Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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.

Α	For th	ne 2007 ca	alendar	year, or tax year beginning		, 2007	, and	ending		, 20
В	Check if	applicable:	Please	C Name of organization					D Emplo	yer identification number
	Address	s change	use IRS label or	Minnesota Ground Water As	sociation Foundation				91	2033113
	Name c	hange	print or type.	Number and street (or P.O. box	if mail is not delivered to	street ad	ddress)	Room/suite	E Teleph	one number
	Initial re	ottal return See 4779 126th St North				(<mark>651</mark>) 276-8208			
	Termina	ation	Specific Instruc-	City or town, state or country,					F Accounti	ng method: Cash 📝 Accrual
	Amende	ed return	tions.	White Bear Lake MN 55110-	5910					her (specify)
	Applicat	ion pending		tion 501(c)(3) organizations an			able			e to section 527 organizations.
				sts must attach a completed Sch	nedule A (Form 990 or 99	0-EZ).			-	n for affiliates?
G	Websit	e: Nww	v.mgwa.	org				H(c) Are all at		
J	Organia	zation type	(check o	only one) ►	(insert no.) 4947(a)(1)	or 🗌	527			t. See instructions.)
				organization is not a 509(a)(3) su		its ara	oss	H(d) Is this a s	separate retu	rn filed by an
	receipts	are normal	ly not mo	ore than \$25,000. A return is not re-						by a group ruling? Yes No
	to file a	return, be s	sure to file	e a complete return.					xemption N	
	Gross	receints: A	∆dd line	s 6b, 8b, 9b, and 10b to line	12 ▶					the organization is not required form 990, 990-EZ, or 990-PF).
	art I			penses, and Changes i		und B	Ralar			
						una E	Jului	1000 (000 11	TO INSTITU	0110113.)
	1			gifts, grants, and similar ar o donor advised funds		1a				
	a			upport (not included on line		1b		1,897.	.02	
	b			support (not included on line	· · · · · · · · · · · · · · · · · · ·	1c		9,500.		
				ontributions (grants) (not inc	· · · · · · · · · · · · · · · · · · ·	1d				
	1				,)	1e	11,397.02
	2	Total (add lines 1a through 1d) (cash \$ noncash \$) . Program service revenue including government fees and contracts (from Part VII, line 93)				2	•			
	3						3			
	4							3,335.14		
	5			interest from securities .					5	
	6a				1	6a	•			
	b			penses		6b				
				me or (loss). Subtract line 6					. 6c	
<u>o</u>	7	Other in	vestme	nt income (describe) 7	
Revenue	8a	Gross a	mount 1	from sales of assets other	(A) Securities		(B) Other		
Rev		than inv	entory			8a				
	b	Less: cos	st or oth	er basis and sales expenses.		8b			_	
	1			attach schedule)		8c				
	d	_	•	s). Combine line 8c, columns	. , . , .				. 8d	
	9			nd activities (attach schedule). I	, •	aming,	, chec	k here ► L	J	
	а			(not including \$		9a				
				eported on line 1b)		9b			_	
	b		-	penses other than fundrais (loss) from special events.			00		9c	
	10a			inventory, less returns and	The state of the s	10a	эа		. 33	
	b			oods sold		10b				
	C			oss) from sales of inventory (at			Ob fro	om line 10a	10c	
	11			(from Part VII, line 103) .						
	12	Total re	venue.	Add lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 1	1			. 12	14,732.16
	13	Program	n servic	es (from line 44, column (E	3))				. 13	2,798.20
Expenses	14	_		nd general (from line 44, c						0
ben	15	Fundrais	sing (fro	om line 44, column (D)) .					. 15	0
Ä		Paymen	ts to af	ffiliates (attach schedule) .					. 16	0
	17	Total ex	kpense	s. Add lines 16 and 44, co	olumn (A)					2,798.20
ets	18	Excess	or (defi	cit) for the year. Subtract li	ine 17 from line 12					11,933.96
Assets	19			und balances at beginning						66,675.03
Net /	20			in net assets or fund balar						
Z	21	Net asse	ets or fu	and balances at end of year.	Combine lines 18, 19	, and	20		. 21	78,608.99

Part II Statement of 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 the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. **22a** Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____ 22a If this amount includes foreign grants, check here ightharpoons22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____ 1,798.20 22b If this amount includes foreign grants, check here $\triangleright \sqcup$ Specific assistance to individuals (attach 23 schedule) Benefits paid to or for members (attach 24 25a Compensation of current officers, directors. 25a key employees, etc. listed in Part V-A . . . **b** Compensation of former officers, directors, 25b key employees, etc. listed in Part V-B . . . c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c Salaries and wages of employees not included 26 on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c $\ \ \, . \ \ \, . \ \ \, . \ \ \, . \ \ \, . \ \ \, .$ 28 Employee benefits not included on lines 28 25a – 27 29 29 Payroll taxes 30 Professional fundraising fees 30 31 31 32 32 Legal fees 33 33 Supplies Telephone 34 34 35 35 Postage and shipping 36 36 37 Equipment rental and maintenance . . . 37 38 38 Printing and publications 39 39 1,000.00 40 40 Conferences, conventions, and meetings . . . 41 41 42 42 Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43a a 43b b 43c C _____ 43d 43e e _____ 43f 43g g _____ Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13–15) . 2,798.20 **Joint Costs.** Check ▶ ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . \blacktriangleright \Box Yes \checkmark No If "Yes," enter (i) the aggregate amount of these joint costs \$____ __; (ii) the amount allocated to Program services \$____

(iii) the amount allocated to Management and general \$

; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? Scientific and Educational Activities Program									
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required									
of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)									
	Children's Water Festival brings 5th-graders to the State Fairgrounds to learn about water.	others.)							
	MGWAF underwrote \$1,000 of the cost of this event.								
	Will and the transfer of the sector this event.								
70									
`	nts and allocations \$ 1,000.00) If this amount includes foreign grants, check here ▶ □	1,000.00							
p Gior	nd Water Education Projects: MGWAF provided supplies for colunteers to use during Fox 9 Girls and Science								
75									
<u>`</u>	nts and allocations \$ 138.20) If this amount includes foreign grants, check here ▶ □	138.20							
c Coll	ge Level Ground Water Education: MGWAF underwrote \$1,000 of the cost of a UW Parkside Hydrogeology								
11010	uip.								
75									
<u>`</u>	its and allocations \$ 1,000.00) If this amount includes foreign grants, check here ▶ □	1,000.00							
	/A underwrote the cost for university students to attend a ground water conference held at the University nnesota.								
	illesota.								
<u> </u>	its and allocations \$ 660.00) If this amount includes foreign grants, check here ▶ □	660.00							
	r program services (attach schedule)								
<u> </u>	its and allocations \$) If this amount includes foreign grants, check here ► □ I of Program Service Expenses (should equal line 44, column (B), Program services) ►	2 700 20							
1 1012	Tot i regiani dei vice Expenses (snould equal line 44, column (D), i regiani services).	2,798.20							

Form **990** (2007)

Pa	rt IV	Balance Sheets (See 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	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	66,675.03	46	78,608.99
	470	Accounts receivable			
		Less: allowance for doubtful accounts 47b		47c	
	D	Less. allowance for doubtful accounts.			
	48a	Pledges receivable			
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
Assets	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule	50b		
	51a	Other notes and loans receivable (attach	7)		
		schedule)			
	b	Less: allowance for doubtful accounts . [51b]		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53 54a	
		Investments—publicly-traded securities		54a 54b	
		Investments—other securities (attach schedule) ► ☐ Cost ☐ FN	/IV	54D	
	55a	Investments—land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach		55c	
	56	schedule)		56	
		Land, buildings, and equipment: basis . 57a			
		Less: accumulated depreciation (attach			
	D	schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	66,675.03		78,608.99
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
"	62	Deferred revenue		62	
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach schedule)	1	63	
abil	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ë		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe >)		65	
					_
	66	Total liabilities. Add lines 60 through 65		66	0
s	Orga	Inizations that follow SFAS 117, check here \blacktriangleright \checkmark and complete lines 67 through 69 and lines 73 and 74.	5		
Ce	67	Unrestricted	9,014.39		8,113.21
alar	68	Temporarily restricted	1,131.94		1,131.94
B	69	Permanently restricted	56,528.70	69	69,363.84
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.			
o	70	Capital stock, trust principal, or current funds		70	
sts	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
SSE	72	Retained earnings, endowment, accumulated income, or other funds	3	72	
t A	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Se		70 through 72. (Column (A) must equal line 19 and column (B) must	t		
	74	equal line 21)		73	WO 100
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	66,675.03	74	78,608.99

Pai	rt IV-A	Reconciliation of Revenue per Audinstructions.)	ited Financial Statem	nents With	n Rev	enue pe	r Ret	urn (See the	
а	Total reve	enue, gains, and other support per audite	ed financial statements				а			
b		included on line a but not on Part I, line								
1		lized gains on investments		b1						
2		services and use of facilities		b2			-			
3				b3			-			
-		es of prior year grants								
4		ecify):		b4						
		had the second had					b			
		b1 through b4					С			
C .		ine b from line a								
d		included on Part I, line 12, but not on lir		44						
1		nt expenses not included on Part I, line		d1						
2	Other (spe	ecify):		40						
				d2			-			
_	Add lines	d1 and d2 enue (Part I, line 12). Add lines c and d					d			
e Pai	rt IV-B	Reconciliation of Expenses per Aug	dited Financial Stater	ments Wi	h Ex	penses i	e Der R	eturr	า	
а		enses and losses per audited financial s					а			
b	Amounts	included on line a but not on Part I, line	17:							
1	Donated s	services and use of facilities		b1						
2	Prior year	adjustments reported on Part I, line 20		b2						
3	_	ported on Part I, line 20		b3						
4		ecify):								
		•		b4						
	Add lines	b1 through b4					b			
С							С			
d	Amounts	included on Part I, line 17, but not on lir								
1		nt expenses not included on Part I, line		d1						
2		ecify):								
_	٠.			d2						
							d			
е	Total exp	enses (Part I, line 17). Add lines c and	d		<u> </u>	▶	е			
Pai	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the yea	, and Key Employees	(List each	perso ed.) (S	n who wa	s an o	officer	, director,	trustee,
			(B) Title and average hours per week devoted to position	(C) Comper	nsation	(D) Contribut	ions to er	nplovee	(E) Expense	e account
		(A) Name and address	Title and average hours per	(If not paid	, enter	benefit pla	ns & defe	erred	and other a	llowances
Gill	nert Gahansi	ki 4105 Balsam Lane N	Draeidant 2	-0,		Compan	sation pia	1113		
	mouth MN 5		President - 3		0			0		0
	hy Villas-Ho				- 0			U		0
		n, Edina MN 55436	Secretary - 1		0			0		0
	rid Liverseed				U			U		U
			Treasurer - 1		0			0		0
		J Dr, Eagan MN 55123			0			0		0
	Stoner	and Trail Mandhum, MNI FF12F	MGWA Liason - 1		0			^		0
		ood Trail Woodbury MN 55125			0			0		0
		mer, Washington County	Director - 1		•			•		
		N Rm 450, Stillwater MN 55082			0			0		0
	istopher Elv		Director - 1							
		Apple Valley MN 55124			0			0		0
	nette H. Lee		Executive Director - 2							
		White Bear Lake MN 55110		1 6	09.50			0		0
		agement company provided administrative								
ass	istand and v	vas compensated by MGWA, not MGWAF								
			1	1		1			1	

orm	990 (2007)						Р	age 6
Par	t V-A	Current Officers, Directors, Trustees	, and Key Employe	es (continued)			Yes	No
75a	Enter the	e total number of officers, directors, and tru	ustees permitted to vo	te on organizatio	_			
	meetings	8			6			
b		officers, directors, trustees, or key employ						
		es listed in Schedule A, Part I, or hig ors listed in Schedule A, Part II-A or						
		hips? If "Yes," attach a statement that ide				75b		✓
С	Do anv	officers, directors, trustees, or key	emplovees listed in	Form 990. Par	t V-A. or highest			
	compen	sated employees listed in Schedule A,	Part I, or highest co	ompensated prof	essional and other			
		dent contractors listed in Schedule A,						
		tions, whether tax exempt or taxable, tha	it are related to the o	-	the instructions for	75c	√	
	If "Yes,"	attach a statement that includes the info	rmation described in					
	d Does the organization have a written conflict of interest policy?							
Par	t V-B	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee real of the control of th						
		person below and enter the amount of comp	ensation or other benef	its in the appropria	ite column. See the ins	struction	ons.)	si illai
		(A) Name and address	(D) I amount Advance	(C) Compensation	(D) Contributions to employee		Expen	
		(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans		nt and owance	
no fo	ormer offic	ers nor directors received payments						
Par	t VI O	ther Information (See the instruction	s.)				Yes	No
76		organization make a change in its activitie	es or methods of con	ducting activities	? If "Yes," attach a	76		
77		statement of each change	orning decuments but			76 77		<u></u>
77		y changes made in the organizing or gov attach a conformed copy of the changes	•	t not reported to	uie ino!			
78a		organization have unrelated business gro		or more during t	he year covered by			
	this retu	rn?		•		78a		✓
		has it filed a tax return on Form 990-T for	•			78b		
79	Was the a statem	re a liquidation, dissolution, termination, c	or substantial contract	tion during the ye	ar? If "Yes," attach	79		✓
30a		ganization related (other than by associa	tion with a statewide	or nationwide or	ganization) through			
Ju		membership, governing bodies, truste						
	organiza	tion?				80a	√	
b	If "Yes,"	enter the name of the organization ► .N			"			
31a	Enter dir	rect and indirect political expenditures. (S	and check whether it ee line 81 instructions		r □ nonexempt 0			
b	Did the	organization file Form 1120-POL for this	year?			81b		√

Form 990 (2007)

	t VI Other Information (continued)		Yes	No
			162	INO
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		✓
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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		\checkmark
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b		
0E0	gifts were not tax deductible?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
D	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.			
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
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 year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	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	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
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	00h		
	a statement explaining each transaction	89b		V
С	Enter: Amount of tax imposed on the organization managers or disqualified			
d	persons during the year under sections 4912, 4955, and 4958			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction?	89e 89f		√
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	091		Ť
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	List the states with which a copy of this return is filed ▶ Minnesota			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			0
91a	instructions.) The books are in care of ▶ Dr. Jeanette H. Leete Located at ▶ 4779 126th St North, White Bear Lake MN ZIP + 4 ▶ 55110		6-820	8
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	91b		✓
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Form 990 (2007) Page 8 Part VI Other Information (continued) Yes No c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ 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 | Analysis of Income-Producing Activities (See the instructions.) Unrelated business income Excluded by section 512, 513, or 514 (E) Note: Enter gross amounts unless otherwise Related or indicated. exempt function Business code Amount Exclusion code Amount income 93 Program service revenue: а b C d е Medicare/Medicaid payments f Fees and contracts from government agencies Membership dues and assessments . . . 94 3,335.14 14 95 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate: debt-financed property а not debt-financed property b 98 Net rental income or (loss) from personal property Other investment income 99 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events . 102 Gross profit or (loss) from sales of inventory 103 Other revenue: a ____ b С d е 3,335.14 Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) 3.335.14 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) Part VIII Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) (A)
Name, address, and EIN of corporation, (B) Percentage of ownership interest Fnd-of-year Nature of activities partnership, or disregarded entity assets % % % % Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.) Part X

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . ☐ Yes ✓ No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ✓ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part	Information Regarding is a controlling organizati	Transfers To and From on as defined in section to	Controlled E	ntities. Comp	olete only if the o	rganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the				ion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) iption of nsfer	(D Amount of		fer
а		-					
b		-					
c		-					
	Totals			September 1990 (1990)			
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of nsfer	(D Amount of		er
a		-					
b							
С				Processor and the	14.11 (4.11)		
	Totals				State of the state		
108	Did the organization have a bindi rents, royalties, and annuities des	scribed in question 107 abov	/e?		,	Yes	
Please Sign Here	e Signature of officer	Signature of officer Date Dr. Jeanette H. Leete, Executive Director					
Paid Prepare	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	Inst. X)
Use Only	LERM S name (or vours k			EIN Phone r	▶ ()		

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Supplementary information—(See separate instructions.)

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

Minnesota Ground Water Association Foundation 2033113 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (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 Part II-A 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 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over

\$50,000 for other services

Pa	rt III Statements About Activities (See page 2 of the instructions.)	Ye	s No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Yes," enter the total expenses paid (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?	la 📗	✓
b	Lending of money or other extension of credit?	!b	✓
С	Furnishing of goods, services, or facilities?	?c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
е	Transfer of any part of its income or assets?	e.	✓
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	Ba	✓
b	Did the organization have a section 403(b) annuity plan for its employees?	b	✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	SC	✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	d	✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	a	√
b	Did the organization make any taxable distributions under section 4966?	b	✓
С	Did the organization make a distribution to a donor, donor advisor, or related person?	c	✓
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0
_			

Pa	rt IV	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	tions.)			
I ce	rtify that	the organization is not a privat	te foundation bec	ause it is: (Please check	only ONE ap	plicable box.)				
5	☐ A (church, convention of churches	, or association of	of churches. Section 170	(b)(1)(A)(i).					
6	☐ A s	school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)						
7	A h	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8	☐ A f	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶								
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)								
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)									
11b	☐ A 0	☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
12	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)									
13		organization that is not controlling organizatio	Check the box the	nat describes the type o	f supporting o	rganization:				
		Type I ☐ Type II	∐Type I	III-Functionally Integrate	ed L	JType III-Othe	er			
		Provide the following infor	rmation about th	e supported organizat	ions. (See pag	ge 8 of the inst	ructions.)			
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support				
					Yes	No				
Tota	al					•				
14	☐ An	organization organized and op	erated to test for	public safety. Section 5	609(a)(4). (See	page 8 of the	instructions.)			

	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions					accounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.).	12,282	13,135	13,415	26,158	64,990
16	Membership fees received					
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					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,098	1508	596	307	4,509
19	Net income from unrelated business	,				
	activities not included in line 18	137				137
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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 public without charge.					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	14,517	14,643	14,011	26,464	
24	Line 23 minus line 17	14,517	14,643	14,011	26,464	
25	Enter 1% of line 23	145	146	140	264	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶ 26a	1,393
b	Prepare a list for your records to show the nan governmental unit or publicly supported organization.	ation) whose tota	al gifts for 2003 th	rough 2006 exce	eded the	4.500
	amount shown in line 26a. Do not file this list wi	-		these excess am		1,500
С	Total support for section 509(a)(1) test: Enter li				▶ 26c	69,635
d	Add: Amounts from column (e) for lines: 18	4,509		137		(14/
	22		26b1,	<u>500</u>	▶ 26d	6,146
e	Public support (line 26c minus line 26d total)		ina Ofa (danami		2 6e	63,489
	Public support percentage (line 26e (numera				• 26f	91 %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2006)	the name of, and a sum of such am	total amounts rec nounts for each y	eived in each yea ear:	ar from, each "dis	equalified person."
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2006) (2005)	year, that was mor 5 through 11b, as w the larger amount	re than the larger of vell as individuals.) described in (1) of	of (1) the amount of Do not file this list or (2), enter the su	on line 25 for the st with your returum of these differ	year or (2) \$5,000. rn. After computing rences (the excess
С	Add: Amounts from column (e) for lines: 15		16			
-	17 20				▶ 27c	
d		and line 27b total				
e	Public support (line 27c total minus line 27d to					
f	Total support for section 509(a)(2) test: Enter a					
g	Public support percentage (line 27e (numera				▶ 27g	%
<u>h</u>	Investment income percentage (line 18, colu		-		ator)). ▶ 27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea					

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

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	other governing instrument, or in a resolution of its governing body?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32 a b	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32c 32d		
33	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	33a		
a b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e f	Educational policies?	33e 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.)			
34a	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		

Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by ar				e instructions	.)
Che	ck ▶ a ☐ if the organization belongs to an affilia			you checked "a" an	d "limited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea	•			(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (grassro	oots lobbying) .	36		
37	Total lobbying expenditures to influence a legis		,			
38	Total lobbying expenditures (add lines 36 and	37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines	38 and 39)		40		
41	Lobbying nontaxable amount. Enter the amour	nt from the follow	ring table—			
			able amount is—			
	Not over \$500,000 20%					
	Over \$500,000 but not over \$1,000,000 . \$100,					
	Over \$1,000,000 but not over \$1,500,000 . \$175,					
	Over \$1,500,000 but not over \$17,000,000 . \$225, Over \$17,000,000 \$1,000	•	e excess over \$1,5	'		
42	Grassroots nontaxable amount (enter 25% of I					
43	Subtract line 42 from line 36. Enter -0- if line 4					
44	Subtract line 41 from line 38. Enter -0- if line 4					
	Couties If there is an amount an either line 4	or line 11 years	must file Form 47	700		
	Caution: If there is an amount on either line 43					
	(Some organizations that made a section	n 501(h) election		complete all of the		elow.
See the instructions for lines 45 through 50 on page 13 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period						
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	rt VI-B Lobbying Activity by Nonelection (For reporting only by organization)			Part VI-A) (See	page 14 of th	e instructions.)
	ng the year, did the organization attempt to influ				ny Yes No	Amount
atte	mpt to influence public opinion on a legislative n	natter or reference	lum, through the	use of:		
a	Volunteers					_
b	Paid staff or management (Include compensati	•	•	c through h.)		
C	Media advertisements					
d e	Mailings to members, legislators, or the public Publications, or published or broadcast statem					
f	Grants to other organizations for lobbying purp					
g	Direct contact with legislators, their staffs, gov					
h	Rallies, demonstrations, seminars, conventions		-	-		
i	Total lobbying expenditures (Add lines c through	gh h.)				
	If "Yes" to any of the above, also attach a stat	ement giving a d	letailed descriptio	n of the lobbying	activities.	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
а		Transfers from the reporting organization to a noncharitable exempt organization of: Yes No							
_			0 0			51a(i)		√	
		Other assets				a(ii)		/	
h									
b	(i) Sales or exchanges of assets with a no(ii) Purchases of assets from a noncharitate				Mana	b(i)		1	
				ritable exempt organization				_	
	(iii) Rental of facilities, equipment, or other assets					b(iii)			
	(iv) Reimbursement arrangements					b(iv)		√	
	(v) Loans or loan guarantees					b(v)		<u> </u>	
	(vi) Performance of services or membership or fundraising solicitations					b(vi)			
С	Sharing of facilities, equipment, mailing lists, other assets, or paid emplo				yees	С		\checkmark	
d		the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the							
	goo	bods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any							
	tran	saction or sharing ar	rangement, show in	column (d) the value of the good	s, other assets, or services received:				
(a	1)	(b)		(d)					
Line					Description of transfers, transactions, and sharing arrangements				
-									
	des		01(c) of the Code (other than section 501(c)(3)) or i	e or more tax-exempt organizations in section 527?	✓ Yes	; [No	
Name of organization			ation	Type of organization	Description of relationship				
Minnesota Ground Water Association			ociation	501(c)4	MGWA pays MGWAF's administrative co	osts.			