\*\* PUBLIC DISCLOSURE COPY \*\*

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning NOV 1, 2023 and ending	g 0	CT 31, 2024								
<b>B</b> c	heck if pplicable	C Name of organization LEGIONVILLE SCHOOL SAFETY PATROL		D Employer identif	ication number							
	Addres	S MDATNING GENERD ING										
	Name change	Doing business as 41-0783794										
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  20 WEST 12TH STREET  Room/		E Telephone number 651-291-								
	∠return/ termin ated		G Gross receipts \$	293,611.								
	Ameno			H(a) Is this a group return								
	Application	F Name and address of principal officer: MAKK DVOKAK		for subordinate	s? Yes X No							
	pendin	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No								
<u>1 T</u>	ax-exe	empt status: $oxed{X}$ 501(c)(3) $oxed{\Box}$ 501(c)( ) (insert no.) $oxed{\Box}$ 4947(a)(1) or $oxed{\Box}$	527	If "No," attach	a list. See instructions							
	Vebsit			H(c) Group exemption	on number							
			Year c	of formation: 1954	M State of legal domicile; MN							
Pa	rt I	Summary										
ce		Briefly describe the organization's mission or most significant activities: ${ t LEGIONV}$	[LL]	E SCHOOL SA	FETY PATROL							
Activities & Governance		Check this box if the organization discontinued its operations or disposed of	more 1	than 25% of its net as	ssets.							
ver		Number of voting members of the governing body (Part VI, line 1a)			1							
ဇ္ပ		Number of independent voting members of the governing body (Part VI, line 1b)										
<b>ფ</b>		Total number of individuals employed in calendar year 2023 (Part V, line 2a)										
ij		Total number of volunteers (estimate if necessary)										
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12										
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11										
				Prior Year	Current Year							
ø.	8	Contributions and grants (Part VIII, line 1h)		102,839.	92,578.							
Revenue		Program service revenue (Part VIII, line 2g)		147,565.	167,500.							
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,650.	1,695.							
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,508.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		303,562.	272,490.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		976.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.								
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		136,275.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
e be	b	Total fundraising expenses (Part IX, column (D), line 25)										
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		217,232.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		354,483.								
	19	Revenue less expenses. Subtract line 18 from line 12		-50,921.								
Net Assets or Fund Balances			Beg	ginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)		1,135,777.								
t As	21	Total liabilities (Part X, line 26)		0.								
		Net assets or fund balances. Subtract line 21 from line 20		1,135,777.	1,055,165.							
	rt II	Signature Block										
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st			ly knowledge and belief, it is							
true, correct and combined declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.												
Sign		Signatura 2016		Date								
		MARK DVORAK, TREASURER		Duto								
Her												
		Type or print name and title  Print/Type preparer's games  Proparer's gignature	ΤD	ate Check	PTIN							
Paid		Print/Type preparer's name Preparer's signature  AMANDA SYKORA AMANDA SYKORA		1/17/25 self-emplo								
Prep		Firm's name CLIFTONLARSONALLEN LLP	<u> </u>		11-0746749							
Use		Firm's address 220 S 6TH STREET, SUITE 300		THIIISEIN 3	- U/-U/-/							
J36	Jiny	MINNEAPOLIS, MN 55402		Dhone no 61	12-376-4500							
May	the IF	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. O 2	X Yes No							

Form 990 (2023) TRAINING CENTER, INC. 41-0783794 Page 2

Pai	t III	Statement of Program Service Ac	complishments		
		Check if Schedule O contains a response or	note to any line in this Part III		
1		y describe the organization's mission:			
		SIONVILLE SCHOOL SAFETY			SUMMER
	CAN	IPS TO TRAIN CHILDREN TO	O BE SCHOOL SAFET	Y PATROLS.	
2		ne organization undertake any significant prog			
		Form 990 or 990-EZ?			Yes X No
_		s," describe these new services on Schedule			Yes X No
3		ne organization cease conducting, or make sign	gnificant changes in now it condu	icts, any program services?	Yes _A_No
4		s," describe these changes on Schedule O.			
4		ribe the organization's program service accor			
		on 501(c)(3) and 501(c)(4) organizations are re		ants and allocations to others, the total e	xpenses, and
40		ue, if any, for each program service reported.	44 • including grants of \$	0 • ) (Revenue \$	174,190.)
4a	(Code:	)(Expenses \$ 342,9 SIONVILLE SCHOOL SAFETY			
		IPS TO TRAIN CHILDREN TO			
		NESOTA STATE PATROL).			11111
	1111	NEGOTA BIATE TAIROLY.	110 2024, 333 8108	ENID ATTEMBED CAME.	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	1
	(Oodc.	) (Expenses #	morating grants or \$\psi\$	) (Nevende \$	,
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	`			, , ``	<i>′</i>
4d	Othe	program services (Describe on Schedule O.)			
	(Expen		rants of \$	) (Revenue \$	)
4e	Total	program service expenses	342,944.		
					Form <b>990</b> (2023)

TRAINING CENTER, INC.

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
	Schedule D, Parts XI and XII	12a		Λ
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		Х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
14a		14a		-22
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<del>''-''</del>		<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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TRAINING CENTER, INC.

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Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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### LEGIONVILLE SCHOOL SAFETY PATROL Form 990 (2023) TRAINING CENTER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

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ı aı	Statements Regarding Other Ins Fillings and Tax Compliance (continued)			
_			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
		OI:		х
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	If "Yes," enter the name of the foreign country	<del>-1</del> a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	,_		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	(0000)

Form 990 (2023)

TRAINING CENTER, INC.

41-0783794

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure MN List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RACHAEL HILL - 651-291-1800 W 12TH ST, #300A, ST. PAUL. MN 55155 20

INC. TRAINING CENTER, Form 990 (2023)

41-0783794

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	/ al a	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	nd a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99/	npen		1099-NEC)	1099-1420)	and related
	below	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	er	1300 1.20,		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) ADAM FELTEN	40.00									
CAMP MANAGER				Х				63,486.	0.	11,269.
(2) CARL MOON	2.00									_
PRESIDENT		Х		Х				0.	0.	0.
(3) VICTOR GADES	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MARK DVORAK	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) MICHAEL MAXA	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) GREG COLBY	2.00									
DEPT JUDGE ADVOCATE		Х						0.	0.	0.
(7) RICHARD CROSS	2.00									
LEGION REPRESENTATIVE		Х						0.	0.	0.
(8) PAUL HASSING	2.00									
DEPARTMENT COMMANDER		Х						0.	0.	0.
(9) SHARON CROSS	2.00									
DEPARTMENT PRESIDENT		Х						0.	0.	0.
(10) JAMES BLAKESLEY	2.00									
SAFETY-SCHOOL CHAIR		Х						0.	0.	0.
(11) JOHN WEISS	2.00									
SAL COMMANDER		Х						0.	0.	0.
(12) JODY HASSING	2.00									
LEGION RIDERS DIRECTOR		Х						0.	0.	0.
(13) KEVIN KIBLER	2.00									
40/8 REPRESENTATIVE		Х						0.	0.	0.
(14) GLENN MUELLER	2.00									
FINANCE OFFICER		Х						0.	0.	0.
(15) JAMES OLSON	2.00								_	_
DISTRICT REPRESENTATIVE		Х						0.	0.	0.
(16) DON SKOW	2.00							_		
DISTRICT REPRESENTATIVE		Х						0.	0.	0.
(17) TERESA ASH	2.00	l								_
DISTRICT REPRESENTATIVE		X						0.	0.	<u> </u>

Form **990** (2023)

<u> Page</u> **7** 

# LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER INC.

Form 990 (2023) TRAINING CENTER, INC. 41-0783794 Page 8

Part VII   Section A. Officers, Directors, Tru		pioy	ees,			gnes	st C		,	(E)
(A)	(B)		<b>(C)</b> Position			1		(D)	(E)	(F)
Name and title	Average hours per		(do not check more than one box, unless person is both an			Reportable	Reportable	Estimated		
	week			ss per 1d a di				compensation from	compensation from related	amount of other
	(list any	tor	tor					the	organizations	compensation
	hours for	direc				٦		organization	(W-2/1099-MISC/	from the
	related	9e 0 r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	tigi	ъ	Key employee	est co	er			organizations
	line)	Indiv	Instii	Officer	Кеу е	High	Former			
(18) SHAWN DAVIS	2.00									
DISTRICT REPRESENTATIVE		Х						0.	0.	0.
(19) LARRY POCRNICH	2.00									
DISTRICT REPRESENTATIVE		Х						0.	0.	0.
(20) DAN WILSEY	2.00									
DISTRICT REPRESENTATIVE		Х						0.	0.	0.
(21) TED BERG	2.00	1								-
DISTRICT REPRESENTATIVE		х						0.	0.	0.
(22) WAYNE GILBERTSON	2.00	21						•	•	· ·
MEMBER EMERITUS	2.00	x						0.	0.	0.
(23) EUGENE J LEIFELD	2.00	Δ.						0.	0 •	1 0.
MEMBER EMERITUS	2.00	X						0.	0.	0.
MEMBER EMERIIUS		Δ						0.	0.	<b>U.</b>
		-								
		-								
1b Subtotal								63,486.	0.	· · · · · · · · · · · · · · · · · · ·
c Total from continuation sheets to Part V	II, Section A							0.	0.	
d Total (add lines 1b and 1c)								63,486.	0.	11,269.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former office	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	loyee on	
line 1a? If "Yes," complete Schedule J for	such individual									3 X
<b>4</b> For any individual listed on line 1a, is the s										
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes." col					,			•		5 X
Section B. Independent Contractors	ripiete Scriedui	<del>C</del> J /	UI SL	<u>ICIT Ļ</u>	JEIS	OII .				1 0 1 1
Complete this table for your five highest or	omnensated inc	dana	nda	nt cc	ntra	acto	re th	nat received more than \$	100 000 of compens	ation from
the organization. Report compensation for	•	•							, .	ation from
	trie caleridai y	caic	iluli	ig w	itii C	ועע וכ	<u> </u>		cai.	(C)
<b>(A)</b> Name and busines:	s address	NI	ONE	7				<b>(B)</b> Description of s	ervices	Compensation
Traine and Sacines	3 4441 000	147	)INI				-	Decempation of a	SI VICES	
							$\dashv$			
							$\dashv$			
<ol><li>Total number of independent contractors in</li></ol>	including but n	ot lir	nitar	1 to t	hos	عاا م	hat	above) who received me	ore than	

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990 (2023) TRAINING CENTER, INC.

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Page 9

Pai	LVII						
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovollad		business revenue	from tax under
							sections 512 - 514
nts nts		Federated campaigns 1a					
3ra Iou		Membership dues 1b					
s, ( Am		Fundraising events 1c					
a Gif		Related organizations 1d					
S, jimi		Government grants (contributions) 1e					
iti S	f	All other contributions, gifts, grants, and	00 550				
ig #		similar amounts not included above <b>1f</b>	92,578.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>ठ</u> ह	h	Total. Add lines 1a-1f		92,578.			
			Business Code	165 500	165 500		
e S	2 a	REGISTRATION	611710	167,500.	167,500.		
e vi	b	·					
Se	С						
ran Sev	d	·					
Program Service Revenue	е						
۵	f	All other program service revenue		165 500			
	g			167,500.			
	3	Investment income (including dividends, inter	,	1 605			1 605
		other similar amounts)		1,695.			1,695.
	4	Income from investment of tax-exempt bond	•				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a 1,000					
	b	Less: rental expenses 6b 0					
	С	Rental income or (loss) 6c 1,000	•	1 000	1 000		
		Net rental income or (loss)		1,000.	1,000.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
nue		and sales expenses					
Revenue		Gain or (loss)					
er R		Net gain or (loss)	<u> </u>				
Othe	8 а	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
	h	Part IV, line 18 8: Less: direct expenses 8					
		Less: direct expenses  Net income or (loss) from fundraising events	<b>5</b> 1				
		Gross income from gaming activities. See					
	o u	Part IV, line 199	a				
	b	Less: direct expenses 9					
		Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less returns					
			a 25,148.				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	4,027.			4,027.	
		, , , , , , , , , , , , , , , , , , , ,	Business Code				
sno	11 a	INSURANCE CLAIM PAYMEN	900099	3,640.	3,640.		
ane Due	b	MICCOLI I MICCIC DELIENTIE	900099	2,050.	2,050.		
eve	С						
Miscellaneous Revenue	d	All other revenue					
_		Total. Add lines 11a-11d		5,690.			
	12	Total revenue. See instructions		272,490.	174,190.	0.	5,722.

Part IX | Statement of Functional Expenses

41-0783794 Page 10 TRAINING CENTER, INC. Form 990 (2023)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 62,530. 62,530. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 60,479. 60,479. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 9,528. 9,528. 10 Payroll taxes Fees for services (nonemployees): Management Legal 4,387. 4,387. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 7,302. 7,302. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 37,506. 37,506. 16 Occupancy 3,882. 3,882. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 50,729. 50,729. 22 Depreciation, depletion, and amortization 72,107. 72,107. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 19,780. 19,780. SUPPLIES FOOD EXPENSE 17,754. 17,754. 8,649. 8,649. OTHER С d All other expenses 354,633. 342,944. 11,689 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

TRAINING CENTER, INC.

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	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Pa	art X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		149,963.	1	145,800.
	2	Savings and temporary cash investments		49,991.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributor, or 3	35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as define				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8,434.	8	12,719. 1,677.
Ä	9	Prepaid expenses and deferred charges			9	1,677.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 1,95	3,718.			
	b	Less: accumulated depreciation 10b 1,058	3,749.	920,595.	10c	894,969. 0.
	11	Investments - publicly traded securities		6,794.	11	0.
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,135,777.	16	1,055,165.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
es	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or	1			
-iak					22	
_	23				23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third	ı			
		parties, and other liabilities not included on lines 17-24). Complete Pa			ا م	
	06	of Schedule D		0.	25 26	0.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here		<u> </u>	20	<del></del>
S		and complete lines 27, 28, 32, and 33.				
nce	27			1 083 904.	27	1 004 492.
3a la	28	Net assets without donor restrictions  Net assets with donor restrictions	Г	1,083,904. 51,873.	28	1,004,492. 50,673.
ld E	20	Organizations that do not follow FASB ASC 958, check here	l	32,075		30,0731
Fun		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
4ss.	31	Retained earnings, endowment, accumulated income, or other funds			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	Г	1,135,777.	32	1,055,165.
Z	33	Total liabilities and net assets/fund balances	Г	1,135,777.	33	1,055,165.
	<b>JJ</b>	Total habilities and het assets/fund dalances		1,133,111.	აა	Form <b>990</b> (2

Form 990 (2023)
Part XI Rec 41-0783794 Page **12** TRAINING CENTER, INC.

Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,13	5,7'	<u>77.</u>
5	Net unrealized gains (losses) on investments	5		1,5	<u>31.</u>
6	Donated services and use of facilities				
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,05	5,1	<u>65.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
			0.5		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER, INC.

Employer identification number 41-0783794

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
he (	organi	zation is not a private found									
1	Ŏ.	A church, convention of chu	•		-	-	)(A)(i).				
2	Ħ	A school described in <b>secti</b>	•				7. 7.7				
3	H	A hospital or a cooperative		·		/h\/1\/ \\\	:1				
4	H		•					the hespital's name			
4		A medical research organiza	ation operated in cor	ijuriction with a nospital	described	III Sectio	II 170(D)(1)(A)(III). □II.⊡	the nospital s name,			
_		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	d in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in coniu	nction with a land-grant	college			
-		or university or a non-land-g				-	-	-			
		university:	rant conege of agrici	artare (500 motraotions).	Littor the i	iarrio, orty	, and state or the conege	, 01			
40	X		lly receives (1) more t	than 22 1/20/ of its our	ort from o	ontribution	no momborobin foco on	d aroog receipts from			
10		An organization that normal									
		activities related to its exem		·							
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.			
		See <b>section 509(a)(2).</b> (Cor	-								
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne function	ns of, or to carry out the	purposes of one or			
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on			
		lines 12a through 12d that of	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its supr	orted org	anization(s), typically by	giving			
		the supported organization	•	•	•	_					
		organization. You must c						.pp=9			
h		Type II. A supporting orga			ion with it	cupporto	d organization(s), by bay	vina			
b			· ·					-			
		control or management of			ame perso	ns mai co	itroi or manage the supp	oortea			
		organization(s). <b>You mus</b>									
С		Type III functionally inte					• •	ed with,			
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.				
d			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)			
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness			
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.					
f	Ente	r the number of supported o	rganizations								
g		ide the following information		d organization(s).							
	(i	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))	1.00						
								I			

332021 12-21-23

41-0783794 Page 2 TRAINING CENTER, INC. Schedule A (Form 990) 2023

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(-,	(-,	(5) = 5 = 5	(-,	(-,	(-)
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	nns)			12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stor	· ·		•	•	. , . ,	
Sed	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2023. If the o					nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		-				
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets the		-				
	organization meets the facts-and-circu				· ·		
18	<b>Private foundation.</b> If the organization						
	<u></u>		,				(Form 990) 2023

332022 12-21-23

TRAINING CENTER, INC. Schedule A (Form 990) 2023

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#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	elow, please comp	elete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	129,887.	222,017.	200,895.	102,839.	92,578.	748,216.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,794.	17,049.	158,147.	147,565.	167,500.	492,055.
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	131,681.	239,066.	359,042.	250,404.	260,078.	1240271.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						1240271.
Section B. Total Support						1210271
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	131,681.	239,066.	359,042.		260,078.	1240271.
and income from similar sources <b>b</b> Unrelated business taxable income	4,443.	4,603.	534.	2,650.	2,695.	14,925.
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,443.	4,603.	534.	2,650.	2,695.	14,925.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)	2,138.	5,807.	2,014.		30,838.	107,333.
13 Total support. (Add lines 9, 10c, 11, and 12.)	138,262.	249,476.	361,590.		293,611.	1362529.
14 First 5 years. If the Form 990 is for the	ne organization's fir			•	01(c)(3) organizatio	on,
Section C. Computation of Publi	ic Support Per	centage				
15 Public support percentage for 2023 (	ine 8, column (f), d	ivided by line 13, c	column (f))		15	91.03 %
16 Public support percentage from 2022	Schedule A, Part	III, line 15			16	93.15 %
Section D. Computation of Inves	stment Income					
17 Investment income percentage for 20	<b>023</b> (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	1.10 %
18 Investment income percentage from					18	1.23 %
19a 33 1/3% support tests - 2023. If the	•					,
more than 33 1/3%, check this box a						77
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che	•			•	•	
20 Private foundation. If the organization						
		, 700	,,,			/Earm 000\ 202

332023 12-21-23

Schedule A (Form 990) 2023

TRAINING CENTER, INC.

41-0783794 Page 4

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.0		
3с		
30		
4-		
4a		
4b		
4c		
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5b		
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9с		
10a		
10b		
		_

Schedule A (Form 990) 2023 TRAINING CENTER, INC. 41-0783794 Page 5

	t IV	Supporting Organizations (continued)			age <b>o</b>
		(continued)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?		100	110
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		5 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	1 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mar	nagement of the supporting organization was vested in the same persons that controlled or managed			
2	the su	pported organization(s).	1		
sec	tion L	All Type III Supporting Organizations			
_				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	•	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	_		
2		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	tion E	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	ese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		I

332025 12-21-23 Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 TRAINING CENTER, INC. 41-0783794 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	·
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	nization (see
	instructions).	. •		·

Schedule A (Form 990) 2023 TRAINING CENTER, INC. 41-0783794 Page 7

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	d)	<u> </u>
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		<u> </u>	10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2023 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

LEGIONVILLE SCHOOL SAFETY PATROL 41-0783794 Page 8 TRAINING CENTER, INC. Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS REVENUE INVENTORY SALES

### Schedule B

(Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER, INC.

**Employer identification number** 

41-0783794

Organiz	ation type (check on	ne):					
Filers of	:	Section	on:				
Form 99	0 or 990-EZ	X	501(c)( 3 ) (enter number) organization				
			4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
			527 political organization				
Form 990-PF			501(c)(3) exempt private foundation				
			4947(a)(1) nonexempt charitable trust treated as a private foundation				
			501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(7		ed by the <b>General Rule</b> or a <b>Special Rule.</b> or (10) organization can check boxes for both the General Rule and a Special Rule. See	instructions.			
General	Rule						
X			Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ntributor. Complete Parts I and II. See instructions for determining a contributor's total of				
Special	Rules						
	sections 509(a)(1) are contributor, during t	nd 170 the yea	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the local file (b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that rear, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 90 Complete Parts I and II.	eceived from any one			
	contributor, during t	the yea nal pur	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific poses, or for the prevention of cruelty to children or animals. Complete Parts I (entering d of the contributor name and address), II, and III.	,			
	year, contributions of is checked, enter he purpose. Don't com	<i>exclusi</i> ere the aplete a	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one fively for religious, charitable, etc., purposes, but no such contributions totaled more that total contributions that were received during the year for an exclusively religious, charicany of the parts unless the <b>General Rule</b> applies to this organization because it received contributions totaling \$5,000 or more during the year	n \$1,000. If this box table, etc., d <i>nonexclusively</i>			
answer "	'No" on Part IV, line 2	2, of its	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 s Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, ements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page 2

Name of organization

LEGIONVILLE SCHOOL SAFETY PATROL

TRAINING CENTER, INC.

Employer identification number

41-0783794

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$13,601.	Person X 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
NO.	Name, audress, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3** 

Name of organization
LEGIONVILLE SCHOOL SAFETY PATROL
TRAINING CENTER, INC.

41-0783794

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		  \$	
()			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER, INC. 41-0783794 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization

LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER, INC.

Employer identification number 41-0783794

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Sim	ilar Funds or A	ccour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised f	unds	<b>(b)</b> Fun	ids and other accounts
1	Total number at end of year	. ,				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		held i	n donor advised fun	ds	
	are the organization's property, subject to the organization's	~				Yes No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes" o	on Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	/)			
	Preservation of land for public use (for example, recreated	tion or education)	P	reservation of a hist	orically	important land area
	Protection of natural habitat	L	P	reservation of a cert	ified his	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ributio	n in the form of a co	nserva	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a		2c	
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r tern	ninated by the organ	ization	during the tax
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and e	enforcing conservation	on ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfor	cing conservation ea	semen	ts during the year
_	<del></del>					
8	Does each conservation easement reported on line 2d above					
_	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	lote to the organization	n's tin	anciai statements th	at desc	cribes the
Par	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art. Historical Ti	reas	ures, or Other S	imila	r Assets.
	Complete if the organization answered "Yes" on Form			,		
	If the organization elected, as permitted under FASB ASC 95		evenu	e statement and bal	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	•	•			
b	If the organization elected, as permitted under FASB ASC 95				e sheet	works of
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items.	,				,
	(i) Revenue included on Form 990, Part VIII, line 1					\$
						\$
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1					\$
	Assets included in Form 990, Part X					\$

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

41-0783794 Page 2 TRAINING CENTER, INC. Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (other) basis (investment) depreciation 11,456. 11,456. 625,272 1,156,385. 531,113. **b** Buildings Leasehold improvements ..... 384,348. 297,716. 86,632. d Equipment 401,529. 229,920. e Other 894,969. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

David VIII Increasing and a Chicag Constition	TER, INC.	41-0783794 Pa
Part VII Investments - Other Securities	on Form 000 Doubly line	11h Con Form 000 Port V line 10
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)		(c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(c) Metriod of Valuation. Cost of end-of-year market value
Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B) (C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
	E 000 B 1 N / II	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
-	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.  (b) Book value
(a) [		
(a) [		
(a) [ (1) (2)		
(a) [ (1) (2) (3)		
(a) [ (1) (2) (3) (4)		
(a) [ (1) (2) (3) (4) (5)		
(a) [ (1) (2) (3) (4) (5) (6)		
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col.	Description	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	Description  (B))	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the description of liability (1) Federal income taxes	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2)	Description  (B))	(b) Book value
(a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2) (3)	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4)	Description  (B))	(b) Book value
(a) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the organization of liability  (1) Federal income taxes (2) (3) (4) (5)	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description  (B))	(b) Book value
(a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B))on Form 990, Part IV, line	(b) Book value  11e or 11f. See Form 990, Part X, line 25.  (b) Book value

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Docusign Envelope ID: A1C9991C-B5BA-4014-9EF7-6443D26F31CB LEGIONVILLE SCHOOL SAFETY PATROL 41-0783794 Page 4 TRAINING CENTER, INC. Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LEGIONVILLE SCHOOL SAFETY PATROL TRAINING CENTER, INC.

Employer identification number 41-0783794

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERSHIP IN THIS CORPORATION SHALL BE SELECTED ANNUALLY BY THE VARIOUS
DISTRICTS OF THE AMERICAN LEGION, DEPARTMENT OF MINNESOTA, WITH ONE MEMBER
TO BE CHOSEN BY EACH DISTRICT, TOGETHER WITH ONE MEMBER TO BE APPOINTED BY
THE DEPARTMENT COMMANDER. ONE MEMBER CAN BE SELECTED BY THE AMERICAN LEGION
AUXILIARY, DEPARTMENT OF MINNESOTA, ONE MEMBER BY THE SONS OF THE AMERICAN
LEGION, DEPARTMENT OF MINNESOTA AND ONE MEMBER BY THE GRAND VOITURE OF THE
40 AND 8.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WILL BE MADE AVAILABLE TO THE FULL BOARD FOR REVIEW AND
COMMENT.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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