Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

Change of address Plasa base Initial return Final return Final return Amended return Amended return Amended return Amended return Final return Amended return Amended return Final return Final return Amended return Final r	Α	For the 1998 calen	dar year,	Or tax year period beginning		1998, and ending		, 19
Darge of address Install arters Ins	В	Check if:	Places	C Name of organization			D Employe	r Identification Number
Initial return Final entern F		Change of address	IRS label	Minnesota Ground Wa				
Final return September Armediate return Armediate		Initial return	or type.	•	•	Room/suite	E Telepho	ne number
Interest design Interest In		Final return	specific	4779 126th Street N	orth		(651) 426-3316
The distribution is pending to the performance of				City, Town or Country	State	ZIP + 4	F Check	F if exemption
Note: Section 501(c)(2) exempt organizations and 4947(a)(7) nonexempt charitable trusts Must attach a completed Schedule Al (Form 999). Section 1 in the section 1 is a group return filed for affiliates for which this return is filed		(required also for state reporting)			MN	55110-5910	applica	ition is pending
Schedule A (Form 990). It is list a group return filed for affiliates?	G	Type of organization		Exempt under section 501(c)	6 ◄ (insert number) o	r 🕨 🔝 s	ection 4947(a)	(1) nonexempt charitable trust
(b) if Yes,' enter the number of affiliates for which this return is filed		Note: Section 501 Schedule A	(c)(3) exe (Form 99)	mpt organizations and 4947(a)(0).	1) nonexempt charitable	e trusts Must attach	a complete	d
(c) is this a separate return filed by an organization cevered by a group ruling? Yes X to Contributions or the coganization need not file a return with the IRS; but if it received a Form 990 package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Part ISS Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, gifts, grants, and similar amounts received: a Direct public support 1 Contributions, gifts, grants, and similar amounts received: a Direct public support 1 Ib	Н	(a) Is this a group	return file	d for affiliates?	Yes X			
K. Check here. \(b							,	
Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.			_					
Notes Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Part		-			•			
Partition Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions) 1 Contributions, girls, grants, and similar amounts received: a Direct public support b indirect public support C Government contributions (grants) 1 to								
1 Contributions, gifts, grants, and similar amounts received: a Direct public support 1b 1c 1c 1c 1c 1c 1c 1c								0,000 at end of year.
a Direct public support	гa					alances (see instru	ctions)	
b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 540_noncash \$ 0). 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 13, 747. 3 Membership dues and assessments 3 9, 490. 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 Gross rents 6 Gross and interest from securities 6 Gross rents 6 Gross rents 6 Gross rents 6 Gross and Gross (subtract line 6b from line 6a) 7 Other investment income of (loss) (subtract line 6b from line 6a) 7 Other investment income (describe				•	i	1.1	E 4 0	
C Government contributions (grants) 1c		· ·					340.	
d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 5.40 . noncash \$ 0) 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 I 13, 747. 3 Membership dues and assessments 3 9, 490. 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe c Gain or (loss) (attach schedule) 4 Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) a Gross revenue (not including 5 S S S S S S S S S S S S S S S S S S		•						
Cash \$ 540. noncash \$ 0) 1d 540.				· · · · · · · · · · · · · · · · · · ·		101		
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b Less: cost of goods sold						1		3c
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Net assets or fund balances at beginning of year (from line 73, column (A))	-	18 Excess or (de						
	N S	19 Net assets or					_	
	EE	20 Other change						
							<u> </u>	

Partill 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.

L	Oo 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 \$900.								
	non-cash \$)	22	900.	900.					
23	Specific assistance to individuals (attach sch) \dots	23		···		- 10 m			
24	Benefits paid to or for members (attach sch) \ldots	24							
25	Compensation of officers, directors, etc	25	0.						
26	Other salaries and wages	26	5,477.	3,077.	2,400.				
27	Pension plan contributions	27							
28	Other employee benefits	28							
29	Payroll taxes	29							
30	Professional fundraising fees	30	1 200		1 200				
31	Accounting fees	31	1,200.		1,200.				
32	Legal fees	32		371					
33	Supplies	33 34	322. 104.	271. 104.	51.				
34	Telephone	35 35	2,134.	2,008.	126.				
35	Postage and shipping	36	1,020.	1,000.	120.	20.			
36 37	Occupancy Equipment rental and maintenance	37	1,020.	1,000.		۷۷.			
38	Printing and publications	38	1,532.	1,476.	56.				
39	Travel	39	1,926.	1,926.					
40	Conferences, conventions, and meetings		3,631.	3,213.	418.				
41	Interest	41	3,001.	<u> </u>					
42	Depreciation, depletion, etc (attach schedule)	42							
43	Other expenses (itemize): a	43a							
t	4000 Administration:4100 Financial Admin.:4	43b	105.		105.				
	4000 Administration:4100 Financial Admin.:4		124.		124.				
c	5000 Program Expenses:5100 Spring Conferenc	43 d	47.	47.					
•	990T Expenses	43e	7,296.	7,296.					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	25,818.	21,318.	4,480.	20.			
Rene	orting of Joint Costs — Did you report in co	olumn	— (B) (program services) a	any joint costs from a co	mbined				
educ	ational campaign and fundraising solicitation	on?			▶ ∐	Yes X No			
lf 'Ye	es,' enter (i) the aggregate amount of these	•		 · ·	mount allocated to prog				
\$_		ocated	to management and ge	neral \$; and (iv) th	e amount allocated			
	ndraising \$.			······································					
	Statement of Program Serv					D 0 1 5			
	t is the organization's primary exempt purp			r_Education_	tate the number of	Program Service Expenses (Required for 501(c)(3) and			
clien	rganizations must describe their exempt puts served, publications issued, etc. Discussons & section 4947(a)(1) nonexempt chariti	achie	vements that are not me	easurable. (Section 501)	c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but			
	ons & section 4947(a)(1) nonexempt charity Ground water education pro				cauons to others.)	optional for others.)			
ć	among the public and info				i				
	professions	Р	copic in many a						
	p. o. coo. coo.		(Grants and	d allocations \$	0.)	13,122.			
ı	Publications: Newsletter	of t	he MGWA and the			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	environmental directory								
						7,296.			
(Grants and allocations \$ 0.)									
•	c Field Trip and Field Camp Support paid to educational								
	institutions								
			.	. .	000	000			
	1		(Grants and	d allocations \$	900.)	900.			
•	1								
			(Grants and	d allocations \$	1				
	Other program services		_	d allocations \$)				
	f Total of Program Service Expenses (sho					21,318.			

Part IV Balance Sheets (See instructions)

Note	: 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	11,950.	45	9,714.
	46 Savings and temporary cash investments	9,515.	46	10,172.
	47a Accounts receivable			
	b Less: allowance for doubtful accounts	160.	47 c	791.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
Ą	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
Š	51 a Other notes & loans receivable (attach schedule) 51 a		30	
S E T S	b Less: allowance for doubtful accounts		51 c	
١ ،	52 Inventories for sale or use	648.	52	628
	53 Prepaid expenses and deferred charges		53	628.
	r i i i i i i i i i i i i i i i i i i i		54	
	54 Investments – securities (attach schedule)		54	
	55a Investments land, buildings, & equipment: basis . 55a			
	b Less: accumulated depreciation (attach schedule)		55 c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		57 c	
	58 Other assets (describe ► <u>Undeposited Funds</u>)	-3,046.	58	
	59 Total assets (add lines 45 through 58) (must equal line 74)	19,227.	59	21,305.
	60 Accounts payable and accrued expenses	4,073.	60	4,538.
ᆝ	61 Grants payable		61	
Á	62 Deferred revenue		62	
B	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Ϊl	64a Tax-exempt bond liabilities (attach schedule)		64 a	
I	b Mortgages and other notes payable (attach schedule)		64 b	
E S	65 Other liabilities (describe ►)	18.	65	
	66 Total liabilities (add lines 60 through 65)	4,091.	66	4,538.
	Organizations that follow SFAS 117, check here ► and complete lines 67			
N E	through 69 and lines 73 and 74.			
- 1	67 Unrestricted		67	
ŝ	68 Temporarily restricted		68	
ASSET-S	69 Permanently restricted		69	
O R	Organizations that do not follow SFAS 117, check here ► X and complete lines			
- 1	70 through 74.			
E DZD	70 Capital stock, trust principal, or current funds		70	
- 1	71 Paid-in or capital surplus, or land, building, and equipment fund	15,024.	71	15,024.
Ę	72 Retained earnings, endowment, accumulated income, or other funds	112.	72	1,742.
BALAZCES	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	15,136.	73	16,766.
3	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	19,227.	74	21,304.

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.

Financial Statements with Revenue per Return (See instructions.)			Revenue	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
а	Total revenue, gains, and other support per audited financial statements	а		а	Total expenses and audited financial sta	losses per atements	a		
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts included o on line 17, Form 99				
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$				
(2)	Donated services and use of facilities \$			(2)	Prior year adjust- ments reported on line 20, Form 990 \$				
, ,	Recoveries of prior year grants \$				Losses reported on line 20, Form 990 \$				
(4)	Other (specify):			(4)	Other (specify):				
	\$				\$				
	Add amounts on lines (1) through (4)	b			Add amounts on line through (4)	`.`			
c d	Amounts included on line 12	С		c d	Line a minus line b	<u> </u>			
ū	Amounts included on line 12, Form 990 but not on line a:			a	Amounts included o Form 990 but not or	n line 17, n line a :			
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$				
(2)	Other (specify):			(2)	Other (specify):				
	\$ Add amounts on lines (1) and (2) . ►	d			Add amounts on line	es (1) and (2) >	d		
е	Total revenue per line 12, Form 990 (line c plus line d)	e		е	Total expenses per 990 (line c plus line	line 17, Form			
Part \	List of Officers, Directors,				/ees (List each one		- 1		
	(A) Name and address	(B) Title and average how per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances		
	a_Berger Jefferson St. Paul	- - P	resident	3	0.	0	. 0.		
Jame	s_Piegat	_							
	Zumbra, Excelsior Falteisek	<u> </u>	res-Elect	3	0.	0	. 0.		
2334	Dorland Pl St. Paul	_ 	ecretary	2	0.	0	. 0.		
1044	Bulger 6 Sherman Dr Mpls	- T	reasurer	2	0.	0	. 0.		
	<u>Clark</u> Golfview Dr St. Paul	$-$ $_{E}$	ditor	10	0.	0	. 0.		
Jean	ette Leete			i					
<u>4779</u>	126th St N WBL 55110	- B	usiness Mgr	10	0.	0	0.		
		_							
									
		+	16						
		_							
75	Did any officer, director, trustee, or ke from your organization and all related related organizations?	org	anizations, of which mor	e than	\$10,000 was provide	d by the	Yes X No		

Part VI Other Information (See specific 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		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	. 77	Х	
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		Χ	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	. 78b	Х	Carlo 22
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	. 79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	. 80a		X
b If 'Yes,' enter the name of the organization ▶			
and check whether it is exempt or nonexempt.	1		
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions . 81 a 0 b Did the organization file Form 1120-POL for this year?	<u>·</u> . 81 b		X
-	. 010	Sec.	
82 a 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?	. 82 a	X	
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 for reporting in Part III.)			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?			<u> </u>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	. 83b		<u> </u>
· · · · · · · · · · · · · · · · · · ·	. <u>04a</u>	^	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 84b		
85 501(c)(4), (5), or (6) organizations — a Were substantially all dues nondeductible by members?	. 85a	_	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	. 85 b	Χ	
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	_		
d Section 162(e) lobbying and political expenditures	-		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-		
q Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	_ . 85 g		
	100		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	. 85 h		
86 501(c)(7) organizations — Enter: a Initiation fees and capital contributions included on			
line 12			
b Gross receipts, included on line 12, for public use of club facilities	_		
87 501(c)(12) organizations — Enter: a Gross income from members or shareholders			
b Gross income from other sources. (Do not net amounts due or paid to other 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? If 'Yes,' complete Part IX	. 88		х
89 a 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) organizations — Did the organization engage in any section 4958 excess benefit transaction during the year? If 'Yes,' attach a statement explaining each transaction	. 89b		
c Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4912, 4955, and 4958▶			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90 a List the states with which a copy of this return is filed Minnesota		ı — — —	
b Number of employees employed in the pay period that includes March 12, 1998 (see instructions)	-		0
91 The books are in care of ► Jeanette Leete Telephone number ► (651) 426			
Located at > 4779 126th Street North WBL MN ZIP + 4 > 551. 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	.0-29	<u>,</u> 10 − .	- -
and enter the amount of tax-exempt interest received or accrued during the tax year	· · · · · · ·	• • • • •	لــا

	, Analysis of moonie i roduc		. ,	F	E10 E10 - E1	
Enter gross otherwise in	amounts unless ndicated.	(A) Business code	d business income (B) Amount	(C) Exclusion code	ection 512, 513, or 514 (D) Amount	(E) Related or exempt function income
a 3500 b 3500 c 3500	gram service revenue:) Program Fees:3510 Spring Confere) Program Fees:3520 Fall Conferenc) Program Fees:3530 Field Trip Fees					7,792. 2,390. 3,565.
	licare/Medicaid payments			4		
94 Mem. 95 Int or	bership dues and assessments			14	777	9,490.
97 Net ro a debt	ental income or (loss) from real estate: t-financed property				70.5	
98 Net ro 99 Othe 100 Gain than	debt-financed property ental income or (loss) from pers prop er investment income or (loss) from sales of assets other inventory ncome or (loss) from special events					
103 Othe b New	s profit or (loss) from sales of inventory er revenue a wsletter rectory	453220 541860 541860	96. 1,595. 1,203.			(4) (4)
105 Tota Note: (Line	otal (add columns (B), (D), & (E))	nd (E)) al the amount o	on line 12, Part I.)		······································	. 23,237. 26,908.
	Relationship of Activities to Explain how each activity for which of the organization's exempt purpos					ccomplishment
93b	Spring Conference info attorney's, insurance possibilities and risk Fall Conference brough	professions. s. t togethe	onals about bro er government,	ownfield re industry a	edevelopment and academic	
93c	geohydrologists to dis investigations The annual training fi	eld trip	took a busful	of student	s, academics,	
	researchers and other field sites relevant t ground water in glacia	o a more	thorough under			
Name, ad	Information Regarding Taxa ddress, and employer identification	Percentage	of Natu	re of	box on line 88 is ched	End-of-year
numb	per of corporation or partnership	ownership into	erest business % %	activities	income	assets
			% %			
Please Sign Here	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of prep	e examined this reto parer (other than of	urn, including accompanying s fficer) is based on all informat	schedules and statement of which preparer 5/18/199	ents, and to the best of my knowhas any knowledge. (See instr	
Paid Pre-	Preparer's Signature		<u>ں</u>	Date		arer's Social Security Number
parer's Use Only	Firm's Name (or yours if self-employed) and Address				EIN ► ZIP + 4 ►	
					<u> </u>	

Department of the Treasury Internal Revenue Service

Exempt Organization Business 1998 | Income Tax Return (and proxy tax under Section 6033(e)) | IRS use only — Do not write or staple in this space.

For	calendar year 1998 or ot	her tax ye	ar beginning Jar	11 ر 1	998, a	nd ending Dec	, 19 9	8		ON	//B No. 1545-0687
A	Check box if	-	Name of Organization			:			D Er	nployer ide	ntification Numbe
В	address changed Exempt under Section	Please	Minnesota Gr	ound Wa	ter	Association			(E	imployees' tr structions for	ust, see Block D.)
	X 501(c)(6)	Print or	Number, Street, and Roor	n or Suite Num	ber (If a	P.O. box, see instruction	ns.)		1	1-1434	
	408(e) 220(e)	Туре	4779 126th S	treet N	orth	1			E NE	EW Unrelate	d Business
	408A 530(a)		City or Town				te ZIP Code		Ac	tivity Codes	s (See instructions
	529(a)		White Bear L	ake		MN	55110-	5910		41800	
<u>c</u>	Book Value of All Assets at End of Year	F Grou	exemption number		ctions			3310		12000	
•	21,304.		k organization type				501(c) trust	14	01(a) t	rust	Other trust
H (Describe the organization					,,	00.(0)	<u> </u>	<u> </u>		100.00
	Advertising in			activity.							
	Ouring the tax year, was			an affiliate	d aro	in or a parent-subs	idiary contro	lled arour	2	► Y	es X No
	f 'Yes,' enter the name a		-		_		idially contro	neu group	,	· L '	C3 <u> </u>
	The books are in care of			~	Tatton		Telephone	number	► (6	51) 42	26-3316
	t I Unrelated Tra					(A) Income		Expense			C) Net
	Gross receipts or sales					(A) meome	(5)	Ехрепзе	3	((888(80AF)
	Less returns and allowances			Ralanca ►	1 c	15	32.				
	Cost of goods sold (Sch				2		36.				
3	Gross profit (subtract li		•	i	3	 	96.				96.
	* -		· ·	3	3 4a		70.				. 30.
	a Capital gain net income	-	<u>-</u>	1	4a 4b						
	Net gain (loss) (Form 4797, F				4 b						
	Capital loss deduction to Income (loss) from part				40						
,	(attach statement)				5			Agriculture of			
6	Rent income (Schedule	: C)			6						
7	Unrelated debt-financed	d income	(Schedule E)		7						
8	Interest, annuities, roya										
^	organizations (see instr	•		1	8						
9	Investment income of a Section				9						
10	Exploited exempt activi	-	-		10	2. 0.	<u> </u>		7.4.0		207
11	Advertising income (Sc				11	2,03	35.	1,	748.		287.
12	Other income (see insti	ructions –	· attach schedule)								
					12	2 17) 1	1 -	7.4.0		202
	Total (combine lines 3				13	2, 13		1,1	748.	•	383.
Гаг	(Except for contr	ibutions, o	deductions must be d	ie instructio lirectly conr	ns for rected	with the unrelated	business inc	come.)			
14	Compensation of office		· · · · · · · · · · · · · · · · · · ·						14		
	Salaries and wages		•	•					15		
15	Repairs and maintenan										
16											
17	Bad debts										
18	Taxes and licenses	•									
19 20	Charitable contributions								20		
21	Depreciation (attach Fo	-		=		1 1					
22	Less depreciation claim							· · · · · · · · · · · · · · · · · · ·	22 b		
23	Depletion								23		
24	Contributions to deferre								24		
25	Employee benefit progr	-							25		
26	Excess exempt expens								26		
27	Excess readership cost		•						27	<u> </u>	287.
28	Other deductions (attac	=	·						28		
29	· Total deductions (add		•						29	l	287.
30	Unrelated business tax								30	l	96.
31	Net operating loss dedu								31	<u> </u>	
32	Unrelated business tax								32		96.
33	Specific deduction		•						33		1,000.
	Unrelated business tax										
34	the smaller of zero or li	ine 32	me (auditact line 33		د). ۱۱ ا 	me oo is greater tii			34		0.

Part III	Fax Computation					
35 Organi	zations Taxable as Corporations (se	ee instructions for tax comput	ation)			
	led group members (sections 1561 a	<u>—</u>	·			
	our share of the \$50,000, \$25,000, a	· —				
(1) \$	(2) \$	(3)		','		
	rganization's share of: (1) additional	 ' ' '				
	itional 3% tax (not more than \$100,0					
	tax on the amount on line 34			>	35 c	0.
				**********	330	<u> </u>
	Taxable at Trust Rates (see instruct			_		
		r Schedule D (Form			36	
_	ax (see instructions)			4		
The state of the s	add line 37 to line 35c or 36, whiche	ver applies)			38	0.
	Tax and Payments					
39 a Foreign	tax credit (corporations attach Forn	n 1118; trusts attach Form 11	16) 39 a			
b Other o	redits (see instructions)		39 b			
	I business credit — Check if from:					
	m 3800 or 📗 Form (specify) 🕨		39 c			
	or prior year minimum tax (attach F					
	redits (add lines 39a through 39d) .				39 e	
	ct line 39e from line 38				40	0.
	ure taxes. Check if from: Forr				41	
42 Alterna	tive minimum tax				42	
	ax (add lines 40, 41, and 42)				43	0.
	nts: a 1997 overpayment credited					
	stimated tax payments					
	posited with Form 7004 or Form 275			·		
	n organizations – Tax paid or withhe					
	withholding (see instructions)					
	redits and payments (see instruction					
	ayments (add lines 44a through 44f)				45	
	ted tax penalty (see instructions). Cl				46	· · · · · · · · · · · · · · · · · · ·
	\mathbf{e} — If line 45 is less than the total of					
-	yment – If line 45 is larger than the				48	0.
	ne amount of line 48 you want: Cred			Refunded >	49	
	Statements Regarding Certa					
	time during the 1998 calendar year,				rity ov	
financia	al account in a foreign country (such	as a bank account, securities	s account, or other finar	ncial account)?		X
If 'Yes,	the organization may have to file F	orm TD F 90-22.1. If 'Yes,' er	iter the name of the fore	ign country here	•	
•	•					
2 During	the tax year, did the organization re	ceive a distribution from, or w	as it the grantor of, or t	ransferor to, a f	oreign	trust? X
_	see the instructions for other forms			·	ŭ	Sec. 12-38
	he amount of tax-exempt interest red					
	A — Cost of Goods Sold (see			· · · · · · · · · · · · · · · · · · ·		<u>, , là</u>
	ventory valuation (specify)					
	ory at beginning of year	1	5 Total - Add lines	1 through 4h	5	36.
	, , ,	2 36.	6 Inventory at end of	•	6	
	ses	3 30.			U	
	labor	3	7 Cost of goods so line 6 from line 5. and on line 2, Par	(Enter here	7	36.
4a Additiona	al section 263A costs (attach schedule)		and on line 2, Pai	rt (.)	,	
		4a	8 Do the rules of se	ection 263A (with	resp	ect to Yes No
b Other of	costs (attach schedule)		property produced	d or acquired for	resal	e) apply
		4b	to the organizatio			
Please	Under penalties of perjury, I declare that I true, correct, and complete. Declaration of	have examined this return, including ac	companying schedules and state	tements, and to the tenarer has any knowle	est of r	ny knowledge and belief, it is
Sign	nue, correct, and complete. Declaration of	Property former men reviewer) is pased	2 on an imprination of which pre	nus only hillowi	Jugu.	
Here	>		>			
	Signature of Officer or Fiduciary	Date	Title			
	Preparer's		Date	Check if	Pre	parer's Social Security Number
Paid	Signature			self- employed	\mathbb{I}	
Preparer's				EIN .		
Use Only	Firm's Name (or yours, if self, employed)					
	self- employed)		The state of the s	ZiP Code ►		

1 Description of property	ome (from Ro	eal Prop	erty and	Personal Property L	.ease	d with Real I	Prop	erty) (see instr	uctions)	
(1)										
(4)								_		
(4)	2 Rent re	ceived or a	ccrued							
(a) From personal ; (if the percentage of ren property is more than not more than 5	proporty		(b) From re	eal and personal property percentage of rent for property exceeds 50% or based on profit or income	·)	3 Dedu with the inc	ome i	s directly connec n columns 2(a) a ch schedule)	ted and 2(b)	
(1)										
(2)										
(3) (4)										
Total		Total								
Total income (add totals of co	lumns 2(a) and		er			Total deduction here and on lin				
here and on line 6, column (A)), Part I, page 1	<u>.)`.`</u>	<u></u>			umn (B), Part I				
Schedule E — Unrelated	d Debt-Finar	iced Inc	ome (see i	nstructions)	Γ					
1 Description of	debt-financed p	property		2 Gross income from or allocable to debt-financed property		debt-	financ	nected with or al		
,	•			debt-illianced property		(a) Straight line preciation (attach sch)		(b) Other de (attach sch		
(1)										
(2)										
(3)										
(4)	<u> </u>									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or alloca	ge adjusted ble to deb y (attach s	t-financed	6 Column 4 divided by column 5	(co	7 Gross income reportable (column 2 x column 6)		8 Allocable d (column 6 x columns 3(a)	x total of	
(1)				%						
(2)		· · · · · · · · · · · · · · · · · · ·		%						
(3)				% %						
(4)				%	Fuda	where and an li	7	Enter here and	d on line 7	
Totals Total dividends-received dedu	uctions include	d in colum	n 8	·	colur		age 1 ►	column (B), Pa	art I, page 1	
Schedule F - Interest,	<u>Annuities, R</u>	oyalties	, and Rer	nts from Controlled (Orga	nizations (see	<u>e instr</u>	uctions)		
						4 Exempt	T -	lled organization	is .	
1 Name and addres controlled organizati		2 Gross income from controlled organization(s)		3 Deductions of controlling organization directly connected with column 2 income (attach schedule)		a) Unrelated business kable income	(b) Taxable income computed as though not exempt under section 501(a), or the amount in column (a), whichever is larger		(c) column (a) divided by column (b)	
(1)									%	
(2)					<u> </u>				% %	
(3)									% %	
5 Nonexempt co	ontrolled organi	zations			<u> </u>		<u> </u>		1	
(a) Excess taxable income	(b) Taxable in amount in columbic	come, or umn (a),	(c) Column (a) divided by column (b)	6 Gross income rep (column 2 x colum or column 5(o	nn 4(c)		(colu	lowable deduction 3 x column or column 5(c))		
(1)			%							
(2)			%							
(3)			%		· · · · · · · · · · · · · · · · · · ·					
(4)			%				. :			
				Enter here and include column (A), Part I,				re and include of n (B), Part I, pa		
Totals			>		. •			• •		

Schedule G - Investment Inco	me of a Section	າ 501(c)(7), (9), or (17) Orga	nization (See in	struction	ns.)	
1 Description of income	2 Amount of incom		direc	Deductions tly connected ach schedule)	4 Set-aside (attach sched		5 Total deductions ar set-asides (column a plus column 4)	
(1)								
(2)								
(3)	-	,						
(4)					·			
	Enter here and on column (A), Pa page 1.	line 9, rt I,			ja -		colun	re and on line 9, nn (B), Part I, page 1.
Totals ► Schedule I — Exploited Exemp	t A stivity Incom	00 Ot	har Tha	n Advorticina	Incomo (Caralia	_44		
Schedule I – Exploited Exemp	Activity incom	ie, Oti	iler i iia	ii Auverusing	Income (See in	Struction	is.)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir con with pr of ur bus	penses rectly nected roduction related siness come	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	that is not unrelated column 5 business income		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								
(2)								
(3)								
(4)								
Column totals	Enter here and on line 10, column (A), Part I, page 1.	on I colui Part I	here and ine 10, mn (B), , page 1.	and the second		- 12 12 12 13		Enter here and on line 26, Part II, page 1.
Schedule J – Advertising Inco								
Part I Income from Periodic	als Reported c	n a Co	onsolid		γ			
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) 3300 Advertising: 3310 Newsletter Ad	s 1,595.		1,651.		0.		4,952.	
(2) 3300 Advertising: 3320 Directory Ad	s 440.		97.		763.		598.	
(3)								
(4)								
Column totals (carry to Part II, In (5))	2,035.		1,748.	287.	763.		5,550.	287.
Part II Income from Periodic 7 on a line-by-line basis.)	als Reported o	n a Se	eparate	Basis (For each	periodical listed i	n Part II	, fill in col	umns 2 through
(1)								
(2)			··			ļ		
(3)						<u> </u>		
(4)	3 225	<u> </u>	1 7/0					207
(5) Totals from Part I	2,035.		1,748.					287.
	Enter here and on line 11, column (A), Part I, page 1.	on I colu Part I	here and ine 11, mn (B), , page 1.					Enter here and on line 27, Part II, page 1.
Column totals, Part II	2,035.		<u>1,748.</u>		183			287.
Schedule K — Compensation of	of Officers, Dire	ectors,	and ir	ustees (See inst	ructions.)			
1 Name				2 Title	3 Percent time devot to busines	ed 4		ation attributable ited business
						%		
		.	.,			%	<u>.</u>	
						%		
					<u> </u>	%		
Total - Enter here and on line 14, Part	II, page 1					. ►		

Form 990 p 1/Line 1a

Description	Amount
3100 Contributions Income:3150 Recycling Contribu	79.
3100 Contributions Income:3160 Scholarship Contri	461.
Total	540.

Supporting Statement of:

Form 990 p 2/Line 26(B)

Description	Amount
	560.
5000 Program Expenses:5100 Spring Conference:5151	947.
5000 Program Expenses: 5200 Fall Conference: 5251 C	330.
5000 Program Expenses:5300 Field Trip Expenses:53	440.
6000 Member Services: 6300 Member Corresp.: 6351 Co	320.
7000 Public Service: 7300 Public Education: 7351 We	480.
Total	3,077.

Supporting Statement of:

Form 990 p 2/Line 33(B)

Description	Amount
	13.
5000 Program Expenses:5100 Spring Conference:5161	119.
5000 Program Expenses: 5200 Fall Conference: 5261 F	10.
5000 Program Expenses:5300 Field Trip Expenses:53	121.
6000 Member Services:6300 Member Corresp.:6361 Su	8.
Total _	271.

Supporting Statement of:

Form 990 p 2/Line 34(B)

Description	Amount
	2.
7000 Public Service: 7300 Public Education: 7366 We	102.

Total _____104.

Form 990 p 2/Line 35(B)

Description	Amount
4000 Administration: 4500 Dues Billing: 4536 Dues B	243.
4000 Administration: 4500 Dues Billing: 4538 Billin	294.
5000 Program Expenses:5100 Spring Conference:5136	570.
5000 Program Expenses:5100 Spring Conference:5138	50.
5000 Program Expenses:5200 Fall Conference:5236 F	178.
5000 Program Expenses:5200 Fall Conference:5238 M	47.
5000 Program Expenses:5300 Field Trip Expenses:53	270.
5000 Program Expenses:5300 Field Trip Expenses:53	46.
6000 Member Services: 6300 Member Corresp.: 6336 Po	308.
7000 Public Service:7036 Public Service Postage	2.
Total	2,008.

Supporting Statement of:

Form 990 p 2/Line 35(C)

Description	Amount
	2.
4000 Administration:4100 Financial Admin.:4136 Po	39.
4000 Administration:4200 Post Office Expenses:422	85.
Total	126.

Supporting Statement of:

Form 990 p 2/Line 36(B)

Description	Amount
7000 Public Service: 7300 Public Education: 7326 Pu	700. 300.
Total	1,000.

Supporting Statement of:

Form 990 p 2/Line 38(B)

Description	Amount
	33.
4000 Administration: 4500 Dues Billing: 4541 Dues B	201.
5000 Program Expenses:5100 Spring Conference:5141	275.
5000 Program Expenses:5200 Fall Conference:5241 F	156.

Continued

Supporting Statement of:

Form 990 p 2/Line 38(B)

Description	Amount
5000 Program Expenses:5300 Field Trip Expenses:53 6000 Member Services:6300 Member Corresp.:6341 Co	691. 120.
Total _	1,476.

Supporting Statement of:

Form 990 p 2/Line 38(C)

Description	Amount
4000 Administration:4100 Financial Admin.:4141 Fi	20. 36.
Total	56.

Supporting Statement of:

Form 990 p 2/Line 39(B)

Description	Amount
	16.
5000 Program Expenses:5100 Spring Conference:5171	73.
5000 Program Expenses:5200 Fall Conference:5210 S	394.
5000 Program Expenses: 5200 Fall Conference: 5271 M	20.
5000 Program Expenses:5300 Field Trip Expenses:53	1,423.
Total	1.926.

Supporting Statement of:

Form 990 p 2/Line 40(B)

Description	Amount
5000 Program Expenses:5100 Spring Conference:5127	1,865.
5000 Program Expenses:5100 Spring Conference:5128	270.
5000 Program Expenses: 5200 Fall Conference: 5227 R	179.
5000 Program Expenses: 5300 Field Trip Expenses: 53	899.
Total	3,213.

Form 990 p 2/Line 43 Col B-4

Description	Amount
Newsletter Expenses (incl Ad costs) Directory Expenses (incl Ad costs)	6,602. 694.
Total	7,296.

Supporting Statement of:

Form 990 p 3/Line 45, column (B)

Description	Amount
1200 Undeposited Funds	13,534. -3,820.
Total	9,714.

Supporting Statement of:

Form 990 p 6/Line 94(E)

Description	Amount	
3200 Membership Dues:3210 Professional Dues	9,445.	
3200 Membership Dues:3220 Student Dues	45.	
Total	9,490.	

Supporting Statement of:

Form 990 p 6/Line 103(B)-2

Description	Amount
Advertising	440.
Circulation	763.
T. I. I.	1 202

Total _____1, 203.

Form 990-T, p1/Line la

Description	Amount
	68.
3600 Product Sales:3640 Mug	39.
3700 Other Income:3710 Mailing List	25.
Total	132.

Supporting Statement of:

Form 990-T, p2/Schedule A, Line 2

Description	Amount
	20.
8000 Product Expenses: 8200 Mailing List: 8236 Prod	3.
8000 Product Expenses:8200 Mailing List:8241 Labe	13.
Total	36.

Supporting Statement of:

Form 990-T, p4/Schedule J-I, Column 6-1

Description	Amount
6000 Member Services:6100 Newsletter:6136 Newslet	575.
6000 Member Services: 6100 Newsletter: 6138 Mail Ho	179.
6000 Member Services:6100 Newsletter:6141 Newslet	2,131.
6000 Member Services:6100 Newsletter:6151 Contrac	2,014.
6000 Member Services:6100 Newsletter:6161 Newslet	18.
6000 Member Services:6100 Newsletter:6171 Mileage	35.
Total	4,952.

Supporting Statement of:

Form 990-T, p4/Schedule J-I, Column 3-2

Description	Amount
	95.
6000 Member Services:6200 Directory:6261 Director	2.

Total ______97.

Form 990-T, p4/Schedule J-I, Column 6-2

Description	Amount
6000 Member Services:6200 Directory:6236 Director	88.
6000 Member Services:6200 Directory:6241 Director	251.
6000 Member Services:6200 Directory:6251 Contract	259.
Total	598.

The state of the s

Franchise Tax for Nonprofit Organizations 1998 For organizations with unrelated business income

	For calendar year 1998 or fiscal year beginning	1998, ending	, 19
8	007511777	Minnesota ID number	FEIN 47 _ 1434403
Control of the contro	003511766 12 411434403 MN GROUND WATER ASSN 4779 126TH ST N WHITE BEAR LAKE MN 55110-5910	his organization files fede 990-T 990-C Check if this return is Check if this is your	ral Form: C 1120-H 1120-POL s filed under extension.
		in the state of th	William Commence
	1. Federal taxable income (from the taxable income line of your federal fo	rm)	i
	2 Federal net operating loss deduction, it any	wells brails	2
	3 Add lines-1 and 2		
(2) (2)			
D D	4 Charitable contributions not deducted on federal return (see instructions,		4
E S	5. Minnesota net income (or loss) (subtract line 4 from line 3) If all of your activities are conducted in Minnesota, fill in the amount from	- 1:25 - 1:26	51.
黄	If your activities are conducted partly outside Minnesota or you have a i	net operating loss	agestagg and
X O	on your federal return; complete Schedule A on the back and check here 6 Taxable income (if zero or less, fill in zero)	e 📙 . milit i Spilisa	
		The State of the S	
	7 Regular ax (multiply line 6 by 9.8% [.098])		. 7
	8 Additional charge for underpayment of estimated tax (attach Schedule)	M-15NPJ	8
	9 Add lines 7 and 8		. 9
h	10 Amount credited from your 1997 M-4NP return	10	
men	11 1998 estimated tax payments	11	
Ê	12 Extension payment	12	
8	13 Add lines 10, 11 and 12		13
	14. If line 9 is greater or equal to line 13 subtract line 13 from line 9. This	is an amount due.	Make check payable to:
A III	\$15 If line 13 is greater than line 9, subtract line 9 from line 13, and till in overpayment	15	MN Dept of Revenue Payment being made with
ig.			this return by: Electronic funds transfer
E	16 Amount of line 15 to be credited to your 1999 estimated tax	16	Check
	17 Amount of line 15 to be refunded	.17	
	I declare that this return is correct and complete to the best of my knowledge and belief.		
2	Remarks Sub Survey Mg 5		one I authorize the MN Dept. 6 33/6 of Revenue to discuss this
	Preparer's signature Minnesota ID Number	Date Daytime pho	one tax return with the preparer:
វត្ត	Attach a copy of your complete federal return including schedul	es.	