

**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

**1996**

**This Form is Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

► 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.

**A** For the 1996 calendar year, OR tax year beginning 1996, and ending 19

<b>B</b> Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for State reporting)	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <u>Minnesota Ground Water Association</u>	<b>D</b> Employer identification number <u>41:1434403</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 65326</u>	<b>E</b> State registration number
		City, town or post office, state, and ZIP + 4 <u>St. Paul MN 55165-0326</u>	<b>F</b> Check <input type="checkbox"/> if exemption application is pending
<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		<b>H</b> Enter four-digit group exemption number (GEN)	

**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 1996 gross receipts (add back lines 5b, 6b, and 7b, to line 9) . . . . . ► \$ 23989.90  
 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 Specific Instructions on page 25.)

		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)														585.50
	2	Program service revenue including government fees and contracts														12328.00
	3	Membership dues and assessments														9972.10
	4	Investment income														206.30
	5a	Gross amount from sale of assets other than inventory														
	b	Less: cost or other basis and sales expenses														
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)														0
	6	Special events and activities (attach schedule):														
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)														
b	Less: direct expenses other than fundraising expenses															
c	Net income or (loss) from special events and activities (line 6a less line 6b)														0	
7a	Gross sales of inventory, less returns and allowances														898.-	
b	Less: cost of goods sold														68.12	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)														829.88	
8	Other revenue (describe ► _____)														0	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)														23921.78	
Expenses	10	Grants and similar amounts paid (attach schedule)														744.61
	11	Benefits paid to or for members														0
	12	Salaries, other compensation, and employee benefits														0
	13	Professional fees and other payments to independent contractors														8136.41
	14	Occupancy, rent, utilities, and maintenance														5.36
	15	Printing, publications, postage, and shipping														5759.09
	16	Other expenses (describe ► <u>see schedule B</u> )														7875.44
	17	<b>Total expenses</b> (add lines 10 through 16)														22520.91
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)														1400.87
	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)														9798.95
	20	Other changes in net assets or fund balances (attach explanation) <u>inventory adjustment</u>														489.78
	21	Net assets or fund balances at end of year (combine lines 18 through 20)														11689.60

**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.

(See Specific Instructions on page 29.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	13242.78	11726.40
23	Land and buildings	0	0
24	Other assets (describe ► <u>accounts receivable + inventory</u> )	985.00	1943.02
25	<b>Total assets</b>	14227.78	14344.42
26	<b>Total liabilities</b> (describe ► <u>accounts payable</u> )	4428.83	2654.82
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	9798.95	11689.60

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 29.)

**Expenses**  
(Required for 501(c)(3) 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.

28	<u>Educational Meetings, Lectures, and a Field Trip Open to the public</u>	(Grants \$ )	28a	9753.09
29	<u>MGWA Environmental Directory and Newsletter</u>	(Grants \$ )	29a	6388.57
30	<u>MGWA provided funds for geologic field trips at local colleges and universities</u>	(Grants \$ )	30a	550.00
31	Other program services (attach schedule)	(Grants \$ )	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32	16691.66

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Instructions on page 29.)

(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
<u>see attached schedule A</u>				

**Part V Other Information** (See Specific Instructions on page 30.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) tax for lobbying expenditures?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a 501(c)(3) organizations.—Enter: Amount of tax paid during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b 501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction		X
c Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4958 ▶		
d Enter: Amount of tax in 40c, above, reimbursed by the organization ▶		
41 List the states with which a copy of this return is filed. ▶ Minnesota		
42 The books are in care of ▶ Dr. Jeanette H. Leete Telephone no. ▶ (612) 426 3316 Located at ▶ 4779 126th St. N White Bear Lake MN 55110-5910 ZIP + 4 ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

**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 General Instructions, page 8.)

Jeanette H. Leete | 5/15/97 | Dr. Jeanette H. Leete, business manager  
Signature of officer | Date | Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: Jeanette H. Leete Date: 5/15/97 Check if self-employed:  Preparer's SSN: \_\_\_\_\_  
Firm's name (or yours if self-employed) and address: Watershed Research Inc. EIN: 41 1571648  
4779 126th St. N. White Bear Lake MN ZIP + 4: 55110-5910

	Initials	Date
Prepared By		
Approved By		

Form 990EZ

41-1434403

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MADE IN U.S.A.

Schedule A		Title	Hours/week	Compensation Benefits	Expenses
1	Gretchen Sabel	President	2		31348
2	3540 153 <sup>rd</sup> Ave NW				
3	Andover MN 55304				
4					
5	Ray Wuolo	President-Elect	2		-0-
6	4208 Bryant Ave S				
7	Minneapolis MN 55409				
8					
9	Jan Falteisek	Secretary	2		-0-
10	2334 Dorland Place				
11	Maplewood MN 55119				
12					
13	Paul Putzier	Treasurer	5		7608
14	1218 Carlson Lake Lane				
15	Eagan MN 55123				
16					
17	Tom Clark	Editor	10		-0-
18	3572 Golfview Drive				
19	White Bear Lake MN 55110				
20					
21	Jim Almendinger	Advertising Editor	10		-0-
22	1018 1 <sup>st</sup> St. S #4				
23	Stillwater MN 55082				
24					
25	Jeanette H. Leete	Business Manager	15	813641	312134
26	4779 126 <sup>th</sup> St. N.				
27	White Bear Lake MN 55110				
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