

Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

1997

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.

This Form is 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.

A For the 1997 calendar year, OR tax year beginning 1997, 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		D Employer identification number 411434403
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 4779 126th St. N		E State registration number 3511766
	City or town, state or country, and ZIP + 4 White Bear Lake MN 55110-5910		F Check <input type="checkbox"/> if exemption application is pending
G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶			H 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 1997 gross receipts (add back lines 5b, 6b, and 7b, to line 9) ▶ \$ 28 026.31
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 28.)

Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	1	1487.18	
	2	Program service revenue including government fees and contracts	2	14745.00	
	3	Membership dues and assessments	3	10260.00	
	4	Investment income	4	510.34	
	5a	Gross amount from sale of assets other than inventory	5a	0	5c
	5b	Less: cost or other basis and sales expenses	5b	0	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0	
	6	Special events and activities (attach schedule):			6c
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0	
	6b	Less: direct expenses other than fundraising expenses	6b	0	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0		
7a	Gross sales of inventory, less returns and allowances	7a	1023.79	7c	
7b	Less: cost of goods sold	7b	81.43		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	942.36		
8	Other revenue (describe ▶ _____)	8	0		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	27944.88		
Expenses	10	Grants and similar amounts paid (attach schedule)	10	665.55	
	11	Benefits paid to or for members	11	0	
	12	Salaries, other compensation, and employee benefits	12	0	
	13	Professional fees and other payments to independent contractors	13	7901.00	
	14	Occupancy, rent, utilities, and maintenance	14	129.06	
	15	Printing, publications, postage, and shipping	15	8202.80	
	16	Other expenses (describe ▶ see schedule B)	16	6980.14	
	17	Total expenses (add lines 10 through 16)	17	23878.55	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	4066.33	
	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)	19	11689.60	
	20	Other changes in net assets or fund balances (attach explanation) inventory adjustmt	20	-509.46	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	15246.47	

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 32.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	11726.40	21465.06
23 Land and buildings	0	0
24 Other assets (describe ▶ prepaid 1998 dues, inventory, acct. receivable)	2618.02	-2128.00
25 Total assets	14344.42	19337.06
26 Total liabilities (describe ▶ accounts payable, taxes payable)	2654.82	4090.59
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	11689.60	15246.47

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 32.)		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? <u>Ground Water Education</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>Ground Water Education Programs to foster understanding among the public and inform people in many different professions</u> (Grants \$)	28a 10403.96
29	<u>Publications: Newsletter of the Minnesota Ground Water Assoc. and the environmental directory</u> (Grants \$)	29a 7052.04
30	<u>Field Trip and Field Camp Support paid to educational instructors</u> (Grants \$)	30a 665.55
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 18121.55

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 32.)				
(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 Schedule A</u>				

Part V Other Information (See Specific Instructions on page 33.)		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 6033(e) notice, reporting, and proxy tax requirements?	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?		
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 imposed during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and (4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 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. ▶		
42	The books are in care of ▶ <u>Dr. Jeanette H. Leete</u> Telephone no. ▶ <u>(612) 426-3316</u> Located at ▶ <u>4779 126th St. N. White Bear Lake, MN 55110</u> ZIP + 4 ▶ <u>55110-5910</u>		
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 Instruction U, page 10.)			
	Signature of officer: <u>Paul R. Bulger</u>		Date: <u>3/5/98</u>	Type or print name and title: <u>TREASURER</u>
Paid Preparer's Use Only	Preparer's signature: <u>Jeanette H. Leete</u>	Date: <u>3/2/98</u>	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's SSN: _____
	Firm's name (or yours if self-employed) and address: <u>WRI 4779 126th St. N White Bear Lake</u>	EIN: <u>41-1571648</u>	ZIP + 4: <u>55110-5910</u>	

Form 990EZ

1997

41-1434403

Schedule A		1	2	3	4
		Title	Hours/Week	Compensation + Benefits	Expenses
1	Ray Wuolo	President	3	0	1221.03
2	4208 Bryant Ave S				
3	Minneapolis MN 55409				
4	SSN: 342-58-7642				
5					
6	Paula Berger	President-Elect	3	0	0
7	1447 Jefferson Ave				
8	St. Paul MN 55105				
9	SSN: 338-48-7520				
10					
11	Jan Falteisek	Secretary	2	0	0
12	2334 Dorland Place				
13	Maplewood MN 55119				
14	SSN: 477-64-1566				
15					
16	Paul Bulger	Treasurer	2	0	43.30
17	10446 Sherman Dr.				
18	Eden Prairie MN 55347				
19	SSN: 472-52-6239				
20					
21	Tom Clark	Editor	10	0	0
22	3572 Golfview Drive				
23	White Bear Lake MN 55110				
24	SSN: 205-40-1579				
25					
26	Jim Almendinger	Ad Editor	10	0	0
27	1018 1st St. S #4				
28	Stillwater MN 55082				
29	SSN:				
30					
31	Jeanette H. Leete	Business Mgr.	15	7901.00	5500.57
32	4779 126th St. N.				
33	White Bear Lake MN 55110				
34	DBA WRI FEIN 41 1571648				
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