

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

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

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

Open to Public Inspection

Form 990 Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 09-01-2021, and ending 08-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization EDUCATION MINNESOTA, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite 41 SHERBURNE AVENUE, City or town, state or province, country, and ZIP or foreign postal code ST PAUL, MN 55103

D Employer identification number 41-1916882, E Telephone number (651) 227-9541, G Gross receipts \$ 36,600,691

F Name and address of principal officer: DENISE SPECHT, 41 SHERBURNE AVENUE, ST PAUL, MN 55103

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c)(5), 4947(a)(1), 527

J Website: EDUCATIONMINNESOTA.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1998, M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: EDUCATION MINNESOTA IS A LABOR UNION REPRESENTING APPROXIMATELY 87,000 MEMBERS WHO WORK IN PUBLIC SCHOOLS, HIGHER EDUCATION AND OTHER RELATED FIELDS THROUGHOUT THE STATE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 45. 4 Number of independent voting members of the governing body (Part VI, line 1b) 42. 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 211. 6 Total number of volunteers (estimate if necessary) 239. 7a Total unrelated business revenue from Part VIII, column (C), line 12 57,932. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, employee benefits, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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: Signature of officer DENISE SPECHT PRESIDENT, Date 2023-05-12

Paid Preparer Use Only: Print/Type preparer's name HARRINGTON LANGER & ASSOCIATES, Preparer's signature, Date 2023-05-30, Check if self-employed, PTIN P00964458, Firm's EIN 41-1532347, Firm's address 563 PHALEN BLVD SAINT PAUL, MN 55130, Phone no. (651) 481-1128

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

EDUCATION MINNESOTA IS A LABOR UNION REPRESENTING APPROXIMATELY 87,000 MEMBERS WHO WORK IN PUBLIC SCHOOLS, HIGHER EDUCATION AND OTHER RELATED FIELDS THROUGHOUT THE STATE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .

Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

EDUCATION MINNESOTA ORGANIZES MEMBERS ON A LOCAL BASIS. EDUCATION MINNESOTA CURRENTLY HAS 470 LOCAL UNIONS STATEWIDE. OUR LOCALS HELP MENTOR NEW TEACHERS, PROVIDE PROFESSIONAL DEVELOPMENT, NEGOTIATE AND MAINTAIN WORK CONTRACTS, AND MUCH MORE. OUR STAFF MEMBERS IN 14 OFFICES STATEWIDE SERVE AS RESOURCES TO OUR LOCALS.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	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 . . . . .		No
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 Schedule J . . . . .	Yes	
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 Schedule K. If "No," go to line 25a . . . . .		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		
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 Schedule L, Part I		
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% controlled entity or family member of any of these persons?		No
27	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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		No
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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 . . . . .		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
37	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 . . . . .		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**Part V 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, a numeric column (2a-17), and a Yes/No column. Row 2a includes a value of 211. Row 17 includes a value of 20.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (45), 1b (42), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
18 Section 6104 requires an organization to make its Form 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.
19 Describe in 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL ROEHL 41 SHERBURNE AVENUE ST PAUL, MN 55103 (651) 292-4810

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE SPECHT ..... PRESIDENT	40.00 .....	X		X				206,074	0	56,185
(2) MONICA BYRON ..... VICE PRESIDE	40.00 .....	X		X				0	0	0
(3) BERNADETTE BURNHAM ..... VP THRU 2/11	40.00 .....	X		X				208,867	0	49,065
(4) RODNEY ROWE ..... SECRETARY-TR	40.00 .....	X		X				203,775	0	48,819
(5) MARUEEN MORROW ..... BOARD MEMBER	2.00 .....	X						0	0	0
(6) JOAN LANCOUR ..... BOARD MEMBER	2.00 .....	X						0	0	0
(7) RYAN FIERECK ..... BD MEM/VP 2/	2.00 .....	X						0	0	0
(8) TAMMY KNAPPER ..... BOARD MEMBER	2.00 .....	X						0	0	0
(9) KATE SCHMIDT ..... BOARD MEMBER	2.00 .....	X						0	0	0
(10) JANA HEDLUND ..... BOARD MEMBER	2.00 .....	X						0	0	0
(11) VALERIE HOLTHUS ..... BOARD MEMBER	2.00 .....	X						0	0	0
(12) MARK SWENSON ..... BOARD MEMBER	2.00 .....	X						0	0	0
(13) JEROME BELLEFEUILLE ..... BOARD MEMBER	2.00 .....	X						0	0	0
(14) TAMMY ROTH ..... BOARD MEMBER	2.00 .....	X						0	0	0
(15) AMY AHO ..... BOARD MEMBER	2.00 .....	X						0	0	0
(16) CINDY KLUEMPKE ..... BOARD MEMBER	2.00 .....	X						0	0	0
(17) JODI HANSEN ..... BOARD MEMBER	2.00 .....	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AL HELGERSON BOARD MEMBER	2.00	X						0	0	0
(19) MATTHEW WILMES BOARD MEMBER	2.00	X						0	0	0
(20) TODD ANDRIX BOARD MEMBER	2.00	X						0	0	0
(21) LINDA HOWE-WENSEL BOARD MEMBER	2.00	X						0	0	0
(22) WENDY DRUGGE-WUENSCH BOARD MEMBER	2.00	X						0	0	0
(23) RYAN ROSEEN BOARD MEMBER	2.00	X						0	0	0
(24) JESSIE HOLM BOARD MEMBER	2.00	X						0	0	0
(25) GRETA CALLAHAN BOARD MEMBER	2.00	X						0	0	0
(26) BEN SCHWANKE BOARD MEMBER	2.00	X						0	0	0
(27) STACEY VANDERPORT BOARD MEMBER	2.00	X						0	0	0
(28) KELLY WILSON BOARD MEMBER	2.00	X						0	0	0
(29) MICHELLE FARNUM BOARD MEMBER	2.00	X						0	0	0
(30) JARED SIMPSON BOARD MEMBER	2.00	X						0	0	0
(31) JAMIE ALSLEBEN BOARD MEMBER	2.00	X						0	0	0
(32) ANNETTE DAVIS BOARD MEMBER	2.00	X						0	0	0
(33) MICHELLE DENNARD BOARD MEMBER	2.00	X						0	0	0
(34) YASMIN MURIDI BOARD MEMBER	2.00	X						0	0	0
(35) BETY RIOS-CHRISTENSEN BOARD MEMBER	2.00	X						0	0	0
(36) JULIE JAGUSCH BOARD MEMBER	2.00	X						0	0	0
(37) HEATHER BAKKE BOARD MEMBER	2.00	X						0	0	0
(38) MARTY FRIDGEN BOARD MEMBER	2.00	X						0	0	0
(39) MARTY SCOFIELD BOARD MEMBER	2.00	X						0	0	0
(40) ELLEN OLSEN BOARD MEMBER	2.00	X						0	0	0
(41) JUDY ROHDE BOARD MEMBER	2.00	X						0	0	0
(42) GENEVA DORSEY BOARD MEMBER	2.00	X						0	0	0
(43) ANNA PANEK BOARD MEMBER	2.00	X						0	0	0
(44) LEAH VANDASSOR BOARD MEMBER	2.00	X						0	0	0
(45) CHRIS ERICKSON BOARD MEMBER	2.00	X						0	0	0
(46) MICHELLE GOTTBORG BOARD MEMBER	2.00	X						0	0	0
(47) JANELLE HART BOARD MEMBER	2.00	X						0	0	0
(48) MARIA LESELMER BOARD MEMBER	2.00	X						0	0	0
(49) GRETCHEN LONG BOARD MEMBER	2.00	X						0	0	0
(50) LISA OLSON BOARD MEMBER	2.00	X						0	0	0
(51) ANGELA PEDACE BOARD MEMBER	2.00	X						0	0	0
(52) HOLLY SCHRUPP BOARD MEMBER	2.00	X						0	0	0
(53) DYLAN STEBERG BOARD MEMBER	2.00	X						0	0	0
(54) KIM THOLE BOARD MEMBER	2.00	X						0	0	0
(55) CARRIE LUCKING EXECUTIVE DI	40.00			X				172,522	0	74,064
(56) SARA GJERDRUM ED THRU 1/14	40.00			X				199,733	0	80,191
(57) MICHAEL ROEHL CFO	40.00			X				178,195	0	75,301
(58) ROB GARDNER FIELD MANAGE	40.00				X			161,552	0	72,198
(59) MICHELLE MACDONALD DIRECTOR OF	40.00				X			160,411	0	71,793
(60) DAN RIVERA FIELD MANAGE	40.00				X			159,808	0	71,869
(61) KATHLEEN MICHELETTI DIR OF PUBLI	40.00				X			150,968	0	63,550
(62) DAVID ARON GENERAL COUN	40.00				X			153,752	0	72,198
(63) SHANE PATRICK HR DIRECTOR	40.00					X		146,865	0	65,898
(64) MARGARET LUGER-NIKOLI ATTORNEY	40.00					X		143,295	0	68,754
(65) DEBRA CORHOUSE ATTORNEY	40.00					X		142,689	0	69,284
(66) PATRICK MATTOCKS IT ADMINISTR	40.00					X		141,962	0	68,627
(67) ALLISON LABREE PROF PRACTIC	40.00					X		141,884	0	62,379
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								2,672,352		1,070,175
<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 79									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FLINT GROUP 14909 N BECK ROAD PLYMOUTH, MI 48170 MHC CULINARY GROUP	MEDIA PRODUCT	1,519,775
175 W KELLOGG BLVD SUITE 503 SAINT PAUL, MN 55102 NOW MICRO INC	CATERING	126,375
1420 PERRON RD E SUITE 300 MENDOTA HEIGHTS, MN 55120 NO COAST WORKSHOP	IT SERVICES	118,182
3413 42ND AVE S MINNEAPOLIS, MN 55406 LSC COMMUNICATIONS US LLC	CONSULTING	117,852
191 N UPPER WACKER DRIVE CHICAGO, IL 60606	PRINTING SVCS	115,086
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 5		

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
<b>1a</b> Federated campaigns . . . . .		<b>1a</b>		
<b>b</b> Membership dues . . . . .		<b>1b</b>		
<b>c</b> Fundraising events . . . . .		<b>1c</b>		
<b>d</b> Related organizations . . . . .		<b>1d</b>		
<b>e</b> Government grants (contributions) . . . . .		<b>1e</b>		
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .		<b>1f</b>		
<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .		<b>1g</b>		
<b>h Total.</b> Add lines 1a-1f . . . . .				

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
<b>2a</b> DUES INCOME		900099	33,136,347	33,136,347		
<b>b</b> NEA UNISERV GRANT		900099	1,831,886	1,831,886		
<b>c</b> AFT SOLIDARITY FUND SUPPORT		900099	380,116	380,116		
<b>d</b> NEA PROGRAM SUPPORT		900099	268,273	268,273		
<b>e</b> AFT FIELD SUPPORT		900099	250,784	250,784		
<b>f</b> All other program service revenue.			54,523	44,673		9,850
<b>g Total.</b> Add lines 2a-2f. . . . .			35,921,929			

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		421,364			421,364	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales expenses					
		<b>7c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
		<b>9b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>10b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> THE EDUCATOR	511120		257,398	199,466	57,932		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			257,398				
<b>12 Total revenue.</b> See instructions . . . . .			36,600,691	36,111,545	57,932	431,214	

**Part IX Statement of Functional Expenses**

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,964,416			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,551,600			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	13,462,641			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,455,709			
<b>9</b> Other employee benefits	4,850,680			
<b>10</b> Payroll taxes	1,170,206			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	1,463,766			
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	891,700			
<b>17</b> Travel	1,993,882			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates	962,352			
<b>22</b> Depreciation, depletion, and amortization	272,568			
<b>23</b> Insurance	147,066			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OUTSIDE SERVICES	2,361,638			
<b>b</b> MEMBERSHIP DUES	648,239			
<b>c</b> READERSHIP COSTS	241,299			
<b>d</b> STATE AND LOCAL PROJECTS	226,682			
<b>e</b> All other expenses	438,047			
<b>25</b> Total functional expenses. Add lines 1 through 24e	37,102,491	0	0	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	624,524	<b>1</b>	1,102,969
	<b>2</b> Savings and temporary cash investments	44,522,606	<b>2</b>	23,785,300
	<b>3</b> Pledges and grants receivable, net . . . . .	100,000	<b>3</b>	45,500
	<b>4</b> Accounts receivable, net . . . . .	2,566,691	<b>4</b>	2,635,505
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	162,969	<b>9</b>	509,577
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,803,904		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 3,212,442	714,986	<b>10c</b> 591,462
	<b>11</b> Investments—publicly traded securities . . . . .	17,592,117	<b>11</b>	36,140,076
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	66,283,893	<b>16</b>	64,810,389	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,155,628	<b>17</b>	4,058,364
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	318,564	<b>19</b>	327,039
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	23,363,697	<b>25</b>	15,473,869
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	26,837,889	<b>26</b>	19,859,272
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	24,277,088	<b>27</b>	30,745,817
	<b>28</b> Net assets with donor restrictions	15,168,916	<b>28</b>	14,205,300
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	39,446,004	<b>32</b>	44,951,117
<b>33</b> Total liabilities and net assets/fund balances	66,283,893	<b>33</b>	64,810,389	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	36,600,691
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	37,102,491
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-501,800
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	39,446,004
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,425,203
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	7,432,116
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	44,951,117

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

Supplemental Financial Statements

2021

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization EDUCATION MINNESOTA

Employer identification number

41-1916882

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for preservation types and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including checkboxes for reporting requirements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** 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? . . .  **Yes**  **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**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term 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 organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI 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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		299,409	160,291	139,118
<b>d</b> Equipment . . . . .		3,360,034	2,982,878	377,156
<b>e</b> Other . . . . .		144,461	69,273	75,188
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) . . . ▶				591,462

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<b>15,473,869</b>

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	35,175,488
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-1,425,203	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,425,203	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	36,600,691	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	36,600,691	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	37,102,491
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	37,102,491	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	37,102,491	

**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.

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) FOR ANY UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization: EDUCATION MINNESOTA Employer identification number: 41-1916882

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include various educational organizations like AUSTIN EDUCATION ASSOCIATION, BETTER TOGETHER MINNESOTA, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

3 Enter total number of other organizations listed in the line 1 table 81

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference

Explanation

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EDUCATION MINNESOTA

Employer identification number

41-1916882

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DENISE SPECHT PRESIDENT	(i)	206,074			42,852	13,333	262,259	
	(ii)	-----	-----	-----	-----	-	-	-----
2 BERNADETTE BURNHAM VP THRU 2/11/22	(i)	208,867			35,724	13,341	257,932	
	(ii)	-----	-----	-----	-----	-	-	-----
3 RODNEY ROWE SECRETARY-TREASURER	(i)	203,775			35,481	13,338	252,594	
	(ii)	-----	-----	-----	-----	-	-	-----
4 CARRIE LUCKING EXECUTIVE DIRECTOR	(i)	172,522			37,454	36,610	246,586	
	(ii)	-----	-----	-----	-----	-	-	-----
5 SARA GJERDRUM ED THRU 1/14/22	(i)	199,733			43,526	36,665	279,924	
	(ii)	-----	-----	-----	-----	-	-	-----
6 MICHAEL ROEHL CFO	(i)	178,195			38,680	36,621	253,496	
	(ii)	-----	-----	-----	-----	-	-	-----
7 ROB GARDNER FIELD MANAGER	(i)	161,552			35,604	36,594	233,750	
	(ii)	-----	-----	-----	-----	-	-	-----
8 MICHELLE MACDONALD DIRECTOR OF ESI	(i)	160,411			35,203	36,590	232,204	
	(ii)	-----	-----	-----	-----	-	-	-----
9 DAN RIVERA FIELD MANAGER	(i)	159,808			35,278	36,591	231,677	
	(ii)	-----	-----	-----	-----	-	-	-----
10 KATHLEEN MICHELETTI DIR OF PUBLIC AFFAIR	(i)	150,968			26,983	36,567	214,518	
	(ii)	-----	-----	-----	-----	-	-	-----
11 DAVID ARON GENERAL COUNSEL	(i)	153,752			35,604	36,594	225,950	
	(ii)	-----	-----	-----	-----	-	-	-----
12 SHANE PATRICK HR DIRECTOR	(i)	146,865			29,333	36,565	212,763	
	(ii)	-----	-----	-----	-----	-	-	-----
13 MARGARET LUGER-NIKOLI ATTORNEY	(i)	143,295			32,004	36,750	212,049	
	(ii)	-----	-----	-----	-----	-	-	-----
14 DEBRA CORHOUSE ATTORNEY	(i)	142,689			32,539	36,745	211,973	
	(ii)	-----	-----	-----	-----	-	-	-----
15 PATRICK MATTOCKS IT ADMINISTRATOR	(i)	141,962			31,878	36,749	210,589	
	(ii)	-----	-----	-----	-----	-	-	-----
16 ALLISON LABREE PROF PRACTICE MGR	(i)	141,884			25,830	36,549	204,263	
	(ii)	-----	-----	-----	-----	-	-	-----

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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## **Additional Data**

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**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
EDUCATION MINNESOTA

Employer identification number

41-1916882

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS ORGANIZED WITH APPROXIMATELY 87,000 EDUCATIONAL MEMBERS.
FORM 990, PAGE 6, PART VI, LINE 7A	THE ORGANIZATION HAS APPROXIMATELY 87,000 MEMBERS FROM THE EDUCATION FIELD IN THE STATE OF MINNESOTA.
FORM 990, PAGE 6, PART VI, LINE 7B	AMENDMENTS TO CONSTITUTION AND BYLAWS
FORM 990, PAGE 6, PART VI, LINE 11B	THE GOVERNING BOARD REVIEWS THE 990 BEFORE IT IS FILED.
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL DISCLOSURES ARE COMPLETED WITH A REVIEW BY LEGAL COUNSEL IF ANY CONFLICTS ARE NOTED.
FORM 990, PAGE 6, PART VI, LINE 15A	ON A PERIODIC BASIS THE ORGANIZATION PERFORMS A COMPENSATION ANALYSIS AND INDUSTRY SURVEY FOR THE PRESIDENT AND SETS THE COMPENSATION BASED ON THE FINDINGS.
FORM 990, PAGE 6, PART VI, LINE 15B	ON A PERIODIC BASIS THE ORGANIZATION PERFORMS A COMPENSATION ANALYSIS AND INDUSTRY SURVEY. THE OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION IS BASED ON AN ALLOCATION FIGURE, WHERE THE PRESIDENT'S COMPENSATION IS THE BENCHMARK FIGURE.
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9	PENSION AND POSTRETIREMENT CHANGES (SFAS 158) 6,793,699 CONTINUOUS RETIRED MEMBERSHIP CHANGES 638,417 TOTAL 7,432,116

## **Additional Data**

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
EDUCATION MINNESOTA

**Employer identification number**

41-1916882

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> EM-POLITICAL ACTION COMMITTEE 41 SHERBURNE AVE  ST PAUL, MN 55103 23-7084047	POLITICAL	MN	527		N/A		No
<b>(2)</b> EDUCATION MINNESOTA FOUNDATION 41 SHERBURNE AVE  ST PAUL, MN 55103 41-1411046	FOUNDATION	MN	501C3	7	N/A		No
<b>(3)</b> EDUCATION MINNESOTA PROPERTIES 41 SHERBURNE AVE  ST PAUL, MN 55103 41-0417180	PROPERTIES	MN	501C2		N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)ECONOMIC SERVICES INC 41 SHERBURNE AVENUE ST PAUL, MN 55103 41-1224300	PURCH AGT	MN	PROPERTIES	C CORP					No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)EM - POLITICAL ACTION COMMITTEE	Q	247,880	AMOUNT RECEIVED
(2)EDUCATION MINNESOTA FOUNDATION	O	250,411	AMOUNT RECEIVED
(3)ECONOMIC SERVICES INC	O	521,982	AMOUNT RECEIVED
(4)EDUCATION MINNESOTA PROPERTIES	O	261,793	AMOUNT RECEIVED
(5)EDUCATION MINNESOTA PROPERTIES	K	962,352	AMOUNT PAID
(6)EM - POLITICAL ACTION COMMITTEE	R	2,052,697	AMOUNT PAID
(7)EDUCATION MINNESOTA FOUNDATION	R	357,098	AMOUNT PAID



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
SCHEDULE R	EACH PARTY IS RELATED THROUGH COMMON MANAGEMENT.

Schedule R (Form 990) 2021

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