

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**1995**

**This Form is Open to Public Inspection**

**A For the 1995 calendar year, OR tax year beginning** , 1995, and ending , 19

- B Check if:**  
 Change of address  
 Initial return  
 Final return  
 Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
*Minnesota Ground Water Association*  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
*PO Box 65326*  
 City, town or post office, state, and ZIP code  
*St. Paul MN 55165-0326*

**D Employer identification number**  
*41-1434403*  
**E State registration number**  
**F Check**  if exemption application is pending  
**H Enter four-digit group exemption number (GEN)**

**G Accounting method:**  Cash,  Accrual,  Other (specify) ▶

**I Type of organization—**  Exempt under section 501(c)( *4* ) ◀ (insert number). OR  section 4947(a)(1) nonexempt charitable trust  
**Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**J Check**  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 in the mail, the organization should file a return without financial data. Some states require a complete return.

**K Enter the organization's 1995 gross receipts (add back lines 5b, 6b, and 7b, to line 9)** ▶ \$ *24 707.36*  
 If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions on pages 9-13.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	
Revenue	1 Contributions, gifts, grants, and similar amounts received (attach schedule)		<i>330.50</i>														
	2 Program service revenue including government fees and contracts		<i>15874.25</i>														
	3 Membership dues and assessments		<i>8245.00</i>														
	4 Investment income		<i>147.61</i>														
	5a Gross amount from sale of assets other than inventory					<i>0</i>											
	b Less: cost or other basis and sales expenses					<i>0</i>											
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)							<i>0</i>									
	6 Special events and activities (attach schedule):																
	a Gross revenue (not including \$ _____ of contributions reported on line 1)						<i>0</i>										
	b Less: direct expenses other than fundraising expenses						<i>0</i>										
c Net income or (loss) from special events and activities (line 6a less line 6b)											<i>0</i>						
7a Gross sales of inventory, less returns and allowances												<i>95.-</i>					
b Less: cost of goods sold												<i>55.31</i>					
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)														<i>39.69</i>			
8 Other revenue (describe ▶ <i>1996 income</i> )														<i>15.00</i>			
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)															<i>24 652.05</i>		
Expenses	10 Grants and similar amounts paid (attach schedule)														<i>0</i>		
	11 Benefits paid to or for members														<i>0</i>		
	12 Salaries, other compensation, and employee benefits														<i>0</i>		
	13 Professional fees and other payments to independent contractors														<i>7038.65</i>		
	14 Occupancy, rent, utilities, and maintenance														<i>0</i>		
	15 Printing, publications, postage, and shipping														<i>8400.30</i>		
	16 Other expenses (describe ▶ <i>see schedule B</i> )														<i>8100.06</i>		
	17 Total expenses (add lines 10 through 16)														<i>23 539.01</i>		
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)														<i>1113.04</i>		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														<i>8682.96</i>		
	20 Other changes in net assets or fund balances (attach explanation)														<i>0</i>		
	21 Net assets or fund balances at end of year (combine lines 18 through 20)														<i>9796.00</i>		

**Part II Balance Sheets—**If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	<i>8062.96</i>	<i>13242.78</i>
23	Land and buildings	<i>0</i>	<i>0</i>
24	Other assets (describe ▶ <i>accounts receivable</i> )	<i>620.00</i>	<i>985.00</i>
25	Total assets	<i>8682.96</i>	<i>14227.78</i>
26	Total liabilities (describe ▶ <i>accounts payable</i> )	<i>0</i>	<i>4431.78</i>
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<i>8682.96</i>	<i>9796.00</i>

Part III Statement of Program Service Accomplishments (See instructions on page 13.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? Ground Water Education

Describe what was achieved in carrying out the organization's exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 2 columns: Line number and Description, and Expenses. Rows include: 28 Educational Meetings, Lectures, and a field trip. Open to the public. 29 Minnesota Ground Water Association Environmental Directory and Newsletter. 30 M6WA provided funds for geologic field trips, a ground water information hotline, and the National Ground Water Association. 31 Other program services. 32 Total program service expenses: 18744.38

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions on page 13.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Content: see attached schedule A

Part V Other Information (See instructions on pages 14-16.)

Table with 2 columns: Question, Yes/No. Rows include: 33 Did the organization engage in any activity not previously reported to the IRS? 34 Were any changes made to the organizing or governing documents but not reported to the IRS? 35 If the organization had income from business activities... 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL... 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38b If "Yes," attach the schedule specified in the line 38 instructions... 39 Section 501(c)(7) organizations.—Enter: 40 List the states with which a copy of this return is filed. 41 The books are in care of... 42 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041...

Please Sign Here 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. (See Specific Instructions, page 8.) Signature of officer: Jeanette H. Leete, Date: 5/15/96, Type or print name and title: Dr. Jeanette H. Leete, business mgr

Paid Preparer's Use Only Preparer's signature: Jeanette H. Leete, Date: 5/15/96, Check if self-employed: [ ], Preparer's social security no.: [ ], Firm's name (or yours if self-employed) and address: Watershed Research, Inc., 4779 126th St. N WBL MN, EIN: 41 1571648, ZIP code: 55110-5910

Form 990EZ

41-1434403

	Initials	Date
Prepared By		
Approved By		

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MADE IN U.S.A.

Schedule A				
	Title	Hours/week	Compensation + benefits	Expenses
1	Cathy O'Dell 1512 Chelmsford St. Paul MN 55108	5	-0-	53.35
2				
3				
4				
5	Gretchen Sabel 3540 153rd Ave NW Andover MN 55304	5	-0-	82.75
6				
7				
8				
9	Rich Soule 1430 Simpson St. St. Paul MN 55108	5	-0-	-0-
10				
11				
12				
13	Paul Putzier 1218 Carlson Lake Lane Eagan MN 55123	5	-0-	56.95
14				
15				
16				
17	Tom Clark 3572 Golfview Drive White Bear Lake MN 55110	10	-0-	-0-
18				
19				
20				
21	Jeanette H. Leete Business Mgr	15	7068.40	3621.23
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	Initials	Date
Prepared By		
Approved By		

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Schedule B		1	2	3
Line 16				
Other Expenses				
1				
2	Bank fees due to bad checks	33-		
3	Board Meeting expenses	334.24		
4	Spring conference speaker, facility, supplies	1121.15		
5	Fall conference speakers, facility, supplies	1679.90		
6	Field trip bus, food, supplies	2702.23		
7	Lecture supplies	75-		
8	Newsletter supplies + expenses	294.64		
9	Directory supplies + expenses	8.10		
10	Member correspondence	1.80		
11	Donations	600-		
12	Field trip scholarships	1250-		
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14				
15		8100.06		
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