV, line 34, b | ecause it had one o | or more | e related tax-exer | npt | |
| | (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 | Dire | (f) ect controlling entity | Section 5 contr ent | olled |
| | | | | | 501(c)(3)) | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
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Schedule R (Form 990) 2023 MINNESOTA VIKINGS FOUNDATION

81-4465275

Page 2

| Identification of Related Orgonganizations treated as a part | | ership. Complete if | the organization answ | ered "Yes" on For | m 990, Part IV, line | e 34, becaus | e it had one or moi | re related | t |
|--|--|---------------------|--|-------------------|--|--------------|---------------------|------------|---|
| | | · | , and the second | | , and the second | | | | |

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | n) | (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 sections 512-514) | Share of total income | Share of end-of-year assets | Disprop | ortionate tions? | Code V-UBI amount in box | man | aging tner? | 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% |
| | - | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| | | | | X | | | | | | | | |

Part IV 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 | 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 | ent | tion b)(13) rolled tity? |
|--|-------------------------|--|-------------------------------|---|---------------------------------|--|--------------------------------|-----|-----------------------------------|
| | | country) | | | | | | Yes | No |
| | | | | | | | | | |
| | | | | | | | | | |
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Schedule R (Form 990) 2023

Page 3

| Part \ | Transactions With Related Organizations. Complete if the organization and | swered "Yes" on Forn | m 990, Part IV, line 34, 35b | o, or 36. | | | | |
|------------|--|----------------------------------|-------------------------------|---|-----|-----|----|--|
| Note: | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | |
| 1 [| Ouring the tax year, did the organization engage in any of the following transaction | ns with one or more re | elated organizations listed i | in Parts II-IV? | | | | |
| a F | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entir | ty | | | 1a | | Х | |
| | | | | | 1b | | Х | |
| c (| Rift, grant, or capital contribution from related organization(s) | | | | 1c | Х | | |
| | oans or loan guarantees to or for related organization(s) | | | | 1d | | Х | |
| | oans or loan guarantees by related organization(s) | | | | 1e | | Х | |
| f [| f Dividends from related organization(s) | | | | | | | |
| | | | | | | | | |
| | Purchase of assets from related organization(s) | | | | 1h | | Х | |
| | xchange of assets with related organization(s) | | | | 1i | | Х | |
| | ease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | Х | |
| | | | | | | | | |
| k L | ease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х | |
| | Performance of services or membership or fundraising solicitations for related orga | | | | 11 | | Х | |
| | Performance of services or membership or fundraising solicitations by related orga | | | | 1m | Х | | |
| | sharing of facilities, equipment, mailing lists, or other assets with related organizat | | | | 1n | Х | | |
| o 9 | Sharing of paid employees with related organization(s) | | | | 10 | | Х | |
| | | | | | | | | |
| рF | Reimbursement paid to related organization(s) for expenses | | | | 1p | Х | | |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | Х | | |
| - | | | | | | | | |
| r (| Other transfer of cash or property to related organization(s) | | | | 1r | | х | |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | Х | |
| | the answer to any of the above is "Yes," see the instructions for information on | | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involv | ved | | | |
| | | | | | | | | |
| <u>(1)</u> | | | | | | | | |
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(3)
(4)
(5)

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 MINNESOTA VIKINGS FOUNDATION

81-4465275

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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) | (e) Are all partners sec. 501(c)(3) orgs.? | (f) | (g) | (h) | | (i) | (| j) | (k) | | | | | |
|------------------------|------------------|----------------------------|--|--|----------|-------------|-------------------|-----------|--|----------|----------|------------|--|--|--|--|--|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners sec. | Share of | Share of | Disprop tional | or- te | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | ral or | Percentage | | | | | |
| of entity | | (state or foreign country) | excluded from tax under | orgs.? | | end-of-year | allocatio | ns? | of Schedule K-1 | part | ner? | ownersnip | | | | | |
| | | country) | sections 512-514) | Yes No | income | assets | Yes I | ٧o | (Form 1065) | Yes | No | | | | | | |
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| Schedule R (Form 990) 2023 MINNESOTA VIKINGS FOUNDATION | 81-4465275 | Page 5 |
|--|------------|--------|
| Part VII Supplemental Information | | |
| Provide additional information for responses to questions on Schedule R. See instructions. | | |
| SCHEDULE R, PART V, LINES 1C, 1M AND 1N: | | |
| THE MINNESOTA VIKINGS FOOTBALL, LLC DONATES THE TIME OF ITS EMPLOYEES | | |
| TO CARRY OUT THE CHARITABLE PURPOSES OF THE FOUNDATION WITHOUT CHARGE | | |
| TO THE FOUNDATION. THE MINNESOTA VIKINGS FOOTBALL, LLC ALSO MAKES | | |
| DONATIONS TO THE FOUNDATION AND SHARES ITS FACILITIES AND OFFICE | | |
| EQUIPMENT AND SUPPLIES WITH THE FOUNDATION AT NO CHARGE. | | |
| | | |
| SCHEDULE R PART V, LINE 1P | | |
| THE MINNESOTA VIKINGS FOOTBALL, LLC OCCASIONALLY INCURS EXPENSES ON | | |
| BEHALF OF THE FOUNDATION AND TRANSFERS THOSE EXPENSES TO THE | | |
| FOUNDATION. THE EXPENSES ARE NETTED AGAINST ANY SPONSOR FUNDS DUE TO | | |
| THE FOUNDATION WHEN THE MINNESOTA VIKINGS FOOTBALL, LLC TRANSFERS FUNDS | | |
| TO THE FOUNDATION. | | |
| | | |
| SCHEDULE R PART V, LINE 1Q | | |
| THE MINNESOTA VIKINGS FOOTBALL, LLC OCCASIONALLY RECEIVES FUNDS FROM | | |
| EVENT SPONSORS THAT ARE INTENDED FOR FOUNDATION WORK AND TRANSFERS THE | | |
| FUNDS TO THE FOUNDATION. THE MINNESOTA VIKINGS FOOTBALL, LLC ALSO | | |
| REIMBURSES THE FOUNDATION FOR CERTAIN PROGRAM EXPENSES, WHEN PROGRAM | | |
| COSTS EXCEED THE FUNDING PROVIDED BY NFL FOUNDATION GRANTS. | | |
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332165 09-28-23 Schedule R (Form 990) 2023

EXTENDED TO FEBRUARY 18, 2025

| Form | Form 990-T Exempt Organization Business Income Tax Return | | | | | |
|------------|---|----------|--|-------------------------|----------------|--|
| | | | (and proxy tax under section 6030 | | ļ | 0000 |
| | | For ca | | mar 31, 2024 | | ZUZ3 |
| | nent of the Treasury Revenue Service | | Go to www.irs.gov/Form990T for instructions and the I Do not enter SSN numbers on this form as it may be made public if you | | • | Open to Public Inspection for 501(c)(3) Organizations Only |
| Α | Check box if address changed. | | Name of organization (Check box if name changed and see instru | uctions.) | D Em | nployer identification number |
| B Exe | empt under section | Print | MINNESOTA VIKINGS FOUNDATION | | | 81-4465275 |
| X | 501(c)(3) | or | Number, street, and room or suite no. If a P.O. box, see instructions. | | E Gre | oup exemption number e instructions) |
| | 408(e) 220(e) | Type | 2600 VIKINGS CIRCLE | | | |
| | 408A 530(a) 529(a) 529A | | City or town, state or province, country, and ZIP or foreign postal code EAGAN, MN 55121 | | F | Check box if |
| | (, ===:: | СВо | ok value of all assets at end of year | 5,420,665. | T | an amended return. |
| G C | heck organization | | X 501(c) corporation 501(c) trust 401(a) trust | Other trust | State | college/university |
| | | | 6417(d)(1)(A) Applicable entity | | | |
| H C | heck if filing only t | o claim | Credit from Form 8941 Refund shown on Form 2 | 2439 Elective pay | ment amo | ount from Form 3800 |
| <u>I</u> C | heck if a 501(c)(3) | organiz | ation filing a consolidated return with a 501(c)(2) titleholding corp | oration | <u></u> | |
| J E | nter the number of | attach | ed Schedules A (Form 990-T) | | | 1 |
| | | | e corporation a subsidiary in an affiliated group or a parent-subsid | diary controlled group? | | Yes X No |
| | | | d identifying number of the parent corporation | | | |
| | he books are in ca | | KERRY SCHANNO | Telephone number | 95291 | 88301 |
| Par | | | d Business Taxable Income | | | Τ ο |
| 1 | | | ess taxable income computed from all unrelated trades or busine | | 1 | 0. |
| 2 | | | | | | |
| 3 | Add lines 1 and 2 | <u>.</u> | (and independent of the Market | | 3 | 0. |
| 4 5 | | | (see instructions for limitation rules) s taxable income before net operating losses. Subtract line 4 from | | | 0. |
| 6 | | | | | | |
| 7 | | • | ting loss. See instructions ess taxable income before specific deduction and section 199A o | | • | |
| • | Subtract line 6 fr | | | | 7 | |
| 8 | | | erally \$1,000, but see instructions for exceptions) | | | 1,000. |
| 9 | | | eduction. See instructions | | | |
| 10 | | | lines 8 and 9 | | | 1,000. |
| 11 | | | cable income. Subtract line 10 from line 7. If line 10 is greater that | | 11 | 0. |
| Par | t II Tax Com | putat | ion | | | |
| 1 | Organizations ta | axable | as corporations. Multiply Part I, line 11 by 21% (0.21) | | 1 | 0. |
| 2 | | | rates. See instructions for tax computation. Income tax on the a | mount on | | |
| | Part I, line 11, fro | m: | Tax rate schedule or Schedule D (Form 1041) | | 2 | |
| 3 | Proxy tax. See in | | | | | |
| 4 | | | instructions | | | |
| 5 | Alternative minim | num tax | C | | 5 | |
| 6 | | | acility income. See instructions | | | 0 |
| 7 Par | t III Tax and | Payn | gh 6 to line 1 or 2, whichever applies nents | | 7 | 0. |
| 1a | Foreign tax credi | t (corpo | orations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b | Other credits (se | | | 1b | | |
| С | General business | credit. | Attach Form 3800 (see instructions) | 1c | | |
| d | Credit for prior-ye | ear mini | mum tax (attach Form 8801 or 8827) | 1d | | |
| е | Total credits. Ad | dd lines | 1a through 1d | | <u>1e</u> | |
| 2 | Subtract line 1e | from Pa | art II, line 7 | I | 2 | 0. |
| За | Amount due fron | | | 3a | | |
| b | Amount due fron | | | 3b | - | |
| С | Amount due fron | | | 3c | | |
| d | Amount due fron | | | 3d | | |
| e | Other amounts d | • | , | 3e | - - | 0. |
| f 4 | | | I lines 3a through 3e | | 3f | 0. |
| 4 | | | nd 3f (see instructions) Check if includes tax previously de | | 4 | 0. |
| 5 | | | x amount here | | 5 | 0. |

| Form 9 | | | | | | | | age 2 |
|------------|---------|---|--|------------------------|----------------|---------------------------|-------------|---------|
| Part | | Tax and Payments (continued) | | | | | | |
| 6 a | • | ents: Preceding year's overpayment cred | • | 6a | | | | |
| b | | nt year's estimated tax payments. Check | · · · · · · · · · · · · · · · · · · · | | | | | |
| | applie | s | L | 6b | | | | |
| С | | | | | | | | |
| d | | n organizations: Tax paid or withheld at | | | | | | |
| е | | up withholding (see instructions) | | | | _ | | |
| f | | for small employer health insurance pre | | | | _ | | |
| g | | ve payment election amount from Form 3 | | | | - | | |
| h | | ent from Form 2439 | | | | - | | |
| i | | from Form 4136 | | | | _ | | |
| j | | (see instructions) | | | | | | |
| 7 | | payments. Add lines 6a through 6j | | | | 7 | | |
| 8 | | ated tax penalty (see instructions). Checl | | | L | 8 | | |
| 9 | | ue. If line 7 is smaller than the total of lin | | | | | | |
| 10 | | payment. If line 7 is larger than the total | | erpaid | | | | |
| 11 Part | | the amount of line 10 you want: Credite Statements Regarding Certain | | ation (and instr | Refunded | 11 | | |
| | | | | | | | | T N I = |
| 1 | - | time during the 2023 calendar year, did | - | | • | • | Yes | No |
| | | financial account (bank, securities, or of | | | | | | |
| | | N Form 114, Report of Foreign Bank and | a Financial Accounts. II Yes, enter i | the name of the f | oreign country | | | х |
| • | here | g the tax year, did the organization receiv | yo a distribution from ay was it the ay | ventor of ar trans | oforor to o | | - | |
| 2 | | | | | • | | | х |
| | | n trust? | | | • | | | |
| 2 | | s," see instructions for other forms the or the amount of tax-exempt interest receiv | | | \$ | | | |
| 3 4 | | available pre-2018 NOL carryovers here | | ot include any po | | orn (o) (or | | |
| 4 | | n on Schedule A (Form 990-T). Don't redu | | | | | | |
| 5 | | 2017 NOL carryovers. Enter the Business | | | | | | |
| 3 | | nounts shown below by any NOL claime | | | | | | |
| | tric ai | Business Activity Co | | | post-2017 NOL | | | |
| | | 7223 | | \$ | post 2017 1101 | 432,977. | | |
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| | | | | \$ | | | _ | |
| | | | | \$ | | | _ | |
| 6 a | Reser | ved for future use | | | | | | |
| b | | ved for future use | | | | | | |
| Part ' | | Supplemental Information | | | | | | |
| Provide | anv a | dditional information. See instructions. | | | | | | |
| | , | | | | | | | |
| | | | | | | | | |
| | | der penalties of perjury, I declare that I have examined | | | | edge and belief, it is tr | ue, | |
| Sign | CO | rrect, and complete. Declaration of preparer (other than | taxpayer) is based on all information of which pre | eparer nas any knowled | _ | May the IRS discuss th | ia natura u | iala |
| Here | | | TREASUR | ER | | the preparer shown be | | VILII |
| | Si | gnature of officer | Date Title | | _ | instructions)? X | _ | No |
| | | Print/Type preparer's name | Preparer's signature | Date | Check | if PTIN | • | |
| Paid | | | anna Kolakaluri | | self-employed | | | |
| Prepa | ror | ANNA KOLAKALURI | William Control | 1/16/25 | ' ', | P0127523 | 7 | |
| Use C | | Firm's name DELOITTE TAX LLP | | • | Firm's EIN | 86-106 | 5772 | |
| Joe C | , iiy | 50 SOUTH SIXTH | STREET | | | LIN | | |
| | | Firm's address MINNEAPOLIS, MN | 1 55402 | | Phone no. | 612-397-4000 | | |

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

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

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).

A Name of the organization
MINNESOTA VIKINGS FOUNDATION

B Employer identification number
81-4465275

C Unrelated business activity code (see instructions)

722320

D Sequence: 1 of 1

FOOD TRUCK OPERATIONS **E** Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 88,974. **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 88,974 88,974. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 12 Other income (see instructions; attach statement) 88,974. 88,974. **Total.** Combine lines 3 through 12

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

| | | _ | |
|----|---|----|-----------|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 | Salaries and wages | 2 | |
| 3 | Repairs and maintenance | 3 | |
| 4 | Bad debts | 4 | |
| 5 | Interest (attach statement). See instructions | 5 | |
| 6 | Taxes and licenses | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return 8a | 8b | |
| 9 | Depletion | 9 | |
| 10 | Contributions to deferred compensation plans | 10 | |
| 11 | Employee benefit programs | 11 | |
| 12 | Excess exempt expenses (Part VIII) | 12 | |
| 13 | Excess readership costs (Part IX) | 13 | |
| 14 | Other deductions (attach statement) SEE STATEMENT 1 | 14 | 253,793. |
| 15 | Total deductions. Add lines 1 through 14 | 15 | 253,793. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, | | |
| | column (C) | 16 | -164,819. |
| 17 | Deduction for net operating loss. See instructions | 17 | 0. |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -164,819. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Schedule A (Form 990-T) 2023 Page 2 Part III **Cost of Goods Sold** Enter method of inventory valuation Inventory at beginning of year 2 2 3 3 Cost of labor Additional section 263A costs (attach statement) 4 4 5 Other costs (attach statement) 6 **Total.** Add lines 1 through 5 6 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? No Rent Income (From Real Property and Personal Property Leased With Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. В С D Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)... 0. Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. В С D В D Gross income from or allocable to debt-financed 3 Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) Divide line 4 by line 5 % Gross income reportable. Multiply line 2 by line 6 ... 7 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8

0.

Allocable deductions. Multiply line 3c by line 6

Total dividends-received deductions included in line 10

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

9

10

| Schedule A | (Form 990-T) 2023 | | | | Page 3 |
|------------|------------------------|------------------|-----------------------------------|--------------------|--------|
| Part VI | Interest, Annuities, R | oyalties, and Re | nts From Controlled Organizations | (see instructions) | |
| | | | Evennt Controlled | Organizations | |

| Part VI Interest, Annu | uities, Ro | oyalties, and Re | ents From Co | ntrolle | ed Or | ganization | S (see | instructi | ons) | | | |
|--|--------------|---|--|--|-----------------|--|-----------------------|---|----------------|-------|--|----------------|
| | | | | | E | xempt Control | led Orga | anizations | 3 | | | |
| 1. Name of controlle organization | ed | 2. Employer identification number | 3. Net unrelating income (loss (see instruction) | s) | | l of specified lents made | that is ir control | of column ncluded in ling organ gross inco | n the niza- | c | eductions directions directions directed with come in column | า |
| (1) | | | | | | | 110110 | g1000 11100 | 31110 | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | No | nexempt Controll | ed Orga | anizatio | ons | | | | | | |
| 7. Taxable Income | in | Net unrelated acome (loss) e instructions) | 9. Total of spayments | • | t | 10. Part of that is incontrolling of the gross | luded in | the | | con | luctions direct nected with e in column 10 | |
| (1) | | | | | | g. 000 | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | Add colum Enter here a line 8, c | and on F | Part I, | Ent | er he | umns 6 and 1 re and on Part 3, column (B). | t I, |
| Totals Part VII Investment | Incomo | of a Section 50 | 1/a)/7) /0) or | (17) O | raan | ization | | - • | | | | 0. |
| | cription of | | 2. / | Amount | of | 3. Deduction directly connected (attach states | ons ected (a | 4. Set-a | | nt) | i. Total deduc and set-asic (add cols 3 an | les |
| (2) | | | | | | | | | | | | |
| (3) | | | | 7 | | | | | | | | |
| (4) | | | | | | | | | | | | |
| Totals | | | colu here a | amount mn 2. Ei and on F , columr | nter Part I, | | | | | | Add amounts column 5. Er here and on P line 9, column | nter art I, |
| Part VIII Exploited E | xempt A | ctivity Income, | Other Than | Advert | tising | Income (| see instr | uctions) | | | | |
| Description of exploite | | | | | | | | | | | | |
| 2 Gross unrelated busin | • | | ness. Enter here a | and on F | Part I, I | ine 10, columr | n (A) | | 2 | | | |
| 3 Expenses directly con | nected wit | h production of unre | elated business in | come. E | Enter h | ere and on Pa | | Γ | | | <u> </u> | |
| line 10, column (B) | | | , | | | | | | 3 | | | |
| 4 Net income (loss) from | | | | | | | | | | | | |
| lines 5 through 7 | | | | | | | | | 4 | | | |
| 5 Gross income from ac | | | | | | | | | 5 | | | |
| 6 Expenses attributable | to income | entered on line 5 | | | | | | | 6 | | | |
| 7 Excess exempt expen | ises. Subtr | act line 5 from line 6 | , but do not enter | r more th | han th | e amount on li | ne | | | | | |
| 4 Enter here and on E | Oart II lina | 10 | | | | | | 1 | 7 | | | |

Schedule A (Form 990-T) 2023

1

| | ule A (Form 990-T) 2023 | | | | | Page 4 |
|-----------|---|---------------------------------------|--------------------|---------------------|-----------------|---------------------|
| Part | | | | | | |
| 1 | Name(s) of periodical(s). Check box | if reporting two or more | periodicals on a | consolidated basis. | | |
| | A | | | | | |
| | В | | | | | |
| | c | | | | | |
| | D | | | | | |
| Enter a | amounts for each periodical listed abo | ove in the corresponding | column. | T | 1 | |
| | | | Α | В | С | D |
| 2 | | | | | | |
| | Add columns A through D. Enter he | re and on Part I, line 11, | column (A) | | | 0. |
| а | | | | T | 1 | |
| 3 | Direct advertising costs by periodic | | | | | |
| а | Add columns A through D. Enter he | re and on Part I, line 11, | column (B) | | | 0. |
| | | | | <u> </u> | 1 | |
| 4 | Advertising gain (loss). Subtract line | I | | | | |
| | 2. For any column in line 4 showing | · · | | | | |
| | complete lines 5 through 8. For any | I | | | | |
| | line 4 showing a loss or zero, do no | | | | | |
| | lines 5 through 7, and enter -0- on li | | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is | I | 4 | | | |
| | line 5, subtract line 6 from line 5. If | | | | | |
| _ | than line 6, enter -0- | 1 | | | | |
| 8 | Excess readership costs allowed as | | | | | |
| | deduction. For each column showir | | | | | |
| | line 4, enter the lesser of line 4 or lin | · · · · · · · · · · · · · · · · · · · | -0 | | | |
| а | Add line 8, columns A through D. E | | ie 8a columns tota | | | 0. |
| Part | Y Compensation of Office | ers Directors and | d Trustees (c | | | • |
| · arc | X Compensation of Cine | | a mastocs (s | ee instructions) | 3. Percentage | 4. Compensation |
| | 1. Name | | 2. Title | | of time devoted | attributable to |
| | 1. Ivaille | | 2.7100 | | to business | unrelated business |
| (1) | | | | | % | diffolded buoiffess |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| <u> ,</u> | , | | | | ,, | |
| Total | Enter here and on Part II, line 1 | | | | | 0. |
| Part | | tion (see instructions) | | | | |
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| FORM 990-T | (A) | OTHER DEDUCTI | ONS | STATEMENT 1 |
|----------------------------|---------------------------------|-------------------------------|-------------------|------------------------|
| DESCRIPTIO | N | | | AMOUNT |
| DIRECT EXP | ENSES | | | 253,793 |
| TOTAL TO S | CHEDULE A, PART | II, LINE 14 | | 253,793 |
| 990-T SCH | A POST- | 2017 NET OPERATING | LOSS DEDUCTION | STATEMENT 2 |
| | | | | |
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| TAX YEAR 03/31/20 03/31/22 | LOSS SUSTAINED 399,723. 40,816. | PREVIOUSLY APPLIED 7,562. | | |