

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: NEXSTAR LEGACY FOUNDATION INC
Name and title of officer or person subject to tax: PEGGY HILDEBRANDT VICE PRESIDENT
EIN or SSN: 20-3547319

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (1a-10a) and Amount. 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 265,644.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize SMITH, SCHAFFER & ASSOCIATES, LTD. to enter my PIN 55427
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Margaret Hildebrandt Date 11/14/2022

Part III Certification and Authentication

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

41037955427 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 11/14/22

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

**Mail To:**

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

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

C2

**Website Address:**

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

Legal Name of Organization NEXSTAR LEGACY FOUNDATION INC

Federal EIN: 20-3547319

Fiscal Year-End: 12312021  
mm/dd/yyyy

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

<b>Mailing Address:</b> <u>KATE CINNAMO</u>	<b>Physical Address:</b> <u>KATE CINNAMO</u>
Contact Person <u>101 EAST 5TH STREET, SUITE 2100</u>	Contact Person <u>101 EAST 5TH STREET, SUITE 2100</u>
Street Address <u>SAINT PAUL, MN 55101</u>	Street Address <u>SAINT PAUL, MN 55101</u>
City, State, and ZIP Code <u>651-789-8518</u>	City, State, and ZIP Code <u>651-789-8518</u>
Phone Number <u>KATEC@EXPLORETHETRADES.ORG</u>	Phone Number <u>KATEC@EXPLORETHETRADES.ORG</u>
Email Address	Email Address

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

2. List all of the organization's alternate and former names (attach list if more space is needed).  
\_\_\_\_\_  
\_\_\_\_\_  Alternate  Former  
\_\_\_\_\_  Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).  
NEXSTAR LEGACY FOUNDATION, INC.  
EXPLORE THE TRADES, INC.

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

5. Total amount of contributions the organization received from Minnesota donors: \$ 69,163.

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

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

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

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

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

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

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

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

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

Name and title	Compensation*	Other compensation

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

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

**SECTION B: Financial Information**

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

**INCOME**

1. Contributions Received	\$	<u>139,578.</u>	1
2. Government Grants	\$	<u>                  </u>	2
3. Program Service Revenue	\$	<u>                  </u>	3
4. Other Revenue	\$	<u>126,066.</u>	4
<b>5. TOTAL INCOME</b>	\$	<u>265,644.</u>	<b>5</b>

**EXPENSES**

6. Program Expenses	\$	<u>118,336.</u>	6
7. Management & General Expenses	\$	<u>62,893.</u>	7
8. Fund-raising Expenses	\$	<u>61,596.</u>	8
<b>9. TOTAL EXPENSES</b>	\$	<u>242,825.</u>	<b>9</b>
<b>10. EXCESS or DEFICIT</b>	\$	<u>22,819.</u>	<b>10</b>

(Line 5 minus Line 9)

**ASSETS**

11. Cash	\$	<u>1,500,492.</u>	11
12. Land, Buildings & Equipment	\$	<u>                  </u>	12
13. Other Assets	\$	<u>9,119.</u>	13
<b>14. TOTAL ASSETS</b>	\$	<u>1,509,611.</u>	<b>14</b>

**LIABILITIES**

15. Accounts Payable	\$	<u>9,006.</u>	15
16. Grants Payable	\$	<u>                  </u>	16
17. Other Liabilities	\$	<u>27,646.</u>	17
<b>18. TOTAL LIABILITIES</b>	\$	<u>36,652.</u>	<b>18</b>

**FUND BALANCE/NET WORTH**

	\$	<u>1,472,959.</u>	
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(Line 14 minus Line 18)

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

**Section B (continued): Statement of Functional Expenses**

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees	78,836.	39,418.	19,709.	19,709.
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	15,863.	7,931.	3,966.	3,966.
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits	3,574.		3,574.	
10. Payroll taxes	10,780.	5,390.	2,695.	2,695.
11. Fees for services (non-employees):				
a. Management				
b. Legal	2,961.		2,961.	
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees	5,334.		5,334.	
g. Other	18,926.	7,500.	7,676.	3,750.
12. Advertising and promotion	51,992.	40,194.		11,798.
13. Office expenses	5,736.	1,434.	2,868.	1,434.
14. Information technology	2,071.		518.	1,553.
15. Royalties				
16. Occupancy	19,200.	9,600.	4,800.	4,800.
17. Travel	6,092.	3,046.		3,046.
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance	1,816.		1,816.	
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. <b>POSTAGE AND SHIPPING</b>	8,118.	3,247.	1,624.	3,247.
b. <b>CREDIT CARD FEES</b>	4,834.			4,834.
c. <b>SUBSCRIPTION DUES</b>	1,928.	482.	1,446.	
d. <b>ALL OTHER EXPENSE STMT 1</b>	4,764.	94.	3,906.	764.
25. <b>Total functional expenses.</b> Add lines 1 through 24d	242,825.	118,336.	62,893.	61,596.
26. <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

**Section C: Board of Directors Signatures and Acknowledgment**

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

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

VICE PRESIDENT (Title) and EXECUTIVE DIRECTOR (Title) respectively, and

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

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

day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the

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

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

PEGGY HILDEBRANDT  
Name (Print)

Margaret Hildebrandt  
Signature

VICE PRESIDENT  
Title

11/14/2022  
Date

KATE CINNAMO  
Name (Print)

Kate Cinnamo  
Signature

EXECUTIVE DIRECTOR  
Title

11/14/2022  
Date








## A document from Smith Schafer & Associates is available for you to sign

Final Audit Report

November 14, 2022

Created:	November 14, 2022
By:	Smith, Schafer & Associates(c.simmons@smithschafer.com)
Status:	ESigned
Transaction ID:	RXYA2NQWEXJMT4K1K04Z1V4KED
Documents:	Form 8879 and Charities Report 3502486.pdf

## "A document from Smith Schafer & Associates is available for you to sign

-  Document emailed to (peggy@callconnors.com) for signature  
11/14/2022 13:16:12 PM Central Standard Time
-  Document viewed by (peggy@callconnors.com)  
11/14/2022 13:17:28 PM Central Standard Time - IP address: 216.114.200.166
-  Document e-signed by (peggy@callconnors.com)  
Signature Date: 11/14/2022 13:18:56 PM Central Standard Time - IP address: 216.114.200.166
-  Document emailed to (Katec@explorethetrades.org) for signature  
11/14/2022 13:18:56 PM Central Standard Time
-  Document viewed by (Katec@explorethetrades.org)  
11/14/2022 13:45:02 PM Central Standard Time - IP address: 38.88.189.210
-  Document e-signed by (Katec@explorethetrades.org)  
Signature Date: 11/14/2022 13:45:51 PM Central Standard Time - IP address: 38.88.189.210
-  Document Signed  
11/14/2022 13:45:51 PM Central Standard Time