

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 07/01/2024 and ending 06/30/2025

2024

Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

UNIVERSITY OF MINNESOTA RETIREES ASSOCIATION

41-1315027

Name and title of officer or person subject to tax

KRISTY FROST-GRIEP, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	☒	b Total revenue, if any (Form 990-EZ, line 9)	2b 68,727.
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BLOCK ADVISORS to enter my PIN 82262 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/11/2025

Part III Certification and Authentication

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

411211343187

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/11/2025

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

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

Form 8879-TE (2024)

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

B Check if applicable:	C Name of organization	D Employer identification number
☐ Address change	UNIVERSITY OF MINNESOTA RETIREES ASSOCIATION	41-1315027
☐ Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
☐ Initial return	200 OAK ST SE MCNAMARA ALUMNI CENTE	(651) 262-8670
☐ Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number
☐ Amended return	MINNEAPOLIS, MN 55455	
☐ Application pending		

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):	H Check ☒ if the organization is not required to attach Schedule B (Form 990).
---	--

I Website: WWW.UMRA.UMN.EDU

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other:

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 68,727.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,943.
	2	Program service revenue including government fees and contracts	2	32,679.
	3	Membership dues and assessments	3	25,930.
	4	Investment income	4	1,175.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	NONE
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	NONE
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c	NONE	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	NONE	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b	NONE	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	NONE	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,727.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	NONE
	13	Professional fees and other payments to independent contractors	13	14,935.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	5,700.
	16	Other expenses (describe in Schedule O) SEE, SCHEDULE O	16	42,037.
	17	Total expenses. Add lines 10 through 16	17	62,672.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	6,055.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	46,390.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,445.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	46,390.	22	52,445.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	46,390.	25	52,445.
26 Total liabilities (describe in Schedule O)	NONE	26	NONE
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,390.	27	52,445.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SUPPORT UNIVERSITY OF MN RETIREES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	12,500.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	23,842.
30 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	10,459.
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	12,149.
32 Total program service expenses (add lines 28a through 31a)	32	58,950.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JULIE SWELTZER				
PRESIDENT	7.00	NONE		
DIANE YOUNG				
PRESIDENT ELECT	7.00	NONE		
ERIC HOCKERT				
PAST PRESIDENT	4.00	NONE		
LAURIE COFFIN KOCH				
SECRETARY	1.00	NONE		
KRISTY FROST-GRIEP				
TREASURER	10.00	NONE		
JERRY RINEHART				
URVC COUNCIL CHAIR	3.00	NONE		
JOHN BANTLE				
DIRECTOR	1.00	NONE		
BRADLEY CLARY				
DIRECTOR	1.00	NONE		
WILL CRAIG				
DIRECTOR	1.00	NONE		
DIANE GIHL				
DIRECTOR	1.00	NONE		
MICHAEL HANCHER				
DIRECTOR	1.00	NONE		
WENDY PRADT LOUGEE				
DIRECTOR	1.00	NONE		

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	25	
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28		
(Grants \$) If this amount includes foreign grants, check here	28a	
29		
(Grants \$) If this amount includes foreign grants, check here	29a	
30		
(Grants \$) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RUSSELL LUEPKER				
DIRECTOR	1.00	NONE		
KATE MAPLE				
DIRECTOR	1.00	NONE		
RON MATROSS				
DIRECTOR	1.00	NONE		
B JAN MCCULLOCH				
DIRECTOR	1.00	NONE		
JAN MORLOCH				
DIRECTOR	1.00	NONE		
PEGGY MANN RINEHART				
DIRECTOR	1.00	NONE		
BARBARA SHIELS				
DIRECTOR	1.00	NONE		

Part V**Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . .		X
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved.		
39 Section 501(c)(7) organizations. Enter:		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:		
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed:		
42a The organization's books are in care of: <u>KRISTY FROST-GRIEP</u> Telephone no. <u>612-626-4403</u> Located at: <u>SEE SCHEDULE O</u> ZIP + 4 <u>55455</u>		
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year. 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** ☐ Yes ☒ No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

47 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. **47** ☐ Yes ☐ No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ Yes ☐ No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No

b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000.

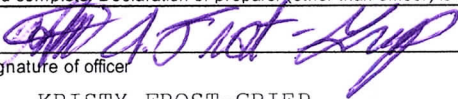
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  11/11/2025
Signature of officer Date
KRISTY FROST-GRIEP TREASURER
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
MARGARET SCHILLER 11/11/2025 P00104571
Firm's name BLOCK ADVISORS Firm's EIN 43-1871840
Firm's address 1600 UNIVERSITY AVE STE 208 Phone no. 651-646-4640

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SAINT PAUL, MN 55104

Form 990-EZ (2024)

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF MINNESOTA RETIREES ASSOCIATION

Employer identification number

41-1315027

PART I LINE 16

MEMBER EDUCATION EVENT COSTS \$34301 (PART III, LINES 29-30)

COMMITTEE OPERATION EXPENSE \$3326*

CONFERENCE TRAVEL \$1761

INSURANCE \$1461

CONFERENCE DEPOSIT \$500

OTHER COSTS \$688*

TOTAL OTHER \$42037

Name of the organization

UNIVERSITY OF MINNESOTA RETIREES ASSOCIATION

Employer identification number

41-1315027

PART I LINE 13

PROFESSIONAL FEES:

NEWSLETTER PRODUCTION \$6800

IT WEBINAR SUPPORT \$1507*

CREDIT CARD PROCESSING \$966*

DATABASE LICENSING FEES \$5662*

TOTAL PROFESSIONAL FEES \$14935

PART III LINE 31

ITEMS MARKED WITH * IN OTHER SCH O ITEMS TOTAL \$12149

Name of the organization

UNIVERSITY OF MINNESOTA RETIREES ASSOCIATION

Employer identification number

41-1315027

FORM 990EZ, PART III - STATEMENT ON PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

INFORMATION SHARED THROUGH REGULAR NEWSLETTER COMMUNICATIONS TO
ALL MEMBERS (PRINTING & PROFESSIONAL FEES) - 746 MEMBERS

PROGRAM SERVICE ACCOMPLISHMENT 2

LUNCHEON FORUMS WITH SPEAKERS DISCUSSING TOPICS RELEVANT TO
MEMBERSHIP, AND TO CREATE COMMUNITY. 958 ATTENDEES

PROGRAM SERVICE ACCOMPLISHMENT 3

SOCIAL EVENTS TO GATHER MEMBERS FOR COMMUNITY BUILDING AND
FELLOWSHIP

Name of the organization

UNIVERSITY OF MINNESOTA RETIREES ASSOCIATION

Employer identification number

41-1315027

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

DESCRIPTION

OTHER PROGRAMS SERVICES

TOTALS

GRANTS AND
ALLOCATIONS

EXPENSES

12,149.

12,149.

Name of the organization

Employer identification number

UNIVERSITY OF MINNESOTA RETIREES ASSOCIATION

41-1315027

FORM 990EZ, PART V - LOCATION OF BOOKS IN CARE

=====

200 OAK ST SE, MCNAMARA ALUMNI CENTER MINNEAPOLIS, MN