Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2003 calendar year, or tax year beginning , 2003, and ending , 20 D Employer identification number C Name of organization Please use IRS B Check if applicable: 91 2033113 Minnesota Ground Water Association Foundation Address change label or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number print or ■ Name change type. 4779 126th St North (651) 426-8795 Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash ☐ Final return Instruc-White Bear Lake MN 55110-5910 tions. Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(b)** If "Yes," enter number of affiliates ▶ G Website: ▶ www.mgwa.org **H(c)** Are all affiliates included? ☐ Yes ☐ No J Organization type (check only one) ► \checkmark 501(c) (3) \checkmark (insert no.) \bigcirc 4947(a)(1) or \bigcirc 527 (If "No," attach a list. See instructions.) **H(d)** Is this a separate return filed by an Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package Group Exemption Number ► in the mail, it should file a return without financial data. Some states require a complete return. 26464.42 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: 26157.75 1a 1b **b** Indirect public support **c** Government contributions (grants) . . 1c 26157.75 **26157.75** noncash \$ 1d d Total (add lines 1a through 1c) (cash \$ ____ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 4 306.67 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities **b** Less: rental expenses 6b 6c c Net rental income or (loss) (subtract line 6b from line 6a) . 7 Other investment income (describe > (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule). If any amount is from gaming, check here ightharpoonupa Gross revenue (not including \$ **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) . 10a Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 10c Other revenue (from Part VII, line 103) 11 11 12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 26464.42 2001.10 13 13 Program services (from line 44, column (B)) 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) . . . 16 16 17 Total expenses (add lines 16 and 44, column (A)) 17 2001.10 24463.32 18 Assets 18 Excess or (deficit) for the year (subtract line 17 from line 12) 28735.66 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . 20 20 Other changes in net assets or fund balances (attach explanation) Net Net assets or fund balances at end of year (combine lines 18, 19, and 20) 53198.98

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

	•					
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$)	22	1355.00	1355.00		
22	,	23	1000100	1000100		
23 24	Specific assistance to individuals (attach schedule)	24				
24 25	Benefits paid to or for members (attach schedule).	25				
25	Compensation of officers, directors, etc	26				
26	Other salaries and wages	27				
27	Pension plan contributions	28				
28	Other employee benefits	29				
29	Payroll taxes	30				
30	Professional fundraising fees	31				
31	Accounting fees	32				
32	Legal fees	33	446.10	446.10		
33	Supplies	34	440.10	440.10		
34	Telephone	35				
35	Postage and shipping					
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	000.00	000.00		
40	Conferences, conventions, and meetings	40	200.00	200.00		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize): a	43a				
b)	43b				
С	:	43c				
d	l	43d				
е		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15.	44	2001.10	2001.10		
Joii	nt Costs. Check ▶ ☐ if you are following SOP	98-2.				
	any joint costs from a combined educational campaign			n reported in (B) Pro	gram services?.	► 🗌 Yes 🗸 No
lf "Y	'es," enter (i) the aggregate amount of these joint cost					s \$;
(iii)	the amount allocated to Management and general \$; and (iv) th	e amount allocated	to Fundraising \$	
Pa	rt III Statement of Program Service Acco	ompli	shments (See p	age 25 of the in	structions.)	
Wha	at is the organization's primary exempt purpose?	Sci	entific and Educa	ational Activities		Program Service
All d	organizations must describe their exempt purpose ac	chieve	ments in a clear an	nd concise manner.	State the number	Expenses (Required for 501(c)(3) and
of c	clients served, publications issued, etc. Discuss achi	ieveme	ents that are not m	neasurable. (Section	n 501(c)(3) and (4)	(4) orgs., and 4947(a)(1)
orga	anizations and 4947(a)(1) nonexempt charitable trusts	must a	also enter the amou	nt of grants and allo	cations to others.)	trusts; but optional for others.)
а	Metro Children's Water Festival teaches children	ren at	out water systen	ns		
_						
	(C	Frants	and allocations	\$	750.00)	750.00
b	University of River Falls Regional Geology Fig	eld Tri	ip to study glacia	I and coastal geo	morphology	
	hydrology and hydrogeology: landforms, prod	cesse	s, and Quaternar	y history of the fi	eld trip	
	region.					
	(C	Frants	and allocations	\$	500.00)	500.00
С	Project Wet The goal of Project WET is to facil	itate a	and promote awa	reness, apprecia	tion,	
•	knowledge, and stewardship of water resource	es thr	ough the develor	ment and dissen	nination	
	of classroom-ready teaching aids			Φ		
	-	Grants	and allocations	\$	105.00)	105.00
d	-	Grants	and allocations	\$	105.00)	105.00
d	(G	Grants	and allocations		105.00)	105.00
d	(G	Grants	and allocations		105.00)	105.00
d	Education Outreach Booth		and allocations and allocations	\$	105.00)	200.00
	Education Outreach Booth (G	Grants			105.00)	
е	Education Outreach Booth (G	Grants Grants	and allocations and allocations	\$)	200.00

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Part IV Balance Sheets (See page 25 of the instructions.)

Ν	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45 46	Cash- non-interest-bearing	28735.66	45 46	235 52963.98
	1	Accounts receivable		47c	
	b	Pledges receivable		48c 49	
	49 50	Grants receivable		50	
Assets		Other notes and loans receivable (attach schedule)		51c	
As	52 53	Inventories for sale or use		52 53 54	
	54 55a	Investments- securities (attach schedule) ▶ ☐ Cost ☐ FMV . Investments- land, buildings, and equipment: basis			
	56	Less: accumulated depreciation (attach schedule)		55c 56	
	1	Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule)		57c	
	58 59	Other assets (describe >) Total assets (add lines 45 through 58) (must equal line 74)	28735.66	58	53198.98
	60 61	Accounts payable and accrued expenses	20100.00	60	00100.00
ities	62 63	Deferred revenue		62 ///// 63	
Liabilities	b	Tax-exempt bond liabilities (attach schedule)		64a 64b	
	65 66	Other liabilities (describe ►) Total liabilities (add lines 60 through 65)		65	
ses	Orga	anizations that follow SFAS 117, check here ► and complete lines 67 through 69 and lines 73 and 74. Unrestricted		67	
Balanc	68 69	Temporarily restricted		68	
Net Assets or Fund Balances	Orga 70	nizations that do not follow SFAS 117, check here ► ✓ and complete lines 70 through 74. Capital stock, trust principal, or current funds		70	
Assets (71 72	Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds	28735.66	71 72	53198.98
Net /	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	28735.66	73	53198.98
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	28735.66	74	53198.98

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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I OIIII	770 (2003)								rage -
Par	t IV-A	Reconciliation of Revenu Financial Statements with Return (See page 27 of the	h Revenue	per	Part	F	econciliation of inancial Statent eturn		
а		nue, gains, and other support d financial statements.	a		а		enses and lo nancial statemen		
b	•	included on line a but not on			b	Amounts i	ncluded on line , Form 990:	· · · • ////	
(1)	Net unreal	lized gains			(1)	Donated and use of	services		
(2)	Donated				(2)	Prior year ad	ljustments		
(3)	Recoverie	s of prior				reported on Form 990 .	<u>\$</u>		
(4)	year gran				(3)	Losses rep line 20, For	rm 990 . <u>\$</u>		
		\$			(4)	Other (spe	ecify):		
	Add amou	nts on lines (1) through (4) ►	b			Add amour		rough (4) ▶ b	X/////////////////////////////////////
С	Line a mi	nus line b ▶	С		С		ius line b		
d	Amounts	included on line 12, but not on line a:			d	Amounts in	ncluded on line but not on line a	17,	
(1)	Investment	expenses ed on line			(1)	Investment not include			
	6b, Form 9	*				6b, Form 99			
(2)	Other (spe	ecify):			(2)	Other (spe	ecify):		
		\$					\$		
	Add amou	unts on lines (1) and (2)	d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	Add amou	nts on lines (1)	and (2) ▶ d	
е	Total reve	enue per line 12, Form 990 s line d)	е		е	Total expe	nses per line 17, s line d)	Form 990	
Pai	t V Lis	t of Officers, Directors, Tr instructions.)	ustees, ar	nd Key E	mplo	yees (List e	each one even if	not compensate	d; see page 27 of
		(A) Name and address		(B) Title a	nd avera	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
	don Hess, an, MN 55	4070 Blueberry Lane 123		preside	nt, 1		0	0	
Jam		1405 Arona St		secreta	ry, 1		0	0	0
	e Kill, 5702 review MN	2 Silverthorn Place I 55126		treasur	er, 1		0	0	0
		30 Co Rd 110 N N 55364-8918		MGWA	liaisor	n, 1	0	0	0
Jear	nette H. Le	ete, 4779 126th St North ke MN 55110-5910		Directo	r, 2		0	0	0
VVIII	e bear La	KE MIN 33110-3910							
75	organizatio	ficer, director, trustee, or key en n and all related organizations, o attach schedule- see page 2	of which mor	e than \$10	0,000 w	mpensation o as provided	of more than \$100 by the related org	0,000 from your anizations?	☐ Yes ✓ No

Par	t VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		\
	If "Yes," attach a conformed copy of the changes.		<i>\\\\\\</i>	X//////.
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a		\
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		\
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		V
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	80a		<i>\$//////.</i>
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	004	V/////	X//////
D	If "Yes," enter the name of the organization ► Minnesota Ground Water Association and check whether it is ✓ exempt or □ nonexempt.			
Q1 ₂	and check whether it is ✓ exempt or ☐ nonexempt. Enter direct and indirect political expenditures. See line 81 instructions 81a ☐ 0			
	Did the organization file Form 1120-POL for this year?	81b	<i>,,,,,,</i> ,,	<i>√</i>
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
02a	or at substantially less than fair rental value?	82a		V
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			<i>X///////</i>
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	√	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions		<i>\\\\\\</i>	<i>X//////.</i>
	or gifts were not tax deductible?	84b 85a		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85b	1	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members			<i>X//////</i>
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			<i>X///////</i>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax	OEL		
۰,	year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. Gross receipts, included on line 12 for public use of club facilities. 86b			
87	Gross receipts, included on line 12, for public use of club facilities			
	Gross income from other sources. (Do not net amounts due or paid to other			
ь	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or]		
-	partnership, or an entity disregarded as separate from the organization under Regulations sections			✓
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	,,,,,,,	·//////
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed Minnesota Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b		0	
	Trainibor or employees employees in the pay period that mended march 12/ 2000 (000 mor detection)			
91	The books are in care of ▶ Dr. Jeanette H. Leete Located at ▶ 4779 126th St N, White Bear Lake MN ZIP + 4 ▶ 55110			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041– Check here			▶ □
,_	and enter the amount of tax-exempt interest received or accrued during the tax year > 92 			- ⊔

Form 990 (2003) Page **6**

Part '	Analysis of Income-Producing A	Activities (See pag	e 33 of the i	nstructions.)	
Note:	Enter gross amounts unless otherwise	Unrelated busi	ness income	Excluded by sec	tion 512, 513, or 514	(E)
indica		(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
а.	3					
d .						
e .						
-	Medicare/Medicaid payments					
	Fees and contracts from government agencies					
•	Wembership dues and assessments					
	nterest on savings and temporary cash investmer			14	306.67	
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:	•				
	·		///////////////////////////////////////	<i>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</i>	<i>/////////////////////////////////////</i>	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from personal propert	·				
	Other investment income					
	Gain or (loss) from sales of assets other than invento	, I				
	Net income or (loss) from special events .					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
b.		_				
d .		_				
е.					206.67	
	Subtotal (add columns (B), (D), and (E))			<u> </u>	306.67	200.07
	Fotal (add line 104, columns (B), (D), and (E				. ▶	306.67
Part	ine 105 plus line 1d, Part I, should equal the Relationship of Activities to the Act			<u> </u>	0.4 6.1 1	
Line I	Explain how each activity for which incom of the organization's exempt purposes (of				iportaintly to the a	ccompisiment
David	N Left and the Demonstrate Translate Call	atara ata a ana di Brana		(C)	24 - 6 Hz - 1	-1'
Part	mennanen regaranig ranasie eas		<u> </u>	es (See page	34 of the instru	01.0.101/
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of a	stivitios	(D)	(E) End-of-year
	partnership, or disregarded entity	ownership interest	ivature or ac	ruvities	Total income	assets
		%				
		%				
		%				
		%	15 0.0		0.4 6 11 1	
Part 1	Information Regarding Transfers Ass	ociated with Persona	al Benefit Con	tracts (See pa	age 34 of the ins	
	Did the organization, during the year, receive any funds,					Yes ✓ No Yes ✓ No
	Did the organization, during the year, pay pr :: If "Yes" to (b) , file Form 8870 and Form			personal ber	ient contract?	□ res 🛂 No
	: If "Yes" to (b) , file Form 8870 and Form Under penalties of perjury, I declare that I have example.	4720 (see instruction mined this return, including	s). accompanying so	hedules and stat	ements, and to the b	est of my knowledge
Note	:: If "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declare	4720 (see instruction mined this return, including	s). accompanying so	hedules and stat	ements, and to the b	est of my knowledge
Note Please	:: If "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declare	4720 (see instruction mined this return, including	s). accompanying so	hedules and stat	ements, and to the b	est of my knowledge
Note Please Sign	:: If "Yes" to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have exar and belief, it is true, correct, and complete. Declare	4720 (see instruction mined this return, including	s). accompanying so	hedules and stat on all informatio	ements, and to the b	est of my knowledge
Note Please Sign	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate	4720 (see instruction mined this return, including	s). accompanying so	hedules and stat on all informatio	ements, and to the b on of which preparer	est of my knowledge
Note Please	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declarate	4720 (see instruction mined this return, including	s). accompanying so	hedules and stat on all informatio	ements, and to the b on of which preparer	est of my knowledge
Note Please Sign Here	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declare Signature of officer Type or print name and title.	4720 (see instruction mined this return, including	S). accompanying son officer) is based	hedules and stat on all informatio	ements, and to the b on of which preparer late	est of my knowledge has any knowledge.
Note Please Sign Here	Under penalties of perjury, I declare that I have exart and belief, it is true, correct, and complete. Declare Signature of officer Type or print name and title. Preparer's signature	4720 (see instruction mined this return, including	s). accompanying so	hedules and state on all information D	ements, and to the b on of which preparer late	est of my knowledge
Note Please Sign Here Paid Preparer	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declare Signature of officer Type or print name and title. Preparer's signature Firm's name (or yours) WPI Association.	4720 (see instruction mined this return, including ation of preparer (other that	S). accompanying son officer) is based	hedules and state on all information on all information of the control of the con	ements, and to the bon of which preparer late	est of my knowledge has any knowledge.
Note Please Sign Here	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declare Signature of officer Type or print name and title. Preparer's signature Firm's name (or yours wif self-employed) WRI Association	4720 (see instruction mined this return, including	s). accompanying son officer) is based Date	hedules and state on all information on all information of the control of the con	ements, and to the b on of which preparer late	est of my knowledge has any knowledge. PTIN (See Gen. Inst. W)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2003

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization **Minnesota Ground Water Association Foundation** 91 2033113 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances none Total number of other employees paid over \$50,000 . Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service none Total number of others receiving over \$50,000 for

professional services

0

Pai	t III	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	atte or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities * (Must equal amounts on line 38, t VI-A, or line i of Part VI-B.)		√
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other panizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.		
2	sub with	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)		
a b c d	Ler Fur	te, exchange, or leasing of property?		√ √ √
e	_	insfer of any part of its income or assets?		√
3a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how a determine that recipients qualify to receive payments.)	✓	
b		you have a section 403(b) annuity plan for your employees?		✓
4	Did on	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?		✓
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the ge Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees	0(b)(1)	(A)(iv)
12		receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more that support from gross investment income and unrelated business taxable income (less section 511 tax) from business by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	an 331	⁄₃% o
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports of described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)		
		Provide the following information about the supported organizations. (See page 5 of the instructions.) (b) Line num		
		(a) Name(s) of supported organization(s) (b) Line Hulli from above		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)		

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. (a) 2002 **(b)** 2001 Calendar year (or fiscal year beginning in) . > (c) 2000 (e) Total Gifts, grants, and contributions received. (Do 14620.00 11588.66 2769.18 28977.84 not include unusual grants. See line 28.). . Membership fees received 16 0 0 0 0 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 0 0 0 0 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 517.74 390.76 32.71 941.21 by the organization after June 30, 1975 . . . income from unrelated business 0 0 0 0 activities not included in line 18 . . . Tax revenues levied for the organization's 20 benefit and either paid to it or expended on 0 0 0 0 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 0 0 0 public without charge. Other income. Attach a schedule. Do not 22 0 0 0 0 include gain or (loss) from sale of capital assets Total of lines 15 through 22. 23 15137.74 11979.42 29919.05 2801.89 Line 23 minus line 17. 24 29919.05 25 598.38 26a 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the 26b 251.62 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26c 29919.05 c Total support for section 509(a)(1) test: Enter line 24, column (e) Add: Amounts from column (e) for lines: 18 ______ 19 22 _____ 1192.83 26b ____ 26d 28726.22 Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) (2001) (2000) (1999) **b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) (2001) (2000) (1999) c Add: Amounts from column (e) for lines: 15 _____ 16 ____ 27c and line 27b total . ._____ 27d d Add: Line 27a total . _ 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . ▶ 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶ 27g Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002,

prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Schedule A (Form 990 or 990-EZ) 2003 Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c

d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	
33	Does the organization discriminate by race in any way with respect to:	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b
С	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	33h
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	
84a	Does the organization receive any financial aid or assistance from a governmental agency?	34a
b	Has the organization's right to such aid ever been revoked or suspended?	34b
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35
	Schedule A (Form	990 or 990-EZ) 2003

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by an					structions.)	<u> </u>
Chec	k ▶ a ☐ if the organization belongs to an affilia					"limited control"	provisions apply.
	Limits on Lobbyii	•			,	(a) Affiliated group totals	(b) To be completed for ALL electing
	(The term "expenditures" mea	· · · · · · · · · · · · · · · · · · ·	<u> </u>		21		organizations
36	Total lobbying expenditures to influence public			⊢	36		
37	Total lobbying expenditures to influence a legis	-		⊢	38		
38 39	Total lobbying expenditures (add lines 36 and 3 Other exempt purpose expenditures	•			39		
39 40	Total exempt purpose expenditures (add lines			–	40		
41	Lobbying nontaxable amount. Enter the amour						
•		obbying nontaxa	-	_			
	Not over \$500,000 20%						
	Over \$500,000 but not over \$1,000,000 \$100,0	000 plus 15% of t	he excess over \$	500,000			X/////////////////////////////////////
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	000 plus 10% of th	e excess over \$1	,000,000 }	41		
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•	e excess over \$1	,500,000			
	Over \$17,000,000 \$1,000						X/////////////////////////////////////
42	Grassroots nontaxable amount (enter 25% of I	•		⊢	42 43		
43	Subtract line 42 from line 36. Enter -0- if line 4				44		
44	Subtract line 41 from line 38. Enter -0- if line 4	I is more than iir	ne 38				
	Caution: If there is an amount on either line 43	3 or line 44, you r	must file Form 4	720.			
	(Some organizations that made a section See the instructions for	or lines 45 throug	do not have to	complete all of the instru	ctions.)	
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2003	2002	2001		2000	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e)).						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount				,,,,,,,,,		
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	t VI-B Lobbying Activity by Nonelectivity (For reporting only by organization)			Dart \/I \/\ (9	Soo na	ago 12 of th	o instructions)
			•				
	ng the year, did the organization attempt to influnct to influnct to influence public opinion on a legislative n				ng any	Yes No	Amount
	Volunteers		-			√	
b	Paid staff or management (Include compensati					· ·	
С	Media advertisements					✓	
d	Mailings to members, legislators, or the public						
е	Publications, or published or broadcast statem	ients					
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gov		-	-		. /	
h :	Rallies, demonstrations, seminars, conventions	•	,			· ////////////////////////////////////	0
1	Total lobbying expenditures (Add lines c through If "Yes" to any of the above, also attach a stat	gn n.) ement giving a d	 etailed descripti	on of the lobb	 ying ad	. <i>v.///////////////////////////////////</i>	4

Sche	dule A (For	n 990 or 990-EZ) 2	003							Page 6
Pa	rt VII	Information	Regarding	Transfers	To an	d Transactions	and	Relationships	With	Noncharitable
		Exempt Org	anizations (See page 1	2 of the	instructions.)		_		
51	Did the	reporting organi	zation directly	or indirectly	engage ir	n any of the followi	na with	any other organiz	ation de	escribed in section

5				on 527, relating to political organizations?	,ou iii s			
			to a noncharitable exempt orga		Yes	No		
((i) Cash			<u>51a</u>	<u>j)</u>	✓		
(ii) Other assets			<u>a(ii</u>)	✓		
b 0	ther transactions:					1		
((i) Sales or exchange	es of assets with a	noncharitable exempt organiza	tion				
(ii) Purchases of asse	ets from a nonchar	itable exempt organization	b(ii)	✓		
(i	ii) Rental of facilities	, equipment, or oth	ner assets			✓		
(i	v) Reimbursement a	rrangements		b(iv		√		
(v) Loans or loan gua	arantees		b(v		√		
(\	vi) Performance of se	ervices or members	ship or fundraising solicitations	<u>b(v</u>		✓		
	•		·	oyees <u>c</u>	✓ ✓			
g	oods, other assets, o	r services given by	the reporting organization. If t	 Column (b) should always show the fair mark he organization received less than fair marke ds, other assets, or services received: 	et value : value	of the in any		
(a) Line no	(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and sharing	arrangem	ents		
C	\$125.00		and Water Association	Foundation flyer included with MGWA				
	\$125.00	Willinesota Grou	IIId Water Association	Foundation figer included with wiGWA	iues III	annig		
d	escribed in section 50 "Yes," complete the	01(c) of the Code (other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	es [☐ No		
	(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship				
Minne	esota Ground Water		501 c 4	MGWAF is the charitable arm of MGWA				
WIIIII	Sola Orouna Water	Association	30104	MOVAL IS the chantable and of MOVA				