Form 8453-TE

Tax Exempt Entity Declaration and Signature for Electronic Filing

ON	DA	lo ·	1515	-0047

2022

Department of the Treasury

For calendar year 2022, or tax year beginning_ and ending

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Internal Revenue Service

Go to www.irs.gov/Form8453TE for the latest information.

Name of filer SECURIAN FINANCIAL FOUNDATION 36-3608619 Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-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 of 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-). 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		Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	X	Taxed based on investment income (Form 990-PF, Part V, line 5)	4b	82,064.
5a	Form 8868 check here	TO 10 100 100 100 100 100 100 100 100 100	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b	2
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8039-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Par	t II Declaration of Office				

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that X I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) , (EIN)

and that I have examined a copy of the 2022 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. Sian TREASURER Here Signature of officer or person, ubject to tax Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the vove return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer	Check if self employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed),				EIN
	address, and ZIP code				Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and helief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge

	Preparer's signature	Date	Check if self employed	1114	
Firm's name	Firm's EIN				
Firm's name Firm's address			Phone no.		
	The state of the s			Firm's name Firm's EIN	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-TE (2022)

ESTIMATED TAX WORKSHEET FOR FORM 990-W

	2023 Estimated Tax	Α	
B.	Enter 100 % of Line A		
C.	Enter 100 % of tax on 2022 FORM 990-PF c 82,064.		
D.	Required Annual Payment (Smaller of lines B or C)	D	82,064.
	Income tax withheld (if applicable)		NONE
	Balance (As rounded to the nearest multiple of 4)		82,064.

Record of Estimat	Record of Estimated Tax Payments									
Payment number	(a) Date	(b) Amount	(c) 2022 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))						
1	05/15/2023	20,516.		20,516.						
2	06/15/2023	20,516.		20,516.						
3	09/15/2023	20,516.		20,516.						
4	12/15/2023	20,516.		20,516.						
Total		82,064.		82,064.						

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form **990-PF**

Return of Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

F	or ca	lendar year 2022 or tax year beginning		and	ending			
Na	ame of	foundation				Α	Employer ident	ification number
	SEC	URIAN FINANCIAL FOUNDATION					36	-3608619
N	umber	and street (or P.O. box number if mail is not delivered to	o street address)	Room	n/suite	В	Telephone num	ber (see instructions)
	400	ROBERT STREET NORTH					(6	51)665-3501
Ci	ty or to	own, state or province, country, and ZIP or foreign post	al code					
						С	If exemption appli pending, check he	cation is
	SAI	NT PAUL, MN 55101-2015					portaing, chock no	
G	Che	ck all that apply: Initial return	Initial return	of a former public	charity	D	1. Foreign organiz	ations, check here
		Final return	Amended ret	turn				zations meeting the
		Address change	Name change	е			85% test, check computation	here and attach
Н	Che	eck type of organization: x Section 501	(c)(3) exempt private f	oundation		_	If private foundat	ion status was terminated
1	s	section 4947(a)(1) nonexempt charitable trust	Other taxable pr	ivate foundation			•	(b)(1)(A), check here
I	Fair	market value of all assets at J Acco	ounting method: Ca	ash X Accrual		F	If the foundation	is in a 60-month termination
	end	of year (from Part II, col. (c), line	ther (specify)				under section 507	(b)(1)(B), check here
_	16)	\$ 65,993,203. (Part I,	column (d), must be on ca	ash basis.)				
ŀ	art	Analysis of Revenue and Expenses (The	(a) Revenue and	(b) Net investme	nt	(c) /	djusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per books	income	iii		income	purposes
_		column (a) (see instructions).)	DOOKS					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	4,998,074.					
	2	Check if the foundation is not required to attach Sch. B.						
	3	Interest on savings and temporary cash investments ${\color{black} \centerdot}$	2,049.	2,04				
	4	Dividends and interest from securities	1,487,173.	1,487,17	73.			
	5a	Gross rents						
	1	Net rental income or (loss)						
ne	6a	Net gain or (loss) from sale of assets not on line 10	996,551.					
ē	b	Gross sales price for all assets on line 6a 17,813,326.						
Revenue	7	Capital gain net income (from Part IV, line 2)		4,416,65	53.			
Re	8	Net short-term capital gain						
	9	Income modifications						
	100	and allowances						
	1	Less: Cost of goods sold						
		Gross profit or (loss) (attach schedule)						
	11 12	Other income (attach schedule) Total. Add lines 1 through 11	7,483,847.	5,905,87	7 =			
_			121,366.	5,905,67	5.			121,366
es	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	121,300.					121,300
nse.	14	Pension plans, employee benefits	52,628.					52,628
be	15 16a b c 17 18 19 20 21	Legal fees (attach schedule)	327020.					327020
Ж	b	Accounting fees (attach schedule)						
Ş	C	Other professional fees (attach schedule)						
ä	17	Interest						
istr	18	Taxes (attach schedule) (see instructions)	97,391.					
Ē	19	Depreciation (attach schedule) and depletion	,					
둳	20	Occupancy	12,715.					12,715
∀	21	Travel, conferences, and meetings						
an	22	Printing and publications						
þ	23	Other expenses (attach schedule) STMT 1	105,102.	1,90	58.			103,134
ati	23 24 25	Total operating and administrative expenses.						
ě		Add lines 13 through 23	389,202.	1,90	58.			289,843
ŏ	25	Contributions, gifts, grants paid	4,389,236.					4,389,236
_	26	Total expenses and disbursements. Add lines 24 and 25	4,778,438.	1,96	58.			4,679,079
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursements	2,705,409.					
	b	Net investment income (if negative, enter -0-)		5,903,90	7.			
	C	Adjusted net income (if negative, enter -0-)						

			AN FINANCIAL FOUNDATION		36-3608619			Page Z
P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of		
_			amounts only. (See instructions.)	(a) Book Value	(b) Book Value		(c) Fair Mar	ket Value
	1	Cash - non-interest-beari	ing	734,035.	53,2	48.		53,248.
	2	Savings and temporary	cash investments					
	3	Accounts receivable	NONE					
		Less: allowance for dou	btful accounts	587,338.	D.	IONE		NONE
	4	Pledges receivable						
		Less: allowance for dou	btful accounts					
	5	Grants receivable						
	6	Receivables due from	officers, directors, trustees, and other					
			tach schedule) (see instructions)					
	7	Other notes and loans r	receivable (attach schedule)					
		Less: allowance for dou	btful accounts					
Assets	8	Inventories for sale or us	se					
SS	9	Prepaid expenses and d	leferred charges					
٩	10a	Investments - U.S. and stat	e government obligations (attach schedule) * *	829,995.	830,7	93.	78	89,117.
	b	Investments - corporate	e stock (attach schedule) STMT 3	74,831,188.	64,615,2	47.	64,61	15,247.
	11 C	Investments - corporate Investments - land, buildings and equipment: basis Less: accumulated deprecia	e bonds (attach schedule) STMT 4	411,829.	367,8	54.	33	37,777.
		Less: accumulated deprecia (attach schedule)	ation					
	12	Investments - mortgage	loans					
	13 14	Investments - other (atta Land, buildings, and	ach schedule)					
		equipment: basis Less: accumulated deprecia	ption					
		(attach schedule)						
			STMT 5)	525,163.	197,8	14.	19	97,814.
			completed by all filers - see the					
\dashv		instructions. Also, see p	age 1, item I)	77,919,548.	66,064,9		65,99	93,203.
	17	Accounts payable and a	accrued expenses	625,056.	82,7	08.		
	18	Grants payable						
ies	19	Deferred revenue						
≝			ors, trustees, and other disqualified persons					
Liabilities			otes payable (attach schedule)					
-	22	Other liabilities (describe	STMT 6)	979,616.	17,6	65.		
\rightarrow			es 17 through 22)	1,604,672.	100,3	73.		
ces		and complete lines 24,						
			25, 25, 4.14 55.					
ala	24	Net assets without dono	or restrictions			\longrightarrow		
Fund Balan	25		estrictions					
ב			ollow FASB ASC 958, check here					
屲		and complete lines 26 thro	ougn 30.					
_	26		cipal, or current funds	67,806,333.	72,804,4	06.		
ets			r land, bldg., and equipment fund	0 500 540				
S		=	ulated income, endowment, or other funds	8,508,543.	-6,839,8			
₽			d balances (see instructions)	76,314,876.	65,964,5	83.		
Net			net assets/fund balances (see	EE 010 E40	66 064 0			
_			ngo in Not Appets or Fried Polen	77,919,548.	66,064,9	56.		
	art III		nges in Net Assets or Fund Balan					
1			palances at beginning of year - Part II,		-		EC 01	14 056
_			ed on prior year's return)			1		14,876.
			line 27a			2		05,409.
			ded in line 2 (itemize)SEE STATE			3		55,702.
			o lino 2 (itomizo)			4 5	05,96	54,583.
Э	Dec	reases not included ir	ı ıııı∈ ∠ (ileiiii∠e)			J		

65,964,583. Form **990-PF** (2022)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Par	t IV Capital Gains	and Losses for Tax on Inv	estment Income				
	(a) List and de	(b) How acquire	i (c) Da	ite acquired	(d) Date sold		
	2-story b	orick warehouse; or common stock, 200	shs. MLC Co.)	P - Purcha D - Donat	se (mo.	., day, yr.)	(mo., day, yr.)
<u>1 a</u>	SEE PART IV SCHE	DULE					
b							
c							
<u>d</u>							
<u> e </u>		I	1 () 0 () 1 (
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other I plus expense of			Gain or (lo: lus (f) minu	
a							
b							
C							
d							
е							
	Complete only for assets s	showing gain in column (h) and owned	d by the foundation on 12/3			(Col. (h) ga	
((i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col over col. (j), if a	(.)		it not less thes es (from col	han -0-) or l. (h))
а							
b							
c							
d							
_ е							
2	Capital gain net income	or (not capital loss)	jain, also enter in Part I,	line 7			
2	Capital gain net income	If (loss), enter -0- in Part I,	line 7 } 2		4,	416,653.
3		gain or (loss) as defined in sections					
	=	Part I, line 8, column (c). See ins		1			
Par		sed on Investment Income (S		• •	e instr	uctions)	
1a	Exempt operating foundati	ons described in section 4940(d)(2), c	heck here and enter	r "N/A" on line 1.			
	=	letter: (attac		. 7	1		82,064.
b		dations enter 1.39% (0.0139) of li		-			
		ne 12, col. (b)					
2	Tax under section 511 (d	omestic section 4947(a)(1) trusts an	d taxable foundations only	y; others, enter -0-)	2		
3					3		82,064.
4	, , ,	Iomestic section 4947(a)(1) trusts an	•	, ,	4		NONE
5	Tax based on investment	income. Subtract line 4 from line 3. If a	zero or less, enter -0-		5		82,064.
6	Credits/Payments:		1 . 1				
а	, ,	nts and 2021 overpayment credited to		81,000.			
b		ons - tax withheld at source		NONE			
С		or extension of time to file (Form 8868)		NONE			
d		eously withheld			_		01 005
7		s. Add lines 6a through 6d			7		81,000.
8		rpayment of estimated tax. Check here			8		NONE
9		s 5 and 8 is more than line 7, enter am			9		1,064.
10		nore than the total of lines 5 and 8, en	=		10		
11	Enter the amount of line 10	O to be: Credited to 2023 estimated to	ax	Refunded	11		

Pai	rt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition.	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С		1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by <i>General Instruction T</i> .			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MN,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address HTTPS://WWW.SECURIAN.COM/			
14	The books are in care ofMELISSA_ROCKVOYTelephone no651-66	5-43	22	
	Located at 400 ROBERT STREET NORTH SAINT PAUL, MN ZIP+4 55101			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			

the foreign country

Par	Statements Regarding Activities for Which Form 4/20 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		Χ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		Χ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		Χ
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or			
	use of a disqualified person)?	1a(5)		Х
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		X
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2022?	1d		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		X
	If "Yes," list the years , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b		X

Pa	Statements Regarding Activities	for Which Form	4 <i>1</i> 20 May Be Reqi	urea (continuea)			
5a	During the year, did the foundation pay or incur any amo	ount to:				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?		5a(1)		X
	(2) Influence the outcome of any specific public	election (see se	ction 4955); or to	carry on, directly or			
	indirectly, any voter registration drive?				5a(2)		Х
	(3) Provide a grant to an individual for travel, study, or o	other similar purposes	?		5a(3)		X
	(4) Provide a grant to an organization other than	a charitable, etc.,	organization describe	ed in section 4945(d)			
	(4)(A)? See instructions				5a(4)		Х
	(5) Provide for any purpose other than religious,	charitable, scientific	c, literary, or educat	onal purposes, or for			
	the prevention of cruelty to children or animals?				5a(5)		Х
b	If any answer is "Yes" to 5a(1)-(5), did any of the			-			
	in Regulations section 53.4945 or in a current notice reg			ſ	5b		Х
С	Organizations relying on a current notice regarding disas	ster assistance, check	here				
d	If the answer is "Yes" to question 5a(4), does	the foundation cl	aim exemption from	the tax because it			
	maintained expenditure responsibility for the grant?				5d		
	If "Yes," attach the statement required by Regulations s	ection 53.4945-5(d).					
6a	Did the foundation, during the year, receive any	•		•			
	benefit contract?				6a		X
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	a personal benefit contra	act?	6b		
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a p				7a		X
b	If "Yes," did the foundation receive any proceeds or ha	,			7b		X
8	Is the foundation subject to the section 4960 tax						
	excess parachute payment(s) during the year?	o Tructoco Fou	ndotion Monogoro	Highly Boid Empl	8		X
Pa	and Contractors		•		oyees,		
1	List all officers, directors, trustees, and foundat	ion managers and					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense other all	e accou	unt, es
CEE	STATEMENT 8	devoted to position	enter -0-)	and deferred compensation			
عظن	STATEMENT 0		121,366.	NONE			NON
			121,300.	TOTAL			11011
2	Compensation of five highest-paid employees	(other than thos	se included on line	e 1 - see instruction	ns). If no	one,	ente
	"NONE."	1	T	(a) Containations to			
(a	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expens		
ν		devoted to position	(-)	plans and deferred compensation	other all	owance	es
	NONE						
Tota	number of other employees paid over \$50,000 .	<u> </u>		<u> </u>		NC	NE

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empland Contractors (continued)	oyees,
3	ive highest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NE CONTRACTOR OF THE CONTRACTO	
Total	umber of others receiving over \$50,000 for professional services	. NONE
Part	/III-A Summary of Direct Charitable Activities	
	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N	IE .	
_		
2 _		
_		-
3_		-
_		
4		
-		-
_		-
Part	/III-B Summary of Program-Related Investments (see instructions)	
De	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N	IE	
_		
_		
2 _		
_		
All	ner program-related investments. See instructions.	
3 N	IE .	.
Total	Add lines 1 through 3	_

Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	67,623,095.
b	Average of monthly cash balances	1b	122,373.
С	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	67,745,468.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	67,745,468.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	1,016,182.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	66,729,286.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	3,336,464.
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here and do not complete this part.)	four	ndations
1	Minimum investment return from Part IX, line 6	1	3,336,464.
	Tax on investment income for 2022 from Part V, line 5 2a 82,064.		
b	Income tax for 2022. (This does not include the tax from Part V.)		
С		2c	82,064.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,254,400.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,254,400.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	3,254,400.
Pai	rt XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,679,079.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	4,679,079.

Paint XII Undistributed inco	ome (see instruc	uons)			
		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 fr	om Part X. line 7				3,254,400.
2 Undistributed income, if any, as of					-, -, -
a Enter amount for 2021 only.				NONE	
b Total for prior years: 20 20 ,20			NONE		
3 Excess distributions carryover,					
a From 2017	520,815.				
b From 2018	630,895.				
c From 2019					
d From 2020	963,156.				
	1,132,603.				
f Total of lines 3a through e		3,247,469.			
4 Qualifying distributions for 202					
line 4: \$ 4,679,	079.				
a Applied to 2021, but not more th	nan line 2a			NONE	
b Applied to undistributed incom (Election required - see instruction					
c Treated as distributions out of required - see instructions)					
d Applied to 2022 distributable am					3,254,400.
e Remaining amount distributed o		1,424,679.			-, -, -
5 Excess distributions carryover a (If an amount appears in column	applied to 2022 nn (d), the same				
amount must be shown in colum 6 Enter the net total of ear indicated below:	` , ,				
a Corpus. Add lines 3f, 4c, and 4e	Subtract line 5	4,672,148.			
·		1707271101			
b Prior years' undistributed in line 4b from line 2b			NONE		
c Enter the amount of prior year					
income for which a notice of been issued, or on which the tax has been previously assessed	f deficiency has section 4942(a)				
d Subtract line 6c from line					
amount - see instructions			NONE		
e Undistributed income for 202 4a from line 2a. Taxable instructions	1. Subtract line amount - see			NONE	
f Undistributed income for 2022 4d and 5 from line 1. This a					
distributed in 2023					NONE
7 Amounts treated as distribution	ns out of cornus				
to satisfy requirements impos					
170(b)(1)(F) or 4942(g)(3) (E	•				
required - see instructions)					
8 Excess distributions carryover	from 2017 not				
applied on line 5 or line 7 (see in		520,815.			
9 Excess distributions carry	over to 2023.				
Subtract lines 7 and 8 from line		4,151,333.			
10 Analysis of line 9:					
a Excess from 2018	630,895.				
b Excess from 2019					
c Excess from 2020	963,156.				
	1,132,603.				
e Excess from 2022	1.424.679.				

Рa	rt XIII Private Ope	erating Foundations	s (see instructions a	ind Part VI-A, quest	ion 9)	NOT APPLICABLE
1 a	If the foundation has	•			•	
	foundation, and the ruling					() (a) 10 (a) (b)
	Check box to indicate v		is a private operating		in section 4942((j)(3) or 4942(j)(5)
Za	Enter the lesser of the adjusted net income from Part	Tax year	(b) 2024	Prior 3 years	(4) 2010	(e) Total
	I or the minimum investment	(a) 2022	(b) 2021	(c) 2020	(d) 2019	_
	return from Part IX for each					
	year listed					
	85% (0.85) of line 2a					
С	Qualifying distributions from Part XI, line 4, for each year listed					
d	Amounts included in line 2c not					+
	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					_
•	alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets(2) Value of assets qualifying					_
	under section					
	4942(j)(3)(B)(i)					
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part IX,					
	line 6, for each year listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt					
	organization					
_	(4) Gross investment income			1 16 41 6		<u> </u>
Pa	any time d	uring the year - seè	instructions.)	t only if the found	iation had \$5,000 (or more in assets at
1	Information Regarding	-				
а	List any managers of before the close of any					
	•	tax year (but only if the	ley have continuited	more man \$5,000). (c	See section 507 (d)(2).)	
	NONE		100/			
b	List any managers of					ly large portion of the
	ownership of a partner	ship of other entity) of	which the foundation	irilas a 10% or greate	er interest.	
	NONE					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ▶ if t					
	unsolicited requests for	or funds. If the found	ation makes gifts, gr	ants, etc., to individu	ials or organizations u	inder other conditions,
	complete items 2a, b, o	c, and d. See instruction	ns.			
а	The name, address, a	nd telephone number	or email address of t	he person to whom ap	oplications should be ad	dressed:
	SEE STATEM	IENT 11				
b	The form in which appl	lications should be sul	omitted and informati	on and materials they	y should include:	
		IENTE 10				
C	SEE STATEM Any submission deadli					
•	, casimoolon doddiii	··				
	SEE STATEM	IENT 13				
d	Any restrictions or li		, such as by geogr	aphical areas, chari	table fields, kinds of	institutions, or other
	factors:		, , ,	•	•	

SEE STATEMENT 14

Part XIV Supplementary Information (continued)							
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	contribution				
a Paid during the year							
SEE STATEMENT 15				4,389,236.			
Total				4,389,236.			
b Approved for future payment				1/303/230:			
2 Approved for fatare payment							
Total			3b				

3	amounts unless otherwise indicated.	Unrela	Attes ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
•	service revenue:					(Occ mandaninis.)
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
3 Interest of	on savings and temporary cash investments					2,049.
4 Dividend	ds and interest from securities					1,487,173.
5 Net rent	al income or (loss) from real estate:					
a Debt	-financed property					
b Not o	debt-financed property					
6 Net renta	ll income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory					996,551.
	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue: a					
e	A data a liverage (la) (d) and (a)					2,485,773.
	. Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				42	2,485,773.
	da iirie 12, coluirins (b), (d), and (e)				13	2,403,773.
See worksh	neet in line 13 instructions to verify calcu	ulations.)	complishment of E	xempt Purp	oses	
	Relationship of Activities Explain below how each activity for	ulations.) to the Ac or which inc	ome is reported in colur	nn (e) of Part	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I	Relationship of Activities	ulations.) to the Ac or which inc	ome is reported in colur	nn (e) of Part	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I	Relationship of Activities Explain below how each activity for	or which inces (other than	ome is reported in colur n by providing funds for s	nn (e) of Part such purposes)	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No.	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose	to the Actor which incomes (other than	ome is reported in colurn by providing funds for s	nn (e) of Part such purposes)	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No.	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPOR	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
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See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
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See worksh Part XV-I Line No. 3 4	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme
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See worksh Part XV- Line No.	Relationship of Activities Explain below how each activity for of the foundation's exempt purpose INCOME EARNED TO SUPPORTING TO SUPPORT	to the Actor which incress (other than RT CHARI	ome is reported in colurn by providing funds for sTABLE CONTRIBUTABLE CONTRIBUTABLE	nn (e) of Part such purposes) FIONS	XV-A contributed important	ly to the accomplishme

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Part	XVI	Information Re Organizations	garding Transf	ers to and	Transaction	s and	Relationship	s With	Nonchai	ritable	е Ех	empi
		organization direct	T)	. 1996		107 m. s.	10E/1				Yes	No
	n seci organiz	ion 501(c) (other	than section 5	01(c)(3) orga	anizations) or	in sec	tion 527, re	ating to	political			
		rs from the reportin	a foundation to a	noncharitable	evemnt orga	nization o	f.				1117	
		h								1a(1)		Х
		er assets								1a(2)		X
	Activity accesses	ansactions:						E 075 8 1570 15		1-(-/	1	
(1) Sale	es of assets to a no	ncharitable exemp	ot organization						1b(1)		X
		chases of assets fro								1b(2)		Х
8	3) Rer	tal of facilities, equi	pment, or other as	ssets						1b(3)		Х
	4) Rei	mbursement arrange	ements						* * * * * *	1b(4)		X
	(5) Loa	ns or Ioan guarantee	es							1b(5)		X
		formance of service										X
		of facilities, equipm										X
		nswer to any of th										
		f the goods, other										
		any transaction or										***************************************
(a) Lin	e no.	(b) Amount involved	(c) Name of nor	ncharitable exemp	t organization	(a) De	escription of transf	ers, transac	tions, and sna	ring arra	ingeme	nts
	_					-						
										VA. CIII		

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				West and the second				ATT A SECURIOR				
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					***************************************					Chical Co.		
(describ	oundation directly or ed in section 501(c) complete the follor	(other than secti					21755		Y	es X	No
	ž.	(a) Name of organization	n	(b) Type	e of organization			(c) Descript	ion of relation:	ship		
		According to the second se										
			The same of the sa									
×		r penalties of perjury, I dec ot, and complete. Declaration						to the best	of my knowled	ge and I	oelief, it	is true
Sign		11/12 200	mele.	-					May the IRS	discus	s this	return
Here) www	05/12	/2023	STANCE OF THE STANCE	SURER		with the pro	eparer s	shown	below?
	Sign	ature of officer or trustee		Date		Title			See instruction	is,	Yes	No
		Print/Type preparer's na	me	Drangrada aiss	oturo		Date			DTINI	11041 111 111	
Paid		. Timo Type preparers na	and	Preparer's sign	aure		Date	Che	eck if ' f-employed	PTIN		
Prep	arer	Eirmin new-				erenie de la composition della						
	1	Firm's name				THE RESERVE THE PARTY OF THE PA		Firm's EIN				and the second

Phone no.

Use Only

Firm's address

FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	CAPITAL GAINS AND LOSSES FOR TAX ON INVEST			P or		Date sold		
Kind of F	Property		Desc	cription		or D		Date solu
Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	ľ	Gain	
price less	allowed/	other	as of	as of 12/31/69	FMV over	П	or	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	Н	(loss)	
						П		
						П		
		PUBLICALLY	TRADED SECU	RITIES LT		D		
		PROPERTY TY	PE: SECURIT	IES		П		
0370636.		5,911,362.				П	4,459,274.	
						П		
		PIIBLTCALLY	TRADED SECU	RITIES ST		D		
			TPE: SECURIT					
112 600			FE. SECORII	TEO		П	40 601	
442,690.		7,485,311.				П	-42,621.	
						П		
						П		
						П		
OTAL GAIN(L	SS)					П	4,416,653.	
						П	=======	
						П		
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l l								

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization			Employer identification number				
SECURIAN FINANCIAL FOUNDATION 36-3608619							
Organization type (check one	: :						
Filers of:							
Form 990 or 990-EZ	501(c)() (enter number)) organization					
	4947(a)(1) nonexempt charital	ble trust not treated as a private fou	ndation				
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private found	dation					
	4947(a)(1) nonexempt charital	ble trust treated as a private foundat	ion				
	501(c)(3) taxable private found	dation					
Check if your organization is	covered by the General Rule or a Specia l	I Rule.					
Note: Only a section 501(c)(7 instructions.), (8), or (10) organization can check bo	oxes for both the General Rule and a S	Special Rule. See				
General Rule							
	filing Form 990, 990-EZ, or 990-PF that r property) from any one contributor. Contributions.						
Special Rules							
regulations under s 16b, and that recei	described in section 501(c)(3) filing Forections 509(a)(1) and 170(b)(1)(A)(vi), ted from any one contributor, during the nt on (i) Form 990, Part VIII, line 1h; or	that checked Schedule A (Form 990) year, total contributions of the grea), Part II, line 13, 16a, or ter of (1) \$5,000; or				
contributor, during literary, or educatio	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
=	isn't covered by the General Rule and/c line 2, of its Form 990; or check the bo	The state of the s					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

20

tarre or organization			
	SECURTAN	FINANCIAL	FOUNDATION

Employer identification number 36-3608619

art I	Contributors (see instructions). Use duplicate cop	oies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SECURIAN HOLDING COMPANY		Person Payroll
	400 ROBERT STREET NORTH	\$\$,074.	Noncash X
	SAINT PAUL, MN 55101		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (202

Name of organization

SECURIAN FINANCIAL FOUNDATION

Bemployer identification number
36-3608619

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	AGREE REALITY REIT ORD 17406 SHARES		
		\\\$1,278,297	07/15/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	ESSENTIAL PROPERTIES REALITY TRUS ORD 3800 SHARES		
		\$\$82,498.	07/15/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3_	NEXTERA ENERGY PARTNERS UNIT 4800 SHARES		
		354,000.	07/15/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	PROLOGIS RET 26700 SHARES		
		\$\$,154,071.	07/15/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	VIPER ENERGY PARTNERS UNIT 5187 SHARES		
		\$129,208.	07/15/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page **4**

Name of o	rganization			Employer identification number			
	SECURIAN FINANCIAL FO			36-3608619			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one ions completing Part III, one e year. (Enter this inform	contributor. Co	omplete columns (a) through (e) and fexclusively religious, charitable, etc			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee			
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Us		t (d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of and ZIP + 4	_	ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relati					
		_ _					

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
BANK CHARGES MISC EXPENSES CYBERGRANT		1,968. 60,505. 42,629.	1,968. NONE	NONE 60,505. 42,629.
	TOTALS	105,102.	1,968.	103,134.

36-3608619

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING BOOK VALUE	ENDING FMV
830,793.	789,117.
830,793.	789,117.
	BOOK VALUE 830,793.

FORM	990PF,	PART	ΙΙ	-	CORPORATE	STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
COMMON STOCK - UNAFFILIATED	64,615,247.	64,615,247.
TOTALS	64,615,247.	64,615,247.

FORM 99)OPF,	PART	II	_	CORPORATE	BONDS
---------	-------	------	----	---	-----------	-------

	ENDING	ENDING
DESCRIPTION	BOOK VALUE	FMV
OTHER UNAFFILIATED BONDS	367,854.	337,777.
TOTALS	367,854.	337,777.
	==========	==========

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
ACCRUED INVESTMENT INCOME CASH EQUIVALENTS	11,829. 185,985.	11,829. 185,985.
TOTALS	197,814.	197,814.

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION ENDING
BOOK VALUE

SECURITIES PAYABLE
OTHER LIABILITIES
17,665.

TOTALS 17,665.

STATEMENT 6

==========

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

COMMON STOCK MARKET ADJUSTMENT -13,055,702.

TOTAL -13,055,702.

=========

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

CHRIS HILGER

ADDRESS:

400 ROBERT STREET NORTH SAINT PAUL, MN 55101-2015

TITLE:

PRESIDENT

OFFICER NAME:

KRISTI FOX

ADDRESS:

400 ROBERT STREET NORTH SAINT PAUL, MN 55101-2015

TITLE:

VICE PRESIDENT

OFFICER NAME:

WARREN ZACCARO

ADDRESS:

400 ROBERT STREET NORTH SAINT PAUL, MN 55101-2015

TITLE:

TREASURER

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

JAMES FULLER

ADDRESS:

400 ROBERT STREET NORTH SAINT PAUL, MN 55101-2015

TITLE:

SECRETARY

OFFICER NAME:

NICOLE HANSEN

ADDRESS:

400 ROBERT STREET NORTH SAINT PAUL, MN 55101-2015

TITLE:

EXECUTIVE DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40.00

STATEMENT 9

FORM	990PF,	PART	VII -	- LIST	OF	OFFICERS,	DIRECTORS,	AND	TRUSTEES
							========		

OFFICER NAME:
ROBERT EHREN

ADDRESS:

400 ROBERT STREET NORTH SAINT PAUL, MN 55101-2015

TITLE:

DIRECTOR

OFFICER NAME: RENEE MONTZ

ADDRESS:

400 ROBERT STREET NORTH SAINT PAUL, MN 55101-2015

TITLE:

DIRECTOR

TOTAL COMPENSATION: 121,366.

==========

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE

=========

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE

=========

STATEMENT 10

FORM 990PF, PART XIV - NAME, ADDRESS, PHONE AND E-MAIL FOR APPLICATIONS

NICOLE HANSEN
400 ROBERT STREET NORTH
ST PAUL, MN 55101
6516653501

STATEMENT 11

STATEMENT 12

990PF, PART XIV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATION SHOULD BE SUBMITTED IN WRITING, TO INCLUDE THE NAME OF THE GRANTEE AND A BRIEF DESCRIPTION OF THE PURPOSE.

990PF, PART XIV - SUBMISSION DEADLINES

NONE.

990PF, PART XIV - RESTRICTIONS OR LIMITATIONS ON AWARDS

IT IS ANTICIPATED THAT GRANTEES WILL BE ORGANIZATIONS THAT ARE EXEMPT FROM TAX UNDER IRC $\S501(C)(3)$ AND DESCRIBED IN $\S509(A)(1)$.

STATEMENT 14

STATEMENT 15

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

SEE ATTACHED

ADDRESS:

400 ROBERT STREET NORTH

ST. PAUL, MN 55101 PURPOSE OF GRANT:

SEE ATTACHED

TOTAL GRANTS PAID: 4,389,236.

2220

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

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

OMB No. 1545-0123

2022

SECURIAN FINANCIAL FOUNDATION

Employer identification number 36-3608619

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Par	t I Required Annual Payment							
1	Total tax (see instructions)						1	82,064.
	,			1 1				•
2a	Personal holding company tax (Schedule PH (For	m 11	20), line 26) included on line	1 2a				
b	Look-back interest included on line 1 under sect	ion 4	60(b)(2) for completed long	g-term				
	contracts or section 167(g) for depreciation under	the ir	ncome forecast method	2b				
С	Credit for federal tax paid on fuels (see instru	uctio	ns)	2c				
d	Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is	less	than \$500, do not com	plete or file thi	is form. Th	ne corporation		
	does not owe the penalty						3	82,064.
4	Enter the tax shown on the corporation's 20)21 i	ncome tax return. See in	structions. Cau	ution: If the	e tax is zero or		
	the tax year was for less than 12 months, sk	ip th	is line and enter the amo	unt from line 3	on line 5		4	113,391.
5	Required annual payment. Enter the smalle	r of	line 3 or line 4. If the cor	noration is requ	uired to ek	in line 4 enter		
J	the amount from line 3					•	5	82,064.
Part							_	
	Form 2220 even if it does not					,		
6	The corporation is using the adjusted		•					
7	X The corporation is using the annualize	d in	come installment method.					
8	The corporation is a "large corporation	" fig	uring its first required in	stallment based	on the price	or year's tax.		
Part	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	05/15/2022	06/15/2	2022	09/15/2	022	12/15/2022
10	Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule 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	3,658.	1	,219.	15,	304.	
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	4,000.	4	,000.	53,	000.	20,000.
	Complete lines 12 through 18 of one column before going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12			342.	3.	123.	40,819.
13	Add lines 11 and 12	13		4	,342.		123.	60,819.
14	Add amounts on lines 16 and 17 of the preceding column	14			, -			,
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	4,000.	4	,342.	56,	123.	60,819.
16	If the amount on line 15 is zero, subtract line 13		•			,		
	from line 14. Otherwise, enter -0-	16						
17	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 column. Otherwise, go to	17						
18	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.	18	342.	3	.123.	40	819.	

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.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

Form 2220 (2022) Page **2**

P	art 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					
		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	\$	\$	\$	\$
	365					
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	\$	\$	\$	\$
	365					
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	\$	\$	\$	\$
	365					
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27				
	Number of days on line 27					
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$
	363					
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				
	Number of days on line 20					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
	333					
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31				
	Number of days on line 31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
	N					
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33				
24	Underpayment on line 17 x Number of days on line 33 x *%	34	œ.	\$	\$	\$
34	365	34	Φ	Φ	Φ	Φ
25	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35				
33	Number of days off life 20 after 12/31/2025 and before 3/16/2024	33				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
50	366	50	*	¥	*	*
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
٠.	7.44 00 LL, L1, L0, L0, 00, 0L, 0T, 4110 00 L L L L L L L L L L	<u> </u>	*	*	*	*
38	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal I	here and on Form	1120. line 34: or th	ne comparable	
	line for other income tax returns					\$ NONE

*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.

Form **2220** (2022)

Forr	m 2220 (2022)					Page 4
Pa	art II Annualized Income Installmen	nt Me				
			(a)	(b)	(c)	(d)
20	Annualization periods (see instructions)	20	First 2 months	First 3 months	First <u>6</u> months	First <u>9</u> months
21	. ,	21	175,439.	175,439.	967,896.	964,891.
22	Annualization amounts (see instructions) .	22	6.00000	4.00000	2.00000	1.33333
23a	Annualized taxable income. Multiply line 21 by line 22	23a	1,052,634.	701,756.	1,935,792.	1,286,518.
b	Extraordinary items (see instructions)	23b				
	Add lines 23a and 23b	23c	1,052,634.	701,756.	1,935,792.	1,286,518.
	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or	24	14,632.	9,754.	26,908.	17,883.
25	comparable line of corporation's return. Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25	11,032.	7,734.	20,000.	17,003.
26	,	26				
27	Total tax. Add lines 24 through 26	27	14,632.	9,754.	26,908.	17,883.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	14,632.	9,754.	26,908.	17,883.
30	Applicable percentage	30	25%	50%	75%	100%
	Multiply line 29 by line 30	31	3,658.	4,877.	20,181.	17,883.
Pa	art III Required Installments			0 1	0.1	
	Note: Complete lines 32 through 38 of one column before completing the next column.		1st installment	2nd installment	3rd installment	4th installment
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the	22	3,658.	4,877.	20,181.	17,883.
33	amounts in each column from line 19 or line 31. Add the amounts in all preceding columns	32	3,030.			
	of line 38. See instructions	33		3,658.	4,877.	20,181.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	3,658.	1,219.	15,304.	
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	20,516.	20,516.	20,516.	20,516.
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36		16,858.	36,155.	41,367.
37	Add lines 35 and 36	37	20,516.	37,374.	56,671.	61,883.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions			1,219.	15,304.	,
_	FUITH ZZZU, HITE TO. SEE INSTRUCTIONS	38	3,658.	1,419.	15,304.	

Form **2220** (2022)

41

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses
Attach to Form 1041, Form 5227, or Form 990-T. Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10. Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

Name of estate or trust	Employer identification number				
SECURIAN FINANCIAL FOUNDATION	36-3608	3619			
Did you dispose of any investment(s) in a qualified opportur				Yes X No	
If "Yes," attach Form 8949 and see its instructions for addit	ional requirements f	or reporting your gai	n or loss.		
Note: Form 5227 filers need to complete only Parts I and II.					
Part I Short-Term Capital Gains and Losses - Ger	erally Assets Hel	d 1 Year or Less (see instruction	ns)	
See instructions for how to figure the amounts to enter on	(4)	(-)	(g) Adjustments	(h) Gain or (loss) Subtract column (e)	
the lines below.	(d) Proceeds	(e) Cost	to gain or loss fr	rom from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art I, combine the result with (g) column (g)	
1a Totals for all short-term transactions reported on Form					
1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions).					
However, if you choose to report all these transactions					
on Form 8949, leave this line blank and go to line 1b.					
1b Totals for all transactions reported on Form(s) 8949					
with Box A checked					
2 Totals for all transactions reported on Form(s) 8949					
with Box B checked					
3 Totals for all transactions reported on Form(s) 8949					
with Box C checked	7,442,690.	7,485,311.		-42,621.	
4 Short term conited gain or (leas) from Forms 4694 69	0E0 6701 and 0001			4	
4 Short-term capital gain or (loss) from Forms 4684, 62	52, 6761, and 6624			4	
5 Net short-term gain or (loss) from partnerships, S cor	porations, and other	estates or trusts		5	
6 Short-term capital loss carryover. Enter the amoun	•		T T		
Carryover Worksheet				6 (
7 Net short-term capital gain or (loss). Combine line					
Part II Long-Term Capital Gains and Losses - Ger				7 -42,621.	
	erally Assets Hel	d More Than 1 Ye	ar (see instruc	ctions)	
See instructions for how to figure the amounts to enter on	(4)	(5)	(g) Adjustments	(h) Gain or (loss) Subtract column (e)	
the lines below.	(d) Proceeds	(e) Cost	to gain or loss fr	rom from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for					
which you have no adjustments (see instructions).					
However, if you choose to report all these transactions					
on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949					
with Box D checked					
9 Totals for all transactions reported on Form(s) 8949					
with Box E checked					
10 Totals for all transactions reported on Form(s) 8949	10 250 626	5 011 060		4 450 054	
with Box F checked		5,911,362.		4,459,274.	
Long-term capital gain or (loss) from Forms 2439, 46Net long-term gain or (loss) from partnerships, S corp			F	12	
13 Capital gain distributions			r	13	
14 Gain from Form 4797, Part I				14	
15 Long-term capital loss carryover. Enter the amoun			F		
Carryover Worksheet	•			15 ()	
16 Net long-term capital gain or (loss). Combine lines	8a through 15 in	column (h). Enter	here and on		
Part III, line 18a, column (3)				16 4,459,274.	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Schedule D (Form 1041) 2022 Page **2**

Pa	Summary of Parts I and II Caution: Read the instructions before completing this pa	art.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			-42,621.
18	Net long-term gain or (loss):				
а	Total for year	18a			4,459,274.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a	19			4,416,653.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet,** as necessary.

Part IV Capital Loss Limitation

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or
- There are amounts on lines 4e and 4g of Form 4952.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2)			
	but not less than zero			
23	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 23			
24	Add lines 22 and 23			
25	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0 25			
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0	27		
28	Enter the smaller of the amount on line 21 or \$2,800	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 09	%	30	
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)		37	
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0	40		
41	Multiply line 40 by 20% (0.20)		41	
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates			
		42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and or	on Form 1041, Schedule		
	G, Part I, line 1a (or Form 990-T, Part II, line 2)		45	

Schedule D (Form 1041) 2022

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Social security number or taxpayer identification number

Department of the Treasury Internal Revenue Service Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

12A

36-3608619 SECURIAN FINANCIAL FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS x (C) Short-term transactions not reported to you on Form 1099-B

1 (a)	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions.	Adjustment, if If you enter an a enter a co	(h) Gain or (loss) Subtract column (e)	
Description of property (Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)		(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
PUBLICALLY TRADED							
SECURITIES ST			7,442,690.00	7,485,311.00			-42,621.00
2 Totals. Add the amounts in column negative amounts). Enter each total	al here and inc	lude on your					
Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C a			7,442,690.	7,485,311.			-42,621.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2022)

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side	Social security number or taxpayer identification number
SECURIAN FINANCIAL FOUNDATION	36-3608619

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an a enter a coo See the sepa	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
PUBLICALLY TRADED SECURITIES LT			10,370,636.00	5,911,362.00			4,459,274.00

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

10,370,636.

5,911,362.

Form **8949** (2022)

4,459,274.

JSA 2X2616 1.000

above is checked), or line 10 (if Box F above is checked) . . .

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2022Jurisdiction:FederalName:Securian Financial FounNo of Attachments:3

Return No: E0435PQ2

PDF Attachment Description	PDF File Name	File Size
Securian Financial Foundation 2022 Rpt tax purposes	E0435PQ2_FE_Securian Financial Foundation 2022 Rpt tax purposes.pdf	491,816
2022 Securian Financial Foundation Contributions	E0435PQ2_FE_2022 SFF (Investment Holdings Detail).pdf	221,943
8453 Signature Document	E0435P02 FE 2022 8453- signature pages.pdf	1.125.681

Proposal Type Grant Application	731352008	Legal Name The American College	Project Title	Complete Organization Address 630 ALLENDALE RD KNG OF PRUSSA	Pi \$370,833.00	Payment Stat	us Payment ID Payment Funding Invoice No. 73363043 CGDSYBZW9O
Grant Application				75 W Fifth Street Saint Paul MN 55:			75205223 CGDSWKNZZS
Grant Application				2610 University Ave. W. Saint Paul			75205229 CGDSWKNZZS
Grant Application	237217182	Literacy Minnesota		700 Raymond Avenue, Suite 180 Sa		Paid	79834783 CGDSCSVQL1
Grant Application				1035 E FRANKLIN AVE MINNEAPOLI			77685869 CGDSFJQFDC
Grant Application				7101 Winnetka Ave N Brooklyn Par			79834811 CGDSCSVQL1
Grant Application Grant Application		ARTS PARTNERSHIP		2121 PLYMOUTH AVE N MINNEAPO 345 WASHINGTON ST SAINT PAUL N			77685825 CGDSFJQFDC 75205199 CGDS8Y11FH
Grant Application				345 WASHINGTON ST SAINT PAUL N			79698483 CGDSTV0DXO
Grant Application		UJAMAA PLACE		1821 University Avenue, Suite N187		Paid	79834819 CGDSCSVQL1
Grant Application		GREATER MSP Regional		400 ROBERT ST N STE 1600 SAINT P.			77685845 CGDSFJQFDC
Grant Application		BIG BROTHERS BIG SIST		3110 Washington Ave North Minne			75205201 CGDSWKNZZS
Grant Application Grant Application		The Salvation Army Nor		2445 Prior Avenue Saint Paul MN 55 464 MARIA AVE SAINT PAUL MN 55			77685881 CGDSFJQFDC 75205217 CGDSWKNZZS
Grant Application				1954 UNIVERSITY AVE W SAINT PAL			77442041 paid by Securian check
Grant Application				PO BOX 581254 MINNEAPOLIS MN			77685879 CGDSFJQFDC
Grant Application				475 N Martingale Rd Ste 600 Schau			75205197 CGDSWKNZZS
Grant Application				1669 ARCADE ST N SUITE 4 ST PAUL			77685855 CGDSFJQFDC
Grant Application				375 Selby Ave. St. Paul MN 55102-1			79588869 CGDSCSVQL1
Grant Application Grant Application				400 ROBERT ST S SAINT PAUL MN 5 179 Robie St E SAINT PAUL MN 551			75205209 CGDSWKNZZS 77685863 CGDSFJQFDC
Grant Application				2000 ST ANTHONY AVENUE SAINT F			77685849 CGDSFJQFDC
Grant Application				376 Western Ave N Saint Paul MN 5			77209145 CGDSJWV6VN
Grant Application				553 FAIRVIEW AVE N SAINT PAUL N			75205211 CGDSWKNZZS
Grant Application				120 W. KELLOGG BLVD SAINT PAUL			75205235 CGDSWKNZZS
Grant Application		MINNESOTA HISTORICA		345 KELLOGG BLVD W SAINT PAUL			75205221 CGDSWKNZZS
Grant Application Grant Application		Citizens League Minnesota Museum of		400 Robert Street North, Suite 1820 350 Robert Street N St. Paul MN 55			77685833 CGDSFJQFDC 77685859 CGDSFJQFDC
Grant Application				172 4TH ST E SAINT PAUL MN 5510:			77685883 CGDSFJQFDC
Grant Application	410828779			1900 Chicago Ave. South Minneapo			79834771 CGDSCSVQL1
Grant Application				408 ST PETER STREET, SUITE 300 ST	PA \$45,000.00	Paid	79834809 CGDSCSVQL1
Grant Application	410842657	BOYS AND GIRLS CLUBS	K-12 Equitable Opportu	690 JACKSON ST SAINT PAUL MN 55	13 \$50,000.00	Paid	77209193 CGDSJWV6VN
Grant Application	410906127			381 East Robie St Saint Paul MN 553			77685829 CGDSFJQFDC
Grant Application				6636 Cedar Ave S, Suite 250 Richfie			77685853 CGDSFJQFDC
Grant Application Grant Application				75 5TH ST W STE 302 SAINT PAUL N 480 CEDAR ST SAINT PAUL MN 5510			79834815 CGDSCSVQL1 75205225 CGDSWKNZZS
Grant Application Grant Application				1256 Penn Avenue North, Suite 480			75205225 CGDSWKN22S 79834785 CGDSCSVQL1
Grant Application				1165 ARCADE ST SAINT PAUL MN 5			75205207 CGDSWKNZZS
Grant Application		COMPASINC		450 Syndicate St. N., Suite 325 SAIN			75205207 CGD5WKNZZS
Grant Application		COMMONBOND COMM		1080 MONTREAL AVE ST PAUL MN	\$10,000.00	Paid	77685835 CGDSFJQFDC
Grant Application	411265355			7100 Northland Circle North, Suite 3			79834773 CGDSCSVQL1
Grant Application		MINNESOTA COUNCIL C		800 WASHINGTON AVE NORTH 7TH			75205219 CGDSWKNZZS
Grant Application			General Operating	408 SAINT PETER ST SAINT PAUL M			77685867 CGDSFJQFDC
Grant Application Grant Application		TREE TRUST TREE TRUST		1419 Energy Park Drive St. Paul MN 1419 Energy Park Drive St. Paul MN			79834817 CGDSCSVQL1 77209173 CGDSJWV6VN
Grant Application				1007 E 14th St Minneapolis MN 554			77589569 CGDSFJQFDC
Grant Application				1007 E 14th St Minneapolis MN 554			77685827 CGDSFJQFDC
Grant Application	411326631			1645 MARTHALER LN WEST ST PAU		Paid	79834777 CGDSCSVQL1
Grant Application				10 7TH ST W SAINT PAUL MN 55102			77685857 CGDSFJQFDC
Grant Application				10 7TH ST W SAINT PAUL MN 55102			73362999 CGDSYBZW9O
Grant Application				10 7TH ST W SAINT PAUL MN 55102			79834479 CGDSCSVQL1
Grant Application Grant Application		NEIGHBORS INC		222 GRAND AVE W SOUTH ST PAUL 30 10TH ST E SAINT PAUL MN 5510:			77685865 CGDSFJQFDC 77685877 CGDSFJQFDC
Grant Application				1745 UNIVERSITY AVE W ST PAUL N			75205215 CGDSWKNZZS
Grant Application				2829 UNIVERSITY AVE SE STE 850 M			75205195 CGDSWKNZZS
Grant Application	411428998	ORDWAY CENTER FOR 1	Support of the Ordway':	345 WASHINGTON ST SAINT PAUL N	IN \$57,500.00	Paid	79834797 CGDSCSVQL1
Grant Application		WomenVenture		165 Western Avenue North Saint Pa			77685887 CGDSFJQFDC
Grant Application				270 KENT ST SAINT PAUL MN 55102			79834799 CGDSCSVQL1
Grant Application	411596908			381 WABASHA ST N SAINT PAUL MI			77685871 CGDSFJQFDC 77685847 CGDSFJOFDC
Grant Application Grant Application				122 Wabasha Street S #400 St. Paul 760 Selby Avenue Saint Paul MN 55			77685885 CGDSFJQFDC 77685885 CGDSFJQFDC
Grant Application				380 East Lafayette Frontage Road S			79834795 CGDSCSVQL1
Grant Application				1000 University Avenue West St. Pa			79834787 CGDSCSVQL1
Grant Application	411697692	Ain Dah Yung (Our Hom	Emergency, Transitiona	1089 PORTLAND AVE SAINT PAUL N	N \$10,000.00	Paid	77685811 CGDSFJQFDC
Grant Application				2233 UNIVERSITY AVE W STE 220 SA			79834789 CGDSCSVQL1
Grant Application				625 UNIVERSITY AVE W SAINT PAUL			77685861 CGDSFJQFDC
Grant Application				101 5TH ST E STE 2000 SAINT PAUL 929 CENTRAL AVE NE MINNEAPOLIS			77685843 CGDSFJQFDC 79834775 CGDSCSVQL1
Grant Application Grant Application				1510 Laurel Avenue Minneapolis M			75205213 CGDSWKNZZS
Grant Application				2525 CHICAGO AVE MINNEAPOLIS N			73362985 CGDSYBZW90
Grant Application		DinoMights		3400 Park Avenue Minneapolis MN		Paid	77685839 CGDSFJQFDC
Grant Application	411856160	Circus of the Star	Circus Juventas: Open a	1270 Montreal Ave. Saint Paul MN 5	51 \$5,000.00	Paid	77685831 CGDSFJQFDC
Grant Application				640 Jackson St Stop 11202C Saint Pa			79834805 CGDSCSVQL1
Grant Application				640 Jackson St Stop 11202C Saint Pa			77685873 CGDSFJQFDC
Grant Application Grant Application		Bolder Options Como Friends		2100 STEVENS AVE MINNEAPOLIS N 1225 ESTABROOK DR SAINT PAUL N			77685821 CGDSFJQFDC 77685837 CGDSFJQFDC
Grant Application				755 Prior Ave N Ste 200 St. Paul MN			75205203 CGDSWKNZZS
Grant Application				404 S 8TH ST MINNEAPOLIS MN 554			74574329 CGDSWKNZZS
Grant Application	416009039	RAMSEY COUNTY HISTO	General Operating Supp	75 W 5th Street, Ste 323 Saint Paul	VIN \$10,000.00	Paid	79834803 CGDSCSVQL1
Grant Application				101 5TH ST E STE 2400 SAINT PAUL			79834807 CGDSCSVQL1
Grant Application				101 5TH ST E STE 2400 SAINT PAUL			77685875 CGDSFJQFDC
Grant Application				116 RUTTAN HALL 1994 BUFORD AV			75205227 CGDSWKNZZS
Grant Application Grant Application				PO Box 860266 MINNEAPOLIS MN 5 200 Oak St SE, Ste 500 Minneapolis			79701633 CGDSCSVQL1 74574561 CGDSWKNZZS
Grant Application	416078344			217 5TH AVE N MINNEAPOLIS MN 5			74574561 CGDSWKNZZS 79834781 CGDSCSVQL1
Grant Application				225 REINEKERS LN STE 375 ALEXAN			77442057 paid by Securian ACH
Grant Application	452563299	YOUNG MENS CHRISTIA	YMCA Beacons School S	651 NICOLLET MALL STE 500 MINNE	AF \$15,000.00	Paid	79834821 CGDSCSVQL1
Grant Application	452563299	YOUNG MENS CHRISTIA	YMCA Beacons School S	651 NICOLLET MALL STE 500 MINNE	AF \$15,000.00		77209215 CGDSJWV6VN
Grant Application				2051 LARPENTEUR AVE E SAINT PAI			77685823 CGDSFJQFDC
Grant Application				12 Yellow Birch Rd. St Paul MN 551:			75205231 CGDSWKNZZS
Grant Application Grant Application		Wonderlust Production African American Leade		293 Como Avenue #212 Saint Paul N 1625 Hennepin ave. Minneapolis M			75205237 CGDSWKNZZS 74574353 CGDSWKNZZS
Grant Application				13000 ZOO BLVD APPLE VALLEY MN			745/4353 CGDSWKNZZS 79834793 CGDSCSVQL1
Grant Application				445 MINNESOTA ST STE 500 SAINT I			79834791 CGDSCSVQL1
Grant Application				804 Margaret Street Saint Paul MN			77685851 CGDSFJQFDC
Grant Application	510607378	Beyond Walls Urban Sq	Going Beyond: Beyond	123 SE Harvard St Minneapolis MN	\$10,000.00	Paid	77685817 CGDSFJQFDC
Grant Application	530196605	American Red Cross - Ti	Making a Lifesaving, Eve	1201 West River Parkway Minneapo	lis \$12,500.00	Paid	77685813 CGDSFJQFDC
Grant Application				2090 CONWAY ST Saint Paul MN 55			79834813 CGDSCSVQL1
Grant Application				1430 Concordia Ave #4302 St. Paul			79834779 CGDSCSVQL1
Grant Application				2723 Patton Road Roseville MN 551			77685841 CGDSFJQFDC
Grant Application				1654 SHERBURNE AVE SAINT PAUL 401 ROBERT ST N ST PAUL MN 5510			79834801 CGDSCSVQL1
Grant Application Grant Application		Black Men Teach		1001 Highway 7, Suite 347 HOPKINS			75205233 CGDSWKNZZS 77685819 CGDSFJQFDC
Grant Application				P. O. Box Eastlake CO 80614-0455	\$10,000.00		77685815 CGDSFJQFDC
Matching Gifts		various	,		\$540,985.06	Paid	
/olunteer Plus		various			\$39,250.00		
roidiffeer i lus					\$4,389,236.06		

SECURIAN FINANCIAL FOUNDATION Employer identification number 36-3608619

ong term bonds	2021 Book Value	2022	2022
ong term bonds	Book Value		
ong term bonds		Book Value	Market Value
Delta Air Lines 2015-1 Class B	89,790	79,657	78,159
Sinai Health System	140,000	130,000	115,42
U.S. Treasury Bonds	829,995	830,793	789,11
United Airlines 2018-1 Class B	182,039	158,198	144,19
Total long term bonds	1,241,824	1,198,647	1,126,89
ommon Stock			
Agree Realty Corp	27,830	-	-
Alexandria Řeal Éstate Equitie	45,038	-	-
American Campus Comm Reit Ord	31,452	-	-
American Homes 4 Rent	41,822	-	-
American Tower Reit	34,808	-	-
AvalonBay Communities Inc	92,195	-	-
Boston Properties Inc	22,345	-	-
Brixmor Property Group Inc	36,260	-	-
Camden Property Trust	41,096	-	-
CareTrust REIT Inc	1,301	-	_
Digital Realty Trust Inc	95,156	-	_
Douglas Emmett Inc	10,285	-	_
Duke Realty Corp	57,960	-	_
Equinix Inc	109,113	-	_
Equity Lifestyle Properties In	25,597	-	_
Equity Residential	37,739	-	_
Essential Properties Realty Tr	18,912	_	_
Essex Property Trust Inc	59,527	_	_
Extra Space Storage Inc	55,322	_	_
FIRST INDUSTRIAL REALTY TRUST	24,097	_	_
Healthpeak Properties Inc	18,586	_	_
Highwoods Properties Inc	17.881	_	_
Host Hotels & Resorts Inc	49,666	_	_
Invitation Homes Inc	68,690	_	_
iShares Core S&P Mid-Cap ETF	4,155,614	3,868,305	3,868,30
iShares Core US REIT	4,133,014	1,902,984	1,902,98
iShares Broad USD Investment G	9,340,946	8,744,134	8,744,13
iShares Core MSCI Internationa	10,884,929	9,737,105	9,737,10
iShares Core International Agg	6,003,753	4,983,525	4,983,52
iShares Broad USD High Yield C	4,392,996	3,887,595	3,887,59
Kilroy Realty Corp	29,309	3,007,393	3,007,38
Kimco Realty Corp	41,338	-	-
,	41,336 27,573	-	-
Kite Realty Group Reit Ord		-	-
Life Storage Inc	45,188	-	-
MGM Growth Properties LLC	8,129	-	-
Mid-America Apartment Communit	37,858	-	-
National Retail Properties Inc	31,438	-	-
Orion Office Reit Ord Park Hotels & Resorts Inc	1,232 36,740	-	-

SECURIAN FINANCIAL FOUNDATION Employer identification number 36-3608619

Part II Balance Sheets			
Schedule I - Investments - Securities	0004	0000	
	2021	2022	2022
	Book Value	Book Value	Market Value
Pebblebrook Hotel Trust	14,227	-	-
Prologis Inc	219,036	-	-
Public Storage	132,594	-	-
Realty Income Corp	40,305	-	-
Regency Centers Corp	35,791	-	-
Rexford Industrial Realty	31,714	-	-
RLJ Lodging Trust	15,267	-	-
SBA Communications CL A Reit Ord	18,284	-	-
Securian AM Dynamic Managed	16,786,591	14,744,378	14,744,378
Simon Property Group Inc	102.093	, , , , ₌	-
SL Green Rity Reit Ord	17.065	-	_
SPDR Portfolio Emerging Market	6,072,684	5,379,402	5,379,402
SPDR Portfolio Small Cap ETF	2,241,204	1,480,057	1,480,057
Sun Communities Inc	53,122	· · · · -	, , , , , , , , , , , , , , , , , , ,
UDR Inc	58,310	-	-
Vanguard S&P 500 ETF	12,767,490	9,887,762	9,887,762
Ventas Inc	44,628	· · · · -	, , , , , , , , , , , , , , , , , , ,
VICI Properties Inc	31,194	-	_
Vornado Realty Trust	28,883	-	_
Welltower Inc	60,982	-	_
Total common stock	74,831,188	64,615,246.64	64,615,246.64
Short term			
First American Government Obli	495,579	185,985	185,985
Total short term	495,579	185,985	185,985
Cash equivalents			
Securian Foundation	_		_
Total cash equivalents	-	-	-
Total	\$ 76,568,592	65,999,879	65,928,126

Part	XVI	Information Re Organizations	garding Trans	fers to and	Transaction	s and	Relationship	s With	Nonchai	ritable	е Ех	empi
		organization direct	T)			107 mar.	UE //				Yes	No
	n seci organiz	ion 501(c) (other	than section a	501(c)(3) org	anizations) or	in sec	tion 527, re	ating to	political			
		rs from the reportin	a foundation to a	noncharitable	evemnt orga	nization o	f.				1117	
		h								1a(1)		Х
		er assets								1a(2)		X
	(1088)) Sections	ansactions:						e 075 & 1870 E		1-(-/	1	
	1) Sale	es of assets to a no	ncharitable exem	pt organization						1b(1)		X
		chases of assets fro								1b(2)		Х
8	3) Ren	tal of facilities, equi	pment, or other a	ssets						1b(3)		Х
	4) Reir	mbursement arrange	ements						* * * * * *	1b(4)		X
* N	(5) Loa	ns or Ioan guarantee	es							1b(5)		X
		formance of service										X
		of facilities, equipm										X
		nswer to any of th										
		f the goods, other										
		any transaction or	r									***************************************
(a) Lin	e 110.	(b) Amount involved	(c) Name of no	ncharitable exemp	ot organization	(a) De	escription of trans	ers, transac	tions, and sna	ring arra	ingeme	nts
	_					-						
					// · · · · · · · · · · · · · · · · · ·					VA. CO		
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Here	Cina	ature of officer and)	05/12	/2023	Service and the service and th	SURER		with the pro	XX Personal	T	below?
	Sign	ature of officer or trustee		Date		Title			See instruction	is,	Yes	No
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Form 990-PF (2022)

Phone no.

Use Only

Firm's address

Form 8453-TE

Tax Exempt Entity Declaration and Signature for Electronic Filing

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2022

Department of the Treasury

For calendar year 2022, or tax year beginning_ and ending

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Internal Revenue Service

Go to www.irs.gov/Form8453TE for the latest information.

Name of filer SECURIAN FINANCIAL FOUNDATION 36-3608619 Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-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 of 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-). 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		Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	X	Taxed based on investment income (Form 990-PF, Part V, line 5)	4b	82,064.
5a	Form 8868 check here	TO 10 100 100 100 100 100 100 100 100 100	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b	2
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8039-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Par	t II Declaration of Office				

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that X I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) , (EIN)

and that I have examined a copy of the 2022 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. Sian TREASURER Here Signature of officer or person, ubject to tax Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the vove return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature	Check if also paid preparer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Use Only	Firm's name (or yours if self-employed),				EIN
Office	address, and ZIP code				Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and helief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge

Print/Type preparer's name	Preparer's signature	Date	Check if self employed	IN
Firm's name	Firm's EIN			
Firm's address	Phone no.			
	Firm's name	Firm's name	Firm's name	Check if self employed Firm's name Firm's EIN

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-TE (2022)