FUBLIC DISCLUSURE COFT

EXTENDED TO FEBRUARY 15, 2024

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 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection APR 1, 2022 and ending MAR 31, 2023 A For the 2022 calendar year, or tax year beginning D Employer identification number C Name of organization Address change MINNESOTA VIKINGS FOUNDATION Name change 81-4465275 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ (952) 828-6500 2600 VIKINGS CIRCLE 1,953,802. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return EAGAN MN 55121 H(a) Is this a group return Applica-F Name and address of principal officer: RACHEL WILF Yes X No for subordinates? pending H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or If "No," attach a list. See instructions 501(c) ((insert no.) WWW.VIKINGS.COM/COMMUNITY/VIKINGS-FOUNDATION J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2016 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: THE MINNESOTA VIKINGS FOUNDATION Governance WILL ADVANCE THE WELL-BEING OF YOUTH THROUGH ENGAGING HEALTH AND if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 75 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII. column (C), line 12 7a 802. 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 1.074.501. 1 294 520. Contributions and grants (Part VIII, line 1h) 0, Program service revenue (Part VIII, line 2g) 703 42.562. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 105,162, 292,207. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,180,366 1,629,289. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 274 152. 239,762. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0 : 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 280,775. 236,665. 554,927. 476,427. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,152,862. Revenue less expenses. Subtract line 18 from line 12 625,439 **Beginning of Current Year** End of Year Pes 3,887,257. 5,099,822. Total assets (Part X, line 16) 248,263, 307,966. Total liabilities (Part X, line 26) 흥 3,638,994. Net assets or fund balances. Subtract line 21 from line 20 4.791.856. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Oigii	Signature of off STEVE POPPE Type or print na	N, TREASURER			Date	1 292	<i>†</i>		
Paid	Print/Type prep CHRIS MESKI		Preparer's signature	Date 1/25/20)24	Check if self-amployed	PT P013	IN 14196	
Preparer	Firm's name	DELOITTE TAX LLP			Firm's	EIN 86	-1065	772	
Use Only	Firm's address	50 SOUTH SIXTH STREET							
		MINNEAPOLIS, MN 55402			Phone	no.612-3	97-40	00	
May the IF	RS discuss this	return with the preparer shown ab	ove? See instructions				X	Yes	No

	990 (2022) MINNESOTA VIKINGS FOUNDATION	81-4465275	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
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?	X Yes	☐ No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a		e\$	}
	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 \$ 239,762. including grants of \$ 239,762.) (Revenue	<u> </u>	,
1.0	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 \$	- ¢	,
40	THE FOUNDATION ALSO BEGAN WORK ON THE CREATION OF A PILOT EDUCATION	= 4	·
	PROGRAM (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.)	X	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 435,819.)	
<u>4e</u>	Total program service expenses 435,819.		000 /

Form 990 (2022) MINNESOTA VIKINGS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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	8		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, 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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	٠٠		
u	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		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' '''		
ıza	•	40-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		x
10	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		<u> </u>
а	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	4 41:		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	l		_v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) MINNESOTA VIKINGS FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
	Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash 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? <i>If</i> "Yes," <i>complete</i>			
	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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	ļ .		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1.40
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(markly A) what has be suffered to	1c	х	
-	(gambling) winnings to prize winners?	10		

Form 990 (2022)

MINNESOTA VIKINGS FOUNDATION

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

			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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
D	If "Yes," enter the name of the foreign country Casting the street for Fig. CFN Form 114. Beaut of Ferring Book and Fig. 114. Beaut of Fe			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	r-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring 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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Cross income from ethan equipped (Pa not and analysts due or poid to other equipped against			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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.			

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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process 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			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KERRY SCHANNO - 9529188301			
	2600 VIKINGS CIRCLE, EAGAN, MN 55121			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANDREW MILLER	1.00						4			
CO-VICE CHAIR AND DIRECTOR		Х		Х				0.	0.	0.
(2) ELANA WILF TANZMAN	1.00	-							_	_
DIRECTOR AND CO-CHAIR		Х		Х	Н	L		0.	0.	0.
(3) HALLE WILF OSHINSKY	1.00									
DIRECTOR AND CO-CHAIR		Х		Х				0.	0.	0.
(4) LESTER BAGLEY	1.00	ł		l	4					
CO-VICE CHAIR AND DIRECTOR	1 00	Х	-	Х				0.	0.	0.
(5) RACHEL WILF	1.00	-							_	
DIRECTOR AND CO-CHAIR	1 00	Х		Х				0.	0.	0.
(6) STEPHANIE WILF KAHN	1.00	ł								
DIRECTOR AND CO-CHAIR	F 00	Х	_	Х				0.	0.	0.
(7) KARIN NELSEN	5.00								_	
DIRECTOR	16.00	Х	_					0.	0.	0.
(8) BRETT TABER	16.00	-		,,				0.	_	_
EXECUTIVE DIRECTOR (9) KATE SHIBILSKI	1.00			Х				0.	0.	0.
(-,	1.00	1		х				0.	0.	,
(10) STEVE POPPEN	1.00			^				0.	٠.	0.
TREASURER	1.00	1		x				0.	0.	,
IKEASUKEK			\vdash	^				0.	٠.	0.
		1								
			\vdash							
		1								
		1								
		1								

Form 990 (2022) 232007 12-13-22

	(A)	(B)			(C)			(D)	(E)			(F)	
	Name and title	Average			Posi	tion			Reportable	Reportable		Fs	stimate	ed
Tianno ano ano		hours per	(do not check more than one box, unless person is both an						compensation	compensation			nount	
		week		cer an					from	from related			other	
		(list any	ctor						the	organization	s	com	pensa	ation
		hours for	r dire				ted		organization	(W-2/1099-MIS	SC/	fr	om th	е
		related	tee o	nstee			ensa		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	altrus	nal tr		loyee	comp		1099-NEC)				d relat	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		line)	pul	lns	#0	Key	Hig	For						
								V						
						7								
											0			
	btotal								0.		0.			0
	tal from continuation sheets to Part V								0.		0.			0
	tal (add lines 1b and 1c)tal number of individuals (including but r									000 of reportable				
	mpensation from the organization											1		
9 Div	d the eventiantian list only forward officer	director to let	a		mal	01/0		hi al	heat componented own	lavaa an			Yes	No
	d the organization list any former officer e 1a? <i>If</i> "Yes," complete Schedule J for s			•	•	•		•	•	•		3		х
	r any individual listed on line 1a, is the si											3		
	d related organizations greater than \$15											4		х
	d any person listed on line 1a receive or													
	ndered to the organization? If "Yes," con	•				•			•			5		Х
	B. Independent Contractors	IDIOLO CONTOGUN	<i>,</i>	0, 00	<u> </u>	,0,0,	<u> </u>							
	omplete this table for your five highest co										oensa	tion fro	om	
the	e organization. Report compensation for	the calendar ye	ear e	endin	ıg wi	ith o	or wi	thin T		ear.				
	(A) Name and business	address	NO	NE					(B) Description of s	services	С	(C ompe	C) nsatio	n
								_						
								-						
								- 1						

Form 990 (2022) MINNESOTA VIPOR Statement of Revenue

			Check if Schedule O	conta	ins a r	esponse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ibutic grants	 ons) s, and e	1a	206,718. 69,222. 1,018,580.				
a S		h	Total. Add lines 1a-1f					1,294,520.			
Program Service Revenue	2	a b c d					Business Code				
ğ		e	All allegations are a second as								
-			All other program service								
	3	g	Investment income (include other similar amounts) Income from investment of	ling c	dividen exem	ds, intere		42,562.			42,562.
	5		Royalties			<u></u>					
	6	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i)	Real	(ii) Personal				
		d	Net rental income or (loss)	<u></u>							
nue	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a 7b 7c	(i) Se	ecurities	(ii) Other				
eve			Gain or (loss)								
Other Revenue	8	а	Net gain or (loss)	ng eve 206 , line 1	ents (no 718. 1c). Se	ot of ee 8a	616,720.				
		С	Net income or (loss) from	fundr	raising	events_		292,207.			292,207.
		b	Gross income from gamin Part IV, line 19 Less: direct expenses Net income or (loss) from			9a 9b					
		а	c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b								
		С	Net income or (loss) from	sales	of inv	entory					
Miscellaneous Revenue	11	a b c					Business Code				
Aisc B		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns				1,629,289.	0.	0.	334,769.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	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				
	and domestic governments. See Part IV, line 21	239,762.	239,762.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
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):				
	Management				
b	Legal				
	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
3	column (A), amount, list line 11g expenses on Sch O.)	14,374.			14,374.
12	Advertising and promotion	1,245.	7		1,245.
13	Office expenses	4,731.	624.	4,036.	71.
14	Information technology	13,419.		532.	12,887.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4 700			4 702
22	Depreciation, depletion, and amortization	4,723. 1,784.		1,784.	4,723.
23	Other expenses. Itemize expenses not covered	1,704.		1,704.	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FOOD TRUCK EXPENSES	170,433.	170,433.		
a b	EDUCATION EXPENSE	25,000.	25,000.		
C	DUES AND SUBSCRIPTIONS	956.	,	956.	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	476,427.	435,819.	7,308.	33,300.
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)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			544,393.	1	736,189.
	2	Savings and temporary cash investments			2,800,772.	2	3,749,692.
	3	Pledges and grants receivable, net			231,758.	3	275,841.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst		' '			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquality	-				
		under section 4958(f)(1)), and persons described		6			
(0	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			3,850.	8	500.
As	9				,	9	30,267.
	l	Land, buildings, and equipment: cost or other	I I				,
	.00	basis. Complete Part VI of Schedule D	10a	306,484.			
	h	Less: accumulated depreciation		74,151.	306,484.	10c	232,333.
	11	Investments - publicly traded securities		,		11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14			14	75,000.		
	15	Intangible assets Other assets. See Part IV, line 11		15	,		
	16	Total assets. Add lines 1 through 15 (must equal		4	3,887,257.	16	5,099,822.
	17	Accounts payable and accrued expenses			16,013.	17	58,476.
	18				10,013.	18	30,170.
	19	Grants payable			232,250.	19	249,490.
	20	Deferred revenue			232,230.		213,130.
	21	Tax-exempt bond liabilities				20	
		Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subst				-00	
Liabilities		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			240 262	25	307,966.
	26	Total liabilities. Add lines 17 through 25	······	v	248,263.	26	307,966.
S		Organizations that follow FASB ASC 958, che	ck her	e X			
)Ce		and complete lines 27, 28, 32, and 33.			2 447 600		4 500 141
<u>a</u>	27				3,447,690.	27	4,502,141.
Ä	28	Net assets with donor restrictions			191,304.	28	289,715.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, che	eck nere			
ΣF		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ed				30	
ٽِ ک	31	Retained earnings, endowment, accumulated in			2 (20 024	31	4 504 055
Ž	32	Total net assets or fund balances			3,638,994.	32	4,791,856.
	33	Total liabilities and net assets/fund balances			3,887,257.	33	5,099,822.

Form **990** (2022)

Pa	TEXT 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	629,	289.
2	Total expenses (must equal Part IX, column (A), line 25)	2		476,	427.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	152,	862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3 ,	638,	994.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	791,	856.
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	O.			
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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** MINNESOTA VIKINGS FOUNDATION 81-4465275 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,972,902.	891,574.	902,399.	1,074,501.	1,294,520.	6,135,896.
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	1,972,902.	891,574.	902,399.	1,074,501.	1,294,520.	6,135,896.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,835,416.
6	Public support. Subtract line 5 from line 4.						3,300,480.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,972,902.	891,574.	902,399.	1,074,501.	1,294,520.	6,135,896.
	Gross income from interest,	, ,			, ,	, ,	· · · ·
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,639.	25,205.	451.	703.	42,562.	72,560.
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.)						
11	Total support. Add lines 7 through 10						6,208,456.
	Gross receipts from related activities,	etc (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	•		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 2022 (I			olumn (f))		14	53.16 %
	Public support percentage from 2021				ſ	15	52.86 %
	33 1/3% support test - 2022. If the o					ore, check this box	•
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		~				
	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			=			
h	10% -facts-and-circumstances test	•	•		•		
~	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	ato rouniaudioni ii tilo organizatio	ala not oncon a i	22 3.1 10, 106	., ,	, chock this box ai	300	

Schedule A (Form 990) 2022 MINNESOTA VIKINGS FOUNDATION 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.)

Sec	etion A. Public Support	siow, picase comp	nete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			(
6	Total. Add lines 1 through 5			4			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					L
14	First 5 years. If the Form 990 is for the	J		,		() ()	· —
S	check this box and stop here						
	etion C. Computation of Publi					145	
	Public support percentage for 2022 (I			.,,		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			ino 10 (*)		17	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			on line 14 and line		18	% 7 is not
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did n	not check a box or	n line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies a	s a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	is hox and see in	structions	

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
1		
2		
3a		
3b		
3с		
- 55		
4a		
4b		
4c		
5a		
- Fl-		
5b 5c		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
10b		
ule A (For	m 990)	2022

Pa	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l ' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	۵.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	เงเ		i

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		A	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see
	in atmost and			

Schedule A (Form 990) 2022

Par	rt V Type III Non-Function	ally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)	
Secti	ion D - Distributions			•		Current Year
1	Amounts paid to supported organiza	ations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that	at directly furthers exemp	t purposes of supported			
	organizations, in excess of income fi	rom activity			2	
3	Administrative expenses paid to acc	omplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use	e assets			4	
5	Qualified set-aside amounts (prior IR		ovide details in Part VI)		5	
6	Other distributions (describe in Part	•			6	
7	Total annual distributions. Add line	,			7	
8	Distributions to attentive supported	organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instr		J		8	
9	Distributable amount for 2022 from				9	
10	Line 8 amount divided by line 9 amo	·			10	
		3.114	(i)	(ii)		(iii)
Secti	tion E - Distribution Allocations (see	instructions)	Excess Distributions	Underdistributions Pre-2022	S	Distributable Amount for 2022
1	Distributable amount for 2022 from	Section C, line 6				
2	Underdistributions, if any, for years	orior to 2022 (reason-		_	- 1	
	able cause required - explain in Part	VI). See instructions.				
3	Excess distributions carryover, if any	y, to 2022				
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prio	r years				
h	Applied to 2022 distributable amour	nt				
i	Carryover from 2017 not applied (se	e instructions)				
ī	Remainder. Subtract lines 3g, 3h, ar	·				
4	Distributions for 2022 from Section I					
	line 7:	•				
a	Applied to underdistributions of prio	r vears			\neg	
	Applied to 2022 distributable amour					
	5					
	Remaining underdistributions for year					
	any. Subtract lines 3g and 4a from li					
	than zero, explain in Part VI. See ins					
6	Remaining underdistributions for 202					
•	and 4b from line 1. For result greater					
	Part VI. See instructions.	and zere, explain in				
7	Excess distributions carryover to 2	2023. Add lines 3i				
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
₩.	LAUG33 HUHL (U//					

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(See Instructions.)
-	

MINNESOTA VIKINGS FOUNDATION

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.

2022
Open to Public Inspection

Name of the organization

Employer identification number

MINNESOTA VIKINGS FOUNDATION 81-4465275 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2022 MINNESOTA	VIKINGS FOUNDATI	ON		81-446	5275	Page	. 2
Par	dale B (1 01111 000) 2022			asures, or Othe	er Similar Assets	(contin	ued)	
3	Using the organization's acquisition, accessi					(OOTHER)	<u>aca)</u>	
	collection items (check all that apply):	,	-,		-			
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	e		nango program				
С	Preservation for future generations	-						
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpose in Part	XIII		
5	During the year, did the organization solicit of	· · · · · · · · · · · · · · · · · · ·	•	-		, dili.		
•	to be sold to raise funds rather than to be ma		·			Yes		lo
Par								
	reported an amount on Form 990, Pa				,	5, 5.		
1a	Is the organization an agent, trustee, custod	ian or other intermed	arv for contributions	or other assets not	included			
	on Form 990, Part X?					Yes		ю
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
			g			Amount	t	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on F					Yes		ю
	If "Yes," explain the arrangement in Part XIII.				•	_		
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years bad	ck
٦а	Beginning of year balance							
	Beginning of year balance Contributions							
b	Contributions Net investment earnings, gains, and losses							
b c	Contributions							
b d	Contributions							
b d	Contributions							
b c d e	Contributions							
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs							
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses		e (line 1g, column (a)) held as:				
b c d e	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance		(line 1g, column (a)) held as:				
b c d e f g 2 a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr) held as:				
b c d e f g 2 a b	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment	rent year end balance) held as:				
b c d e f g 2 a b	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment	rent year end balance) held as:				
b c d e f g a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment	rent year end balance% _% uld equal 100%.	%		he			
b c d e f g a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	rent year end balance% _% uld equal 100%.	%		he		Yes N	0
b c d e f g a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by:	when the property of the organization of the o	tion that are held an	d administered for t		3a(i)	Yes N	0
b c d e f g a b c	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses	rent year end balance% _% uld equal 100%. ession of the organiza	tion that are held an	d administered for t		3a(i) 3a(ii)	Yes N	0
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses organization by: (i) Unrelated organizations	rent year end balance% % uld equal 100%. ession of the organiza	tion that are held an	d administered for t		3a(ii)	Yes N	0
b c d e f g 2 a b c 3a b 4	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organization bescribe in Part XIII the intended uses of the	week rend balance with the second sec	tion that are held an	d administered for t		3a(ii)	Yes N	0
b c d e f g 2 a b c 3a	Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organization bescribe in Part XIII the intended uses of the	rent year end balance % % uld equal 100%. ession of the organizations listed as require e organization's endownent.	tion that are held and the state of the stat	d administered for t		3a(ii)	Yes N	0

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		306,484.	74,151.	232,333.
е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal	l Form 990, Part X, colun	nn (B), line 10c.)		232,333.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	5 000 B 1 B 1 B 1	441 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book value	(c) Netriod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
<u>(1)</u>		_	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements the	nat reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pro	ovided in Part XIII

Par	t XI Reconciliation of Revenue per Audited Financial		ith Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part				T . T	2 464 127
1	Total revenue, gains, and other support per audited financial statements	s			1	2,464,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ء ا	1			
a	Net unrealized gains (losses) on investments			510,335.	-	
b	Donated services and use of facilities			310,333.	-	
C	Recoveries of prior year grants Other (Describe in Part VIII.)			324,513.	-	
d	Other (Describe in Part XIII.) Add lines 2a through 2d				20	834,848.
е 3	• • • • • • • • • • • • • • • • • • • •				2e 3	1,629,289.
4	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	44	.			
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin				5	1,629,289.
Par	t XII Reconciliation of Expenses per Audited Financia	I Statements	With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.				
1	Total expenses and losses per audited financial statements				1	1,311,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2		510,335.		
b	Prior year adjustments	2t	<u> </u>			
С	Other losses	20	;			
d	Other (Describe in Part XIII.)	20	i	324,513.		
е	Add lines 2a through 2d				2e	834,848.
3	Subtract line 2e from line 1				3	476,427.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1			
	Investment expenses not included on Form 990, Part VIII, line 7b				-	
	Other (Describe in Part XIII.)	<u>4</u> Ł)			0
	Add lines 4a and 4b				4c	0.
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I T XIII Supplemental Information.	line 18.) ·····			5	476,427.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi				; Part X, lir	e 2; Part XI,
PART	XI, LINE 2D - OTHER ADJUSTMENTS:					
DIRE	CT FUNDRAISING COSTS	324	,513.			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:					
DIRE	CT FUNDRAISING COSTS	324	,513.			

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

2022

Open to Public Inspection

Name of the organization Employer identification number MINNESOTA VIKINGS FOUNDATION 81-4465275 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa		of fundraising events. Complete if the offundraising event contributions and gr	ross income on Form 990	I-EZ. lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			GOLF TOURNAMENT	AUCTIONS	3	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	254,400.	268,302.	300,736.	823,438.
_		Less: Contributions	206,718.			206,718.
	3	Gross income (line 1 minus line 2)	47,682.	268,302.	300,736.	616,720.
	4	Cash prizes				
Ø	5	Noncash prizes	26,892.			26,892.
bense	6	Rent/facility costs	6,485.			6,485.
Direct Expenses	7	Food and beverages	29,166.			29,166.
ā	8	Entertainment	273.			273.
	9	Other direct expenses		5,043.	256,504.	261,697.
	10					324,513.
	11	Net income summary. Subtract line 10 from				292,207.
Pa	art I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve		Cross revenue				
	1	Gross revenue				1
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4					
		Rent/facility costs				
	5	Rent/facility costs Other direct expenses	Yes %	Yes %	Yes %	
	5		Yes% No	Yes%	Yes % No	
	5	Other direct expenses Volunteer labor	No No	No	No	
	6	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No	
	6	Other direct expenses Volunteer labor	h 5 in column (d)	No No	No	
9	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)	No No	No	
	5 6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No No	Yes No
а	5 6 7 8 En	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No No	Yes No
а	5 6 7 8 En	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No No	Yes No
b	5 6 7 8 Entra list 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming a	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No	
10a	5 6 7 8 En 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct de organization licensed to conduct gaming a No," explain:	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No	
10a	5 6 7 8 En 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line in the state(s) in which the organization conduct of the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses response.	No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No	

<u>Sche</u>	edule G (Form 990) 2022 MINNESOTA VIKINGS FOUNDATION 8	1-4465275	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
	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Manufatana distribution		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license?		∟ No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;	
Par	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. linos 0	0h 10h
ı uı	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, IIIIeS 9,	90, 100,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	(Form 990)	MINNESOTA VIKINGS FOUNDATION	81-4465275	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)		

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.

2022
Open to Public Inspection

Name of the organization MINNESOTA VIKINGS FOUNDATION							Employer identification number 81-4465275		
Part I General Information on Grants an		LON					81-4465275		
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's proc	substantiate that				-				
Part II Grants and Other Assistance to D recipient that received more than \$5	omestic Organ	nizations and Domesti	c Governments.	Complete if the org	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		
ATHLETES COMMITTED TO EDUCATING STUDENTS - 1115 E HENNEPIN AVENUE - MINNEAPOLIS, MN 55414		501(C)(3)	15,000.	0.	4		PROVIDE WI-FI ACCESS TO COMMUNITITES IN NEED		
NEW LIFE CHURCH OF WOODBURY 6758 BAILEY RD WOODBURY, MN 55129		501(C)(3)	10,000.	0.			SUPPORT HIGH SCHOOL FOOTBALL PROGRAMS		
ALL SQUARE 4047 MINNEHAHA AVE MINNEAPOLIS, MN 55406		501(C)(3)	10,000.	0.			INSIPRE CHANGE - CHANGEMAKER AWARD		
 Enter total number of section 501(c)(3) and Enter total number of other organizations 									

81-4465275 Page **2**

Schedule I (Form 990) 2022

MINNESOTA VIKINGS FOUNDATION

Part III	Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
),		
Part IV	Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I,	LINE 2:					
ALL EXP	ENSES ARE APPROVED BY THE EXECUTIVE DIRECTOR	R OF THE FOUN	DATION.			
		<u> </u>				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MINNESOTA VIKINGS FOUNDATION

Employer identification number 81-4465275

Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution 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 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 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 Х 169 304 COST OR SELLING PRIC 25 Other 26 Other 27 Other Other 28 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 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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.

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

2022 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

81-4465275

Department of the Treasury Internal Revenue Service

Name of the organization

MINNESOTA VIKINGS FOUNDATION

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

EDUCATION INITIATIVES. VIKINGS TABLE IS A FOOD TRUCK PROGRAM WITH THE

MISSION OF SERVING HEALTHY MEALS AND NUTRITION EDUCATION TO YOUTH

ACROSS THE GREATER TWIN CITIES AREA. NUTRITIOUS MEALS ARE DISTRIBUTED

IN CONJUNCTION WITH OTHER LOCAL NONPROFITS TO YOUTH AND FAMILIES IN

NEED. VIKINGS TABLE ALSO HAS AN EXPERIENCE PORTION OF ITS VEHICLE THAT

OFFERS VIDEO PROGRAMMING INFORMING PROGRAM PARTICIPANTS ABOUT MY PLATE

STANDARDS AND PROPER NUTRITION. THE FOUNDATION ALSO BEGAN WORK ON THE

CREATION OF A PIOLT PROGRAM (THE VIKINGS VOYAGE) TO IMPACT THE

OPPORTUNITY GAP EXISITING IN MINNESOTA AND REINFORCE STATE CURRICULUM

CONCEPTS THROUGH HANDS-ON LEARNING AND CAREER EXPLORATION. SEPARATELY

FROM ITS PRIMARY CHARITABLE PROGRAMMING, MINNESOTA VIKINGS FOUNDATION

RECEIVES AND USES NFL FOUNDATION GRANTS FOR THE SPECIFIC CHARITABLE

PURPOSES OUTLINED BY THE NFL FOUNDATION. THOSE GRANTS/EXPENDITURES FOR

THE FISCAL YEAR ENDING 3/31/23 INCLUDED THE FOLLOWING GRANTS AND

PROGRAMS:

1. \$15,000 FOR ATHLETES COMMITTED TO EDUCATING STUDENTS TO PROVIDE

WI-FI ACCESS TO COMMUNITIES IN NEED.

2. \$10,000 FOR NEW LIFE CHURCH OF WOODBURY TO PROVIDE SUPPORT FOR THEIR

HIGH SCHOOL FOOTBALL PROGRAM.

\$10,000 FOR ALL SQUARE TO FUND GENERAL OPERATIONS.

4. A COMMUNITY VOLUNTEER PROGRAM TO SUPPORT LOCAL UNDERSERVED

POPULATIONS BY PROVIDING THANKSGIVING MEALS TO FAMILIES AT NO CHARGE

5. PROGRAMS WHICH PROVIDE AFRICAN AMERICAN HISTORY AND CIVIC ENGAGEMENT

EDUCATION AT VARIOUS SCHOOLS THROUGH MINNESOTA.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** MINNESOTA VIKINGS FOUNDATION 81-4465275 6. 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 III, LINE 2, NEW PROGRAM SERVICES: VIKINGS VOYAGE EDUCATION PROGRAM WAS A NEW PROGRAM SERVICE ACTIVITY CONDUCTED IN FISCAL YEAR 2023. 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. 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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** MINNESOTA VIKINGS FOUNDATION 81-4465275 APPARENT AND TO RECUSE THEMSELVES AND NOT PARTICIPATE IN A VOTE WHEN A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,ND,NH,NJ,NM,NY,OR,PA,SC,TN,UTVA,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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MINNESOTA VIKINGS FOUNDATION								cation nu	umber
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r (d) Total inco	me End-of-year a	assets	Direct c	(f) t controlling entity	
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	r more	related tax-exer	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		(g) Section 512(b)(13 controlled entity?	
			ioreign country,		501(c)(3))			Yes	No
		_							
-									

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

- Organizations troated as a pa			1			T			1	_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 ' '	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana partr	er?	Percentage ownership
		country)		sections 512-514)		455015	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		۱ ک	.00%
]											
]											
	1											
	1											
	1											

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.

(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Sec 512(t	i) :tion b)(13) rolled
	foreign country)	Criticy	or trust)	income	assets	OWNERSTIP		No
		Primary activity Legal domicile (state or foreign	Primary activity Legal domicile (state or foreign Direct controlling entity	Primary activity Legal domicile (state or foreign Direct controlling entity (C corp, S corp, or trust)	Primary activity Legal domicile (state or foreign) Direct controlling entity (C corp, S corp, or trust) Share of total income	Primary activity Legal domicile (state or foreign foreign) Direct controlling entity C corp, S corp, or trust) Share of total income end-of-year assets	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile (state or foreign) Legal domicile (state or foreign) Direct controlling entity (C corp, S corp, or trust) Type of entity (C corp, S corp, income assets Sare of total end-of-year ownership ownership) Sec 512(total or foreign)

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

Page 3

Х

Yes No

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organi	ization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related organi	ization(s)			1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n	Х	
					10		X
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	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
2	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
		,, , ,					
(1)							
(2)							
(0)							
(3)							
(4)							
(4)							
(5)							
(5)							
(6)							
232163	09-14-22			Schedule F	R (Forr	n 990)	2022

Schedule R (Form 990) 2022 MINNESOTA VIKINGS FOUNDATION 81-4465275 Page 4

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Disproptional allocation	or- ie ns?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging ner?	Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	300010113 0 12 0 14)	Yes No			Yes I	NO	(1 01111 1000)	Yes	NO	
							\vdash			\vdash		
							+			\vdash		
							\vdash			\vdash		
							\sqcup					

Schedule R (Form 990) 2022

PUBLIC DISCLOSURE COPY

EXTENDED TO FEBRUARY 15, 2024

Form	990-T	E	Exempt Organization Business Income Tax Return	n	OMB No	. 1545-0047	
			(and proxy tax under section 6033(e))		20	100	
		For ca	endar year 2022 or other tax year beginning APR 1, 2022 , and ending MAR 31, 2023	·	Z l	JZZ	
Depar Intern	rtment of the Treasury al Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the latest information. On not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Pub 501(c)(3) Or	olic Inspection for ganizations Only	
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmbl	oyer identific	cation number	
B E	xempt under section	Print	MINNESOTA VIKINGS FOUNDATION		81-4465	5275	
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2600 VIKINGS CIRCLE	E Group exemption number (see instructions)			
	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	
		С Во	ok value of all assets at end of year 5,099,822.		an ame	ended return.	
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/u	niversity	
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439				
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation				
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1		
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes	X No	
	· · · · · · · · · · · · · · · · · · ·		d identifying number of the parent corporation.				
_	The books are in car		Maid principal marriage.	952918	8301		
Ра			d Business Taxable Income				
1			ss taxable income computed from all unrelated trades or businesses (see			1 001	
				1		1,891.	
2				2		1 001	
3	Add lines 1 and 2		see instructions for limitation rules) STMT 1 STMT 2	3	<u> </u>	1,891.	
4			occurionation for infinitation raises,	4	 	89.	
5			taxable income before net operating losses. Subtract line 4 from line 3	5	 	1,802.	
6		•	ng loss. See instructions	6	 		
7			ss taxable income before specific deduction and section 199A deduction.	_		1,802.	
_	Subtract line 6 from			7	 	1,000.	
8			rally \$1,000, but see instructions for exceptions)	8	-	1,000.	
9			duction. See instructions			1,000.	
10	Total deductions			10		1,000.	
11		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,	11		802.	
Pa	enter zero Irt II Tax Com	nutat	on		<u></u>		
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1		168.	
_			ates. See instructions for tax computation. Income tax on the amount on	-			
2	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2			
3	Proxy tax. See ins			3			
4	Other tax amounts			4	†		
5	Alternative minimu			5			
6			cility income. See instructions	6			
7	•		h 6 to line 1 or 2, whichever applies	7		168.	
LHA			ion Act Notice, see instructions.		Form §	990-T ₍₂₀₂₂₎	

Part	1	Tax and Payments					
1a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		11.5		
b	Other	credits (see instructions)	1b				
С		al business credit. Attach Form 3800 (see instructions)					
d		for prior year minimum tax (attach Form 8801 or 8827)					
е	Total	credits. Add lines 1a through 1d			1e		
2		act line 1e from Part II, line 7			2		168.
3		amounts due. Check if from: Form 4255 Form 8611 Form		Form 8866			
		Other (attach statement)			3		
4	Total	tax. Add lines 2 and 3 (see instructions).					
	sectio	n 1294. Enter tax amount here			4		168.
5	Curre	nt net 965 tax liability paid from Form 965-A, Part II, column (k)			5		0.
6a	Paym	ents: A 2021 overpayment credited to 2022	6a				
b		estimated tax payments. Check if section 643(g) election applies					
С	Tax de	eposited with Form 8868	6c				
d		n organizations: Tax paid or withheld at source (see instructions)					
е	Backu	p withholding (see instructions)	6e				
f	Credit	for small employer health insurance premiums (attach Form 8941)	6f				
g		credits, adjustments, and payments: Form 2439	_				
		Form 4136 Other Tot	tal 6g				
7	Total	payments. Add lines 6a through 6g			7		
8	Estima	ated tax penalty (see instructions). Check if Form 2220 is attached	an		8		
9	Tax d	ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		***********	9		168.
10	Overp	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	rpaid	***************************************	10		
11		the amount of line 10 you want: Credited to 2023 estimated tax	Al .	Refunded	11		
Part	IV S	Statements Regarding Certain Activities and Other Informa	tion (see instr	uctions)			
1	At any	γ time during the 2022 calendar year, did the organization have an interest in $lpha$	or a signature or	other authority		Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organization m	ay have to file			
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	he name of the f	oreign country			5.4
	here						Х
2	During	g the tax year, did the organization receive a distribution from, or was it the gra	antor of, or trans	feror to, a			-
		n trust?					Х
		s," see instructions for other forms the organization may have to file.					
3	Enter	the amount of tax-exempt interest received or accrued during the tax year		,,,,,, \$		12.	
4	Enter	available pre-2018 NOL carryovers here \$ Do no	t include any po	st-2017 NOL cai	ryover		<u> </u>
		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by		_ ·		4	
5		2017 NOL carryovers. Enter the Business Activity Code and available post-201					
	the an	nounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	or the tax year. S	See instructions.		4	
		Business Activity Code		ost-2017 NOL c			
		722320	\$		440,539.	-	
			\$			4	
6a						_	X
b		s "Yes," has the organization described the change on Form 990, 990-EZ, 990)-PF, or Form 11	28? If "No,"			
D 4		n in Part V	*****************		***********		
Part		Supplemental Information					
Provide	e the ex	xplanation required by Part IV, line 6b. Also, provide any other additional inform	mation. See instr	uctions.			
	Fue	der penalties of perjury, I decime that I have examined this return, including accompanying schedules an	d statements, and to the	he heet of my knowles	dan and ballof it is to		
Sign	co	rrect, and complete. Deplaration of preparer (other than taxpayer) is based on all information of which pre	parer has any knowled	ige.	age and belier, it is the	16,	
Here		150mm 2/1/2024 TREASURE	20		ay the IRS discuss th		with
	S	gnature of officer Date Title	EK .		e preparer shown bel structions)? X	_	i No
	14		Data			es	No
		Print/Type preparer's name Preparer's signature	Date	Check i	f PTIN		
Paid		CHRIS MESKIMEN Chies Machinen	1/25/2024	self- employed	P0131419	6	
Prepa			L:	Cierrala CINI	86-1065		_
Use C	Inly	Firm's name DELOITTE TAX LLP 50 SOUTH SIXTH STREET		Firm's EIN	00-1065	114	
		Firm's address MINNEAPOLIS, MN 55402		Phone no. 6	12-397-4000		
		F 1 111 0 000 000 000 000 000 000 000 00		T HOUGH IO.	,		

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
ATHELETES COMITTED TO EDUCATING STUDENTS	N/A	15,000.
NEW LIFE CHURCH OF WOODBURY ALL SQUARE	N/A N/A	10,000. 10,000.
TOTAL TO FORM 990-T, PART I, I	LINE 4	35,000.



FORM 990-T	CONTE	RIBUTIONS SUMMARY		STATEMENT 2
OUALIFIED	CONTRIBUTIONS SUBJECT	ч то 100% LIMIT		
~	CONTRIBUTIONS SUBJECT			
CARRYOVER	OF PRIOR YEARS UNUSED	CONTRIBUTIONS		
	YEAR 2017			
	YEAR 2018	114 625		
	YEAR 2019 YEAR 2020	114,635 216,972		
	YEAR 2021	20,000		
TOTAL CAR			351,607	
TOTAL CUR	RENT YEAR 10% CONTRIBU	TIONS	35,000	
TOTAL CON	TRIBUTIONS AVAILABLE		386,607	_
	NCOME LIMITATION AS AD	JUSTED	89	
			A 225 F12	<u> </u>
	NTRIBUTIONS 0% CONTRIBUTIONS		386,518	
	ESS CONTRIBUTIONS		386,518	
_ 3			333,320	_
ALLOWABLE	CONTRIBUTIONS DEDUCTI	ON	▼	89
TOTAL CON	TRIBUTION DEDUCTION			89

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0000

2022

OMB No. 1545-0047

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).

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

	<u></u>				00 1(o _n (o) o gameationo omy
A	Name of the organization MINNESOTA VIKINGS FOUNDATION		oloyer identification number 1-4465275			
<u>с</u> ।	Unrelated business activity code (see instructions) 722320			D Sequence	ce: 1	of 1
<u>E [</u>	Describe the unrelated trade or business FOOD TRUCK OPERAT:	IONS				
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
	Gross receipts or sales 201,171.	Ι				
	Less returns and allowances c Balance	1c	201,171.			
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3	201,171.			201,171.
	Capital gain net income (attach Schedule D (Form 1041 or Form	4a				
h	1120)). See instructions Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4a 4b				
		4c				
с 5	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach	40				
3		5				
6	statement)	6				
7	Rent income (Part IV) Unrelated debt-financed income (Part V)	7				
8		-				
0	Interest, annuities, royalties, and rents from a controlled	8				
9	organization (Part VI) Investment income of section 501(c)(7), (9), or (17)	P				
9		9				
10	organizations (Part VII) Exploited exempt activity income (Part VIII)	10				
10		11				
11 12	Advertising income (Part IX) Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	201,171.			201,171.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come	9			ust be
1	Compensation of officers, directors, and trustees (Part X)				1 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		· · · · · · · · · · · · · · · · · · ·		8b	
9	Depletion Contributions to deformed companyation plans				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)		<u> </u>	 лг 3	13	191,718.
14	Other deductions (attach statement)				14	191,718.
15			tling 15 from Dort Lling 1		15	191,/10.
16	Unrelated business income before net operating loss deduction. S column (C)				16	9,453.
17	Deduction for net operating loss. See instructions		STMT 4	STMT 6	17	7,562.
18	Unrelated business taxable income. Subtract line 17 from line 1				18	1,891.

1 Inventory at beginning of year 2 Purchases 3 Cost of falloon 4 Additional section 25SA costs (offath statement) 5 Other costs (distant statement) 6 Total Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods solds, olithract time 7 from line 6. Enter here and in Part I, line 2 9 Do the notes of section 25SA costs (offath statement) 8 Cost of goods solds, olithract time 7 from line 6. Enter here and in Part I, line 2 9 Do the notes of section 25SA costs (offath statement) 9 Do the notes of section 25SA costs (offath statement) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B Cost of goods and a cost of goods and goo	Part	III Cost of Goods Sold Enter met	hod of inventory valuat	ion		rago <u>z</u>
3	1	Inventory at beginning of year			1	
4 dillional section 253A costs (attach statement) 4 dillional section 253A costs (attach statement) 5 dillional Addillional through 5 dillional Addillional through 5 dillional Addillional through 5 dillional Addillional through 5 dillional Addillional Addill	2	Purchases			2	
4 dillional section 253A costs (attach statement) 4 dillional section 253A costs (attach statement) 5 dillional Addillional through 5 dillional Addillional through 5 dillional Addillional through 5 dillional Addillional through 5 dillional Addillional Addill	3	Cost of labor			3	
5 Other costs (attach statement) 5 5 6 7 1 1 1 1 1 1 1 1 1	4	Additional section 263A costs (attach statement)			4	
6 Total. Add lines 1 through 5 7 Inventory and of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 2564, which respect to property produced or acquired for resalel apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check If a dual use. See instructions. A	5					
7 Inventory at end of year	6					
Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	7				_	
Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	8	Cost of goods sold. Subtract line 7 from line 6. Enter l	here and in Part I, line 2	2	8	
Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A						Yes No
A B C D Rent received or accrued a From personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2 and 2b, columns A through D. Enter here and on Part I, line 6, column (A) 3 Total rents received or accrued. Add line 2 columns A through D. Enter here and on Part I, line 6, column (B) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 7 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 9 Allocable deductions (attach statement) A B C D 2 Gross income from or allocable to debt-financed property a Straight line depreciation (attach statement) 4 Total deductions (attach statement) 5 Other deductions (attach statement) 5 Other deductions (attach statement) 6 Other deductions (attach statement) 5 Other deductions (attach statement) 6 Other deductions (attach statement) 7 Other deductions (attach statement) 8 Other deductions (attach statement) 9 Allocable deductions (attach statement) 9 Allocable deductions. Multiply line 3 by by line 6 1 Total gross income reportable. Multiply line 3 by by line 6 1 Total deductions. Multiply line 3 by by line 6 1 Total deductions. Multiply line 3 by by line 6 1 Total deductions. Multiply line 3 by line 6 1 Total deductions. Multiply line 3 by line 6 1 Total deductions. Multiply line 3 by line 6 1 Total deductions. Multiply line 3 by line 6 1 Total deductions. Add line 9, columns 4 through D. Enter here and on Part I, line 7, column (B) 9 Allocable deductions. Add line 9, columns 4 through D. Enter here and on Part I, line 7, column (B) 9 Allocable deductions. Add line 9, columns 4 through D. Enter here and on Part I, line 7, column (B)	Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased with R	eal Property)	
B	1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See insti	ructions.	
Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) but not more than 50%) but not more than 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 5 Total deductions directly connected with the income 4 in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 9 Part V Unrelated Debt-Financed Income (see instructions) 1 Pescription of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		A				_
A B C D Rent received or accrued A B C 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) To trail rents received or accrued by property. Add lines 2a and 2b, columns A through D Total rents received or accrued by property. Add lines 2a and 2b, columns A through D. Enter here and on Part I, line 6, column (A) Peductions directly connected with the income in lines 2(a) and 2(b) latach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Part V Unrelated Debt-Financed Income (see instructions) D C C C C C C C C C C C C C C C C C C		В 🔲				
A B C D From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) but not more than 50%) but not more than 50%) but not more than 50% of the rent is based on profit or income) c 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) 0. Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions, Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0 Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		c 🗆				
2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 80%) b From real and personal property occeeds 50% or if the rent is based on profit or income) c Total rents received or accrued Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 3 Total rents received or accrued Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 9 Leductions directly connected with the income 1 in lines 2(a) and 2(b) (attach statement) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		D				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) but not more than 50%) b From real and personal property (if the percentage of rent for personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2 and 2 b, columns A through D. 3 Total rents received or accrued Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 5 Total deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0 Description of debt-financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A			A	В	С	D
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but not more than 50%) b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D. 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	а	From personal property (if the percentage of		A		
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c 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) 1 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Total deductions of percentage (See instructions) 6 C Total deductions (and lines A columns A through D. Enter here and on Part I, line 7, column (A) 6 Divide line 4 by line 5 6 Olivide line 4 by line 5 7 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) 9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)		rent for personal property is more than 10%				
percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		but not more than 50%)				_
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D. 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	b	From real and personal property (if the				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. Deductions directly connected with the income 4 in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 7 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 9 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 9 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 9 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 9 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 9 Total deductions deductions (attach statement) 10 Description of debt-financed property 11 Description of debt-financed property 12 Gross income from or allocable to debt-financed property 13 Deductions directly connected with or allocable to debt-financed property 14 Straight line depreciation (attach statement) 15 Total deductions (add lines 3a and 3b, columns A through D) 16 Divide line 4 by line 5 17 Total deductions Multiply line 2 by line 6 18 Total gross income reportable. Multiply line 2 by line 6 18 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)		percentage of rent for personal property exceeds				
Add lines 2a and 2b, columns A through D 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0 Deductions directly connected with the income 1 in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0 Description of debt-financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		50% or if the rent is based on profit or income)				_
Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 0. Deductions directly connected with the income 1 in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0. Part V Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	С	Total rents received or accrued by property.				
Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		Add lines 2a and 2b, columns A through D				
Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A						
4 in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 0 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A		Deductions directly connected with the income				
Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A	4	in lines 2(a) and 2(b) (attach statement)				
Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A						
Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A				line 6, column (B)		0.
A B C D C Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 9/6 9/6 9/6 7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0. 9 Allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.	Part	To the state of th				
B	1		city, state, ZIP code). C	heck if a dual-use. See	e instructions.	
C D D 2 Gross income from or allocable to debt-financed property		=				
A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property 4 Straight line depreciation (attach statement) 5 Other deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5						
A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property 4 Straight line depreciation (attach statement) 5 Other deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 % % % % % % % % % % % % % % % % % %						
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b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.						
c Total deductions (add lines 3a and 3b, columns A through D)						
columns A through D)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5	С	•				
to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5	_					
Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	4	·				
financed property (attach statement) 6 Divide line 4 by line 5	_					
6 Divide line 4 by line 5	5	•				
7 Gross income reportable. Multiply line 2 by line 6 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	_					
Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0. Allocable deductions. Multiply line 3c by line 6				%	%	<u>%</u>
9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)						
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	t I, line 7, column (A)		<u> </u>
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	•	Allegadola dadostrata Marilla I. P. C. J. P. C.			<u> </u>	
Total allocable deductions (Adminion, Columnion, Chinese and officer, miles),			rough D. Catanilaria	lan Dort Libra 7 - 1	(D)	<u> </u>
	10 11					0.

Schedule A (Form 990-T) 2022

Page 3

Part VI Interes	st, Annui	ities, Ro	yalties, and Re	ents fron	n Control	ed Or	ganizations	S (se	ee instruct	ions)		Page 3
	•	,					xempt Control					-
1. Name of organiz			2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pathat is contr	art of colur s included rolling orga s gross inc	mn 4 in the aniza-	connected with	
(1)												
(2)												
(3)												
(4)			NI-) t O							
7. Taxable Inco	.mo	0.1		1	Controlled Or otal of specifi	-	ons 10. Part o	of ook	mn 0	44	Doo	ductions directly
7. Taxable IIIco					yments made		that is inc	luded	in the zation's		con	nected with e in column 10
(1)												
(2)												
(3)												
(4)												
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A)			Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals									0.			0.
Part VII Inves			of a Section 50	1(c)(7), (ructions)			
	1. Desci	ription of i	income		2. Amoui incom		3. Deduction directly connocattach states	ected	4. Set- (attach st		' I	and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					A alah asasas	unto in						A dal ama a conta in
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,					١	Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	oited Ex	empt A	ctivity Income,	Other T	han Adve		Income /	see in	ıstructions)			
1 Description o							,	JOO II K	<u> </u>			
•	•		e from trade or busi	ness. Enter	r here and or	n Part I.	line 10. columi	n (A)		2		
			h production of unre				•	. ,				
line 10, colun	nn (B)									3		
			trade or business.									
lines 5 throug	gh 7									4		
	e from acti	ivity that i	s not unrelated busi	ness incon	ne					5		
			entered on line 5							6		
	-		act line 5 from line 6									
4. Enter here	and on Pa	art II, line	12							7		

Schedule A (Form 990-T) 2022

_			
	1	_	

Part	IX	Advertising Income				
1	Name	e(s) of periodical(s). Check box if reporting	ng two or more periodicals on	a consolidated basi	S.	
	A [
	в	7				
	С	7				
	D =	<u> </u>				
Enter a		s for each periodical listed above in the	corresponding column			
Lintor	inodine	o for each periodical noted above in the	A	В	С	D
2	Gross	advertising income				
2		s advertising income columns A through D. Enter here and or	· · · · · · · · · · · · · · · · · · ·	l		0.
_	Add C	Coldmins A throught D. Enter here and or	raiti, iiie ii, columii (A)			
a	Direct	t advantiaina aasta hy naviadiaal				
3		t advertising costs by periodical	`			0.
а	Add C	columns A through D. Enter here and or	Part I, line 11, column (B)			
	A -l	Aliain an anain (lana). Qualitana at line of formar li				
4		tising gain (loss). Subtract line 3 from li	ne			
		any column in line 4 showing a gain,				
	-	lete lines 5 through 8. For any column i				
		showing a loss or zero, do not complet				
_		5 through 7, and enter zero on line 8				
5		ership costs				
6		lation income	l l			
7		ss readership costs. If line 6 is less than				
		, subtract line 6 from line 5. If line 5 is le	l l			
_		ine 6, enter zero				
8		ss readership costs allowed as a				
		ction. For each column showing a gain				
		, enter the lesser of line 4 or line 7				
а		ne 8, columns A through D. Enter the g	reater of the line 8a, columns	total or zero here an	id on	0
Dord		I, line 13 Compensation of Officers, Di	rectors and Trustees	<u> </u>		0.
Part	^	Compensation of Officers, Di	ectors, and Trustees	(see instructions)	T	
					3. Percentage	4. Compensation
		1. Name	2. Title	/	of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
		here and on Part II, line 1				0.
Part	λI	Supplemental Information (Se	ee instructions)			

TINNESOTA VIKINOS TOONE			01 4403273
FORM 990-T (A)	OTHER DEDUCTIONS		STATEMENT 3
DESCRIPTION			AMOUNT
DIRECT EXPENSES			191,718.
TOTAL TO SCHEDULE A, PA	ART II, LINE 14		191,718.
FORM 990-T (A)	POST 2017 NOL SCHEDUL	.E	STATEMENT 4
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFO POST 20	RWARD OF 17 NOL
440,539.	7,562.		432,977.
	LOSS PREVIOUSLY	LOSS	STATEMENT 5 AVAILABLE
· · · · · · · · · · · · · · · · · · ·	APPLIED F.,723. 0.,816. 0.	399,723. 40,816.	THIS YEAR 399,723. 40,816.
NOL CARRYOVER AVAILABLE	THIS YEAR	440,539.	440,539.
SCH A (990-T)	SCHEDULE A NOL DETAIL		STATEMENT 6
TAXABLE INCOME FROM AI THIS ENTITIES PORTION			9,453 9,453
	GE OF PRE-2018 NET OPERATI PRE-2018 NET OPERATING LOS		100.00
TAXABLE INCOME AFTER E	PRE-2018 NET OPERATING LOSS	3	9,453 7,562
POST-2017 AVAILABLE LESSER OF POST-2017 NE	T OPERATING LOSS OR 80% LI	MITATION	440,539 7,562

Form **2220**Department of the Treasury

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

ORM 990-T

OMB No. 1545-0123

Employer identification number

81-4465275

Internal Revenue Service

MINNESOTA VIKINGS FOUNDATION

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

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and

2022

bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. **Required Annual Payment** 1 Total tax (see instructions) 168. 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a **b** Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 168. 3 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. The corporation is using the adjusted seasonal installment method. 6 The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III | Figuring the Underpayment (a) (b) (c) (d) 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year 9 **Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 10 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 11 Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column 12 Add lines 11 and 12 13 14 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0-15 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-16 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next 17 column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column

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

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers; Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the	"					
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21					
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$		\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23					
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25					
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27					
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$		\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35					
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tay returns	tal h	ere and on Form 1120, lin	e 34; or the comparable		38	s 0.

Form **2220** (2022)

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