

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

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

EIN or SSN

20-3547319

Name and title of officer or person subject to tax **PEGGY HILDEBRANDT
VICE PRESIDENT**

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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,255,516.</u>
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that 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 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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 2023 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 2023 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 *Peggy Hildebrandt*

Date **11/15/2024**

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 2023 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 **11/15/24**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

09251115 766809 3502486

2023.05000 NEXSTAR LEGACY FOUNDATION

35024861

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

Federal EIN: 20-3547319

Fiscal Year-End: 12312023

mm/dd/yyyy

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

Mailing Address: <u>KATE CINNAMO</u> Contact Person <u>7760 FRANCE AVENUE SOUTH, NO. 600</u> Street Address <u>BLOOMINGTON, MN 55435</u> City, State, and ZIP Code <u>651-789-8518</u> Phone Number <u>KATEC@EXPLORETHETRADES.ORG</u> Email Address	Physical Address: <u>KATE CINNAMO</u> Contact Person <u>7760 FRANCE AVE SOUTH, NO. 600</u> Street Address <u>BLOOMINGTON, MN 55435</u> City, State, and ZIP Code <u>651-789-8518</u> Phone Number <u>KATEC@EXPLORETHETRADES.ORG</u> Email Address
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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: \$ 778,324.

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.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

WELLS FARGO BANK
PO BOX 6995, PORTLAND, OR 97228-6995

1-800-225-5935

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>1,143,710.</u>	1
2. Government Grants	\$		2
3. Program Service Revenue	\$		3
4. Other Revenue	\$	<u>111,806.</u>	4
5. TOTAL INCOME	\$	<u>1,255,516.</u>	5

EXPENSES

6. Program Expenses	\$	<u>390,476.</u>	6
7. Management & General Expenses	\$	<u>93,098.</u>	7
8. Fund-raising Expenses	\$	<u>153,820.</u>	8
9. TOTAL EXPENSES	\$	<u>637,394.</u>	9
10. EXCESS or DEFICIT	\$	<u>618,122.</u>	10
(Line 5 minus Line 9)			

ASSETS

11. Cash	\$	<u>2,246,236.</u>	11
12. Land, Buildings & Equipment	\$		12
13. Other Assets	\$	<u>8,863.</u>	13
14. TOTAL ASSETS	\$	<u>2,255,099.</u>	14

LIABILITIES

15. Accounts Payable	\$	<u>58,928.</u>	15
16. Grants Payable	\$		16
17. Other Liabilities	\$	<u>307.</u>	17
18. TOTAL LIABILITIES	\$	<u>59,235.</u>	18

FUND BALANCE/NET WORTH

	\$	<u>2,195,864.</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.	105,299.	105,299.		
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	99,800.	39,920.	19,960.	39,920.
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	74,043.	29,617.	14,809.	29,617.
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits	30,043.	12,017.	6,009.	12,017.
10. Payroll taxes	18,617.	7,447.	3,723.	7,447.
11. Fees for services (non-employees):				
a. Management				
b. Legal	2,019.		2,019.	
c. Accounting	25,090.		25,090.	
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees	8,319.		8,319.	
g. Other	15,914.	7,801.	313.	7,800.
12. Advertising and promotion	136,098.	102,547.		33,551.
13. Office expenses	741.	477.		264.
14. Information technology	4,591.		1,148.	3,443.
15. Royalties				
16. Occupancy	18,632.	7,453.	3,726.	7,453.
17. Travel	24,907.	18,680.		6,227.
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	1,826.		1,826.	
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. PROGRAM MATERIAL EXPENS	52,965.	52,965.		
b. POSTAGE AND SHIPPING	10,422.	6,253.	2,085.	2,084.
c. CREDIT CARD FEES	3,997.			3,997.
d. ALL OTHER EXPENSE STMT 2	4,071.		4,071.	
25. Total functional expenses. Add lines 1 through 24d	637,394.	390,476.	93,098.	153,820.
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

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

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

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, 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, 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)

Peggy Hildebrandt

Signature

VICE PRESIDENT

Title

11/15/2024

Date

KATE CINNAMO

Name (Print)

Kate Cinnamo

Signature

EXECUTIVE DIRECTOR

Title

11/15/2024

Date








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

Final Audit Report

November 15, 2024

Created:	November 15, 2024
By:	Smith, Schafer & Associates(c.simmons@smithschafer.com)
Status:	ESigned
Transaction ID:	P4DR0JW5P1AMT82Y6VY338QRRW
Documents:	Form 8879 & MN Charities Report to sign.pdf

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

-  Document emailed to (katec@explorethetrades.org) for signature
11/15/2024 12:10:14 PM Central Standard Time
-  Document emailed to (peggy@callconnors.com) for signature
11/15/2024 12:10:14 PM Central Standard Time
-  Document viewed by (peggy@callconnors.com)
11/15/2024 12:13:44 PM Central Standard Time - IP address: 152.117.125.100
-  Document e-signed by (peggy@callconnors.com)
Signature Date: 11/15/2024 12:15:45 PM Central Standard Time - IP address: 152.117.125.100
-  Document viewed by (katec@explorethetrades.org)
11/15/2024 12:44:05 PM Central Standard Time - IP address: 47.35.128.38
-  Document e-signed by (katec@explorethetrades.org)
Signature Date: 11/15/2024 12:44:28 PM Central Standard Time - IP address: 47.35.128.38
-  Document Signed
11/15/2024 12:44:28 PM Central Standard Time