

Return of Organization Exempt from Income Tax

2000

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

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 2000 calendar year, or tax year period beginning , 2000, and ending , 20

- B** Check if applicable:
- Change of address
 - Change of name
 - Initial return
 - Final return
 - Amended return

Please use IRS label or print or type. See specific instructions.	C Name of organization Minnesota Ground Water Association		D Employer identification number 41-1434403
	Number & street (or P.O. box if mail is not delivered to street addr) Room/suite 4779 126th Street North		E Telephone number (651) 276-8208
	City, Town or Country White Bear Lake	State ZIP code MN 55110-5910	F Check <input type="checkbox"/> if application pending

G Organization type (check only one) 501(c) 6 (insert no.) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify) ▶

K Check here 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, it should file a return without financial data. Some states require a complete return.

- Note: H and I are not applicable to section 527 orgs.**
- H (a)** Is this a group return for affiliates? Yes No
 - H (b)** If "yes," enter number of affiliates ▶
 - H (c)** Are all affiliates included? Yes No (If "no," attach a list. See instructions)
 - H (d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
 - I** Enter 4-digit group exemption no. (GEN) ▶
 - L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received:		
		a	Direct public support	192.
		b	Indirect public support	
		c	Government contributions (grants)	
		d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	192.
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	21,140.
		3	Membership dues and assessments	11,015.
		4	Interest on savings and temporary cash investments	1,200.
		5	Dividends and interest from securities	
		6a	Gross rents	
		6b	Less: rental expenses	
		6c	Net rental income or (loss) (subtract line 6b from line 6a)	
	7	Other investment income (describe _____)		
	8a	Gross amount from sales of assets other than inventory		
	8b	Less: cost or other basis and sales expenses		
	8c	Gain or (loss) (attach schedule)		
	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))		
	9	Special events and activities (attach schedule)		
	9a	Gross revenue (not including ... \$ _____ of contributions reported on line 1a)		
	9b	Less: direct expenses other than fundraising expenses		
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)		
	10a	Gross sales of inventory, less returns and allowances	65.	
	10b	Less: cost of goods sold	23.	
	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	42.	
	11	Other revenue (from Part VII, line 103)	1,394.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	34,983.	
E X P E N D I T U R E S	13	Program services (from line 44, column (B))	20,031.	
	14	Management and general (from line 44, column (C))	13,654.	
	15	Fundraising (from line 44, column (D))		
	16	Payments to affiliates (attach schedule)		
	17	Total expenses (add lines 16 and 44, column (A))	33,685.	
A S S E T S	18	Excess or (deficit) for the year (subtract line 17 from line 12)	1,298.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	17,783.	
	20	Other changes in net assets or fund balances (attach explanation)	-1,674.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	17,407.	

Part II 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.

Do 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 \$ 740. non-cash \$)	740.	740.		
23	Specific assistance to individuals (attach sch)				
24	Benefits paid to or for members (attach sch)				
25	Compensation of officers, directors, etc	0.			
26	Other salaries and wages	5,545.	3,145.	2,400.	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	2,200.	1,000.	1,200.	
32	Legal fees				
33	Supplies	1,223.	838.	385.	
34	Telephone	765.	479.	286.	
35	Postage and shipping	1,999.	1,836.	163.	
36	Occupancy	4,280.	4,280.		
37	Equipment rental and maintenance				
38	Printing and publications	922.	809.	113.	
39	Travel	1,406.	1,406.		
40	Conferences, conventions, and meetings	5,562.	5,245.	317.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses (itemize):				
a	5000 Programs:5300 Field Trip:5398 VISA Fees	135.	135.		
b	5000 Programs:5300 Field Trip:5399 Profit Sp	118.	118.		
c	4000 Admin:4100 Fin. Admin.:4199 Bank Fees	36.		36.	
d	Advertising Expenses	1,483.		1,483.	
e	See Other Expenses Stmt	7,271.		7,271.	
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	33,685.	20,031.	13,654.	

Reporting of Joint Costs - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes 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

What is the organization's primary exempt purpose? ▶ <u>Ground Water Education</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Ground water education programs to foster understanding among the public and inform people in many different professions</u> (Grants and allocations \$ 240.)	2,029.
b <u>Publications: Newsletter of the MGWA and the environmental directory (recorded on 990T)</u> (Grants and allocations \$ 0.)	7,271.
c <u>Field Trip and Field Camp Support paid to educational institutions</u> (Grants and allocations \$ 500.)	5,256.
d _____ (Grants and allocations \$ _____)	
e Other program services _____ (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services) ▶	14,556.

Part IV Balance Sheets (See instructions)

		(A) Beginning of year		(B) End of year		
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
ASSETS	45	Cash – non-interest-bearing	12,461.	45	5,981.	
	46	Savings and temporary cash investments	10,391.	46	16,956.	
	47a	Accounts receivable			25.	
		b Less: allowance for doubtful accounts		20.	47c	25.
	48a	Pledges receivable				
		b Less: allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes & loans receivable (attach schedule)				
		b Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use	628.	52		373.
	53	Prepaid expenses and deferred charges			53	
	54	Investments – securities (attach schedule)			54	
		<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
	55a	Investments – land, buildings, & equipment: basis				
	b Less: accumulated depreciation (attach schedule)			55c		
56	Investments – other (attach schedule)			56		
57a	Land, buildings, and equipment: basis					
	b Less: accumulated depreciation (attach schedule)			57c		
58	Other assets (describe ► See Line 58 Stmt)	-3,240.	58		-3,704.	
59	Total assets (add lines 45 through 58) (must equal line 74)	20,260.	59		19,631.	
LIABILITIES	60	Accounts payable and accrued expenses	2,476.	60		2,223.
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a	Tax-exempt bond liabilities (attach schedule)		64a		
		b Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ► See Line 65 Stmt)	1.	65		1.
66	Total liabilities (add lines 60 through 65)	2,477.	66		2,224.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		67		
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund	15,307.	71		13,652.
	72	Retained earnings, endowment, accumulated income, or other funds	2,476.	72		3,755.
	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)	17,783.	73		17,407.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	20,260.	74		19,631.

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(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 and deferred compensation	(E) Expense account and other allowances
Paula Berger 1447 Jefferson St. Paul	Past-Pres. 2	0.	0.	0.
James Piegat 5421 Zumbra, Excelsior	Past-President 1	0.	0.	0.
Jan Falteisek 2334 Dorland Pl St. Paul	Secretary 2	0.	0.	0.
Lee Trotta 2278 Lois Dr Moundsvew	Treasurer 2	0.	0.	0.
Tom Clark 3572 Golfview Dr St. Paul	Editor 10	0.	0.	0.
James Lundy 1405 Arona St. Paul	President 7	0.	0.	0.
James Stark 1863 Alta Vista Roseville	Pres. Elect 2	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See specific instructions.)

N/A 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. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If 'Yes,' has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a 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? 80b If 'Yes,' enter the name of the organization MGWA Foundation and check whether it is [X] exempt or [] nonexempt. 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions 81a 0. 81b Did the organization file Form 1120-POL for this year? 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? 82b 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.) 82b 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85a 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c Dues, assessments, and similar amounts from members 85d Section 162(e) lobbying and political expenditures 85e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f? 85h 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? 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a 86b 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 87a 87b 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, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? 88 If 'Yes,' complete Part IX 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 ; Section 4912 ; Section 4955 89b 501(c)(3) and 501(c)(4) organizations. 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 a statement explaining each transaction 89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958 89d Enter: Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed Minnesota 90b Number of employees employed in the pay period that includes March 12, 2000 (see instructions) 91 The books are in care of Dr. Jeanette Leete Telephone number (651) 276-8208 Located at 4779 126th Street North White Bear Lake MN ZIP code 55110-5910 92 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

Part VII Analysis of Income-Producing Activities (See instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a 3500 Prog. Fees:3510 Spring Conferen					6,520.
b 3500 Prog. Fees:3520 Fall Conference					9,245.
c 3500 Prog. Fees:3530 Field Trip Fees					5,375.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					11,015.
95 Interest on savings & temporary cash invmnts			14	1,200.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
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	453220	42.			
103 Other revenue: a					
b Newsletter 990T	541860	884.			
c Directory 990T	541860	510.			
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,436.		1,200.	32,155.
105 Total (add line 104, columns (B), (D), and (E))					34,791.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

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).
93	Conferences and Field Trips are held to educate the public about MN's Ground Water

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- 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).

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 instructions.)

Signature of Officer: Eric Hansen Date: 5/15/01 Type or Print Name and Title: Eric Hansen Treasurer

Paid Preparer's Use Only

Preparer's Signature: Janette St. Loet Date: 5/11/01 Check if self-employed: Preparer's SSN or PTIN: 378484259

Firm's name (or yours if self-employed) and address, and ZIP code: Watershed Research, Inc.
4779 126th Street N
White Bear Lake MN 55110-5910 EIN: 41-1571648 Phone no: (651) 426-6122

For calendar year 2000 or other tax year beginning		2000, and ending		OMB No. 1545-0687
A <input type="checkbox"/> Check box if address changed	Please Print or Type	Name of Organization (<input type="checkbox"/> check box if name changed and see instructions).		D Employer Identification Number (Employees' trust, see instructions for Block D.)
B Exempt under Section		Minnesota Ground Water Association		
<input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, Street, and Room or Suite Number (If a P.O. box, see instructions.)		E New Unrelated Business Activity Codes (See instructions for Block E.)
	4779 126th Street North		541860 453220	
		City or Town	State ZIP Code	
		White Bear Lake	MN 55110-5910	
C Book Value of All Assets at End of Year	F Group exemption number (see instructions for Block F) . . . ▶			
19,631.	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity.
▶ **Advertising in Newsletter**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ **Dr. Jeanette H. Leete** Telephone number ▶ **(651) 276-8208**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	190.		
b Less returns and allowances c Balance ▶	190.		
2 Cost of goods sold (Schedule A, line 7)	44.		
3 Gross profit (subtract line 2 from line 1c)	146.		146.
4 a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9 Investment income of a Section 501(c)(7), (9), or (17) organization (Sch G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)	884.	1,483.	-599.
12 Other income (see instructions — attach schedule)			
13 Total (combine lines 3 through 12)	1,030.	1,483.	-453.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)			14
15 Salaries and wages			15
16 Repairs and maintenance			16
17 Bad debts			17
18 Interest (attach schedule)			18
19 Taxes and licenses			19
20 Charitable contributions (see instructions for limitation rules)			20
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a		22 b
23 Depletion			23
24 Contributions to deferred compensation plans			24
25 Employee benefit programs			25
26 Excess exempt expenses (Schedule I)			26
27 Excess readership costs (Schedule J)			27
28 Other deductions (attach schedule)			28
29 Total deductions (add lines 14 through 28)			29
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)			30 -453.
31 Net operating loss deduction			31
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)			32 -453.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			33
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32			34 -453.

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation)
 Controlled group members (Sections 1561 and 1563) — check here . See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$ _____
 (2) additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.

36 Trusts Taxable at Trust Rates (see instructions for tax computation) Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax (see instructions) **37**

38 Alternative minimum tax **38**

39 Total (add lines 37 and 38 to line 35c or 36, whichever applies) **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit — Check if from:
 Form 3800 or Form (specify) ▶ **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits (add lines 40a through 40d) **40e**

41 Subtract line 40e from line 39 **41** 0.

42 Recapture taxes. Check if from: Form 4255 Form 8611 **42**

43 Total tax (add lines 41 and 42) **43** 0.

44 Payments: **a** 1999 overpayment credited to 2000 **44a**

b 2000 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations — Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Other credits and payments (see instructions) **44f**

45 Total payments (add lines 44a through 44f) **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due — If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment — If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

49 Enter the amount of line 48 you want: **Credited to 2001 estimated tax** ▶ **Refunded** ▶ **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2000 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **Yes** **No**
 If 'Yes,' the organization may have to file Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country here
 ▶ **X**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... **Yes** **No**
 If 'Yes,' see the instructions for other forms the organization may have to file. **X**

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

Schedule A — Cost of Goods Sold (see instructions)

Method of inventory valuation (specify) ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	44.	7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7	44.
3 Cost of labor	3				
4a Additional Section 263A costs (attach schedule)	4a				
b Other costs (attach sch)	4b				
5 Total — Add lines 1 through 4b	5	44.	8 Do the rules of Section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No X

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Eric Hansen 15/15/01 ▶ Treasurer
 Signature of Officer or Fiduciary Date Title

Paid Preparer's Use Only

Preparer's Signature: Jeanette St. Jeor Date: 5/11/01 Check if self-employed Preparer's SSN or PTIN: 378 48 4259

Firm's Name (or yours, if self-employed), Address, and ZIP Code: Watershed Research, Inc.
4779 126th Street N
White Bear Lake MN 55110-5910 EIN: 41-1571648 Phone Number: (651) 426-6122

Schedule C – Rent Income (from Real Property and Personal Property Leased with Real Property) (see instructions)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(1)	(2)	
(1)				
(2)				
(3)				
(4)				
Total		Total		Total deductions. Enter here and on line 6, column (B), Part I, page 1

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)					
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Totals							Enter here and on line 7, column (A), Part I, page 1	Enter here and on line 7, column (B), Part I, page 1

Total dividends-received deductions included in column 8

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
12 Totals					Add columns 5 and 10. Enter here and on line 8, column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, column (B), Part I, page 1.

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (See instructions.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (See instructions.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	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.	Enter here and on line 10, column (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.

Schedule J – Advertising Income (See instructions.)

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) 3300 Ads:3310 Newsletter Ads	884.	1,483.			6,322.	
(2) Directory Ads	0.	0.		385.	949.	
(3)						
(4)						
Column totals (carry to Part II, line (5))	884.	1,483.	-599.			

Part II Income from Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	884.	1,483.				
Column totals, Part II	Enter here and on line 11, column (A), Part I, page 1.	Enter here and on line 11, column (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.

Schedule K – Compensation of Officers, Directors, and Trustees (See instructions.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total – Enter here and on line 14, Part II, page 1			

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
Readership Costs Newsl.	6,321.		6,321.	
Readership Costs Dir.	950.		950.	
Total	<u>7,271.</u>		<u>7,271.</u>	

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Prepaid Dues	-3,240.	-3,970.
PrePaid Postage:Other		266.
Total	<u>-3,240.</u>	<u>-3,704.</u>

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
1300 Sales Tax Payable	1.	1.
Total	<u>1.</u>	<u>1.</u>

Supporting Statement of:

Form 990 p 2/Line 22-Cash

Description	Amount
7000 Public Service:7099 Fees and Taxes	240.
7000 Public Service:7200 Scholarships	500.
Total	<u>740.</u>

Supporting Statement of:

Form 990 p 2/Line 26 column (B)

Description	Amount
4000 Admin:4500 Dues:4551 Labor	500.
5000 Programs:5100 Spring Conf:5151 Labor	855.
5000 Programs:5200 Fall Conf:5251 Labor	640.
5000 Programs:5300 Field Trip:5351 Labor	400.
7000 Public Service:7300 Public Education:7351 Web Labor	750.
Total	<u>3,145.</u>

Supporting Statement of:

Form 990 p 2/Line 33 column (B)

Description	Amount
4000 Admin:4400 BOD:4461 Supplies	109.
4000 Admin:4500 Dues:4561 Billing Supplies	83.
5000 Programs:5100 Spring Conf:5161 Supplies	64.
5000 Programs:5200 Fall Conf:5261 Supplies	196.
5000 Programs:5300 Field Trip:5361 Supplies	386.
Total	<u>838.</u>

Supporting Statement of:

Form 990 p 2/Line 33 column (C)

Description	Amount
4000 Admin:4061 Gen. Supplies	216.
4000 Admin:4100 Fin. Admin.:4161 Supplies	158.
4000 Admin:4200 PO Expen:4261 Estamp Supplies	11.
Total	<u>385.</u>

Supporting Statement of:

Form 990 p 2/Line 35 column (B)

Description	Amount
4000 Admin:4500 Dues:4536 Billing Postage	563.
5000 Programs:5100 Spring Conf:5136 Postage	300.
5000 Programs:5200 Fall Conf:5236 Postage	342.
5000 Programs:5200 Fall Conf:5238 Mailing Service	69.
5000 Programs:5300 Field Trip:5336 Postage	282.
5000 Programs:5300 Field Trip:5338 Mailing Service	56.
6000 Mem Services:6300 Member Corresp.:6336 Postage	173.
7000 Public Service:7300 Public Education:7336 Postage	51.
Total	<u>1,836.</u>

Supporting Statement of:

Form 990 p 2/Line 35 column (C)

Description	Amount
4000 Admin:4036 Gen. Postage	17.
4000 Admin:4100 Fin. Admin.:4136 Postage	21.
4000 Admin:4200 PO Expen:4220 Permit Fees	125.
Total	<u>163.</u>

Supporting Statement of:

Form 990 p 2/Line 36 column (B)

Description	Amount
5000 Programs:5100 Spring Conf:5126 Facility	2,670.
5000 Programs:5200 Fall Conf:5226 Facility	1,360.
7000 Public Service:7300 Public Education:7326 Facility	250.
Total	<u>4,280.</u>

Supporting Statement of:

Form 990 p 2/Line 38 column (B)

Description	Amount
4000 Admin:4300 Corr.:4341 Copies	11.
4000 Admin:4300 Corr.:4361 Stationery/Supplies	6.
4000 Admin:4500 Dues:4541 Billing Printing	275.
5000 Programs:5100 Spring Conf:5141 Copies	241.
5000 Programs:5200 Fall Conf:5241 Printing	121.

Continued

Supporting Statement of:

Form 990 p 2/Line 38 column (B)

Description	Amount
5000 Programs:5300 Field Trip:5341 Printing	93.
6000 Mem Services:6300 Member Corresp.:6341 Copies	33.
7000 Public Service:7300 Public Education:7341 MGWAF Printing	29.
Total	<u>809.</u>

Supporting Statement of:

Form 990 p 2/Line 38 column (C)

Description	Amount
4000 Admin:4041 Gen. Copies	57.
4000 Admin:4100 Fin. Admin.:4141 Fin Copies	56.
Total	<u>113.</u>

Supporting Statement of:

Form 990 p 2/Line 39 column (B)

Description	Amount
5000 Programs:5100 Spring Conf:5110 Speakers	41.
5000 Programs:5100 Spring Conf:5171 Mileage	59.
5000 Programs:5200 Fall Conf:5210 Speakers	331.
5000 Programs:5200 Fall Conf:5271 Mileage	34.
5000 Programs:5300 Field Trip:5310 Speakers	941.
Total	<u>1,406.</u>

Supporting Statement of:

Form 990 p 2/Line 40 column (B)

Description	Amount
5000 Programs:5200 Fall Conf:5227 Refreshments	1,995.
5000 Programs:5200 Fall Conf:5228 Audio-Visual	275.
5000 Programs:5200 Fall Conf:5298 VISA fees	80.
5000 Programs:5300 Field Trip:5326 Facilities	12.
5000 Programs:5300 Field Trip:5327 Food	1,492.
5000 Programs:5300 Field Trip:5371 Transp	1,341.
5000 Programs:5400 Lectures:5427 Refreshments	50.
Total	<u>5,245.</u>

Supporting Statement of:

Form 990 p 2/Program Service Expenses-2

Description	Amount
Newsletter Expenses	6,321.
Directory Expenses	950.
Total	<u>7,271.</u>

Supporting Statement of:

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

Description	Amount
	11,204.
1200 Undeposited Funds	1,257.
Total	<u>12,461.</u>

Supporting Statement of:

Form 990 p 3/Line 46, column (A)

Description	Amount
	10,309.
Prepaid Mailing Fees	82.
Total	<u>10,391.</u>

Supporting Statement of:

Form 990 p 3/Line 72, column (A)

Description	Amount
Retained Earnings	1,637.
Net Income	839.
Total	<u>2,476.</u>

Supporting Statement of:

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

Description	Amount
	5,191.
1200 Undeposited Funds	750.
PrePaid Postage:Postage Due Account	40.
Total	<u>5,981.</u>

Supporting Statement of:

Form 990 p 6/Line 94(E)

Description	Amount
3200 Dues:3210 Professional	10,955.
3200 Dues:3220 Student	60.
Total	<u>11,015.</u>

Supporting Statement of:

Form 990-T, p1/Line 1a

Description	Amount
3600 Products:3610 Guidebook	17.
3600 Products:3630 T-Shirt	48.
3700 Other:3710 Mailing List	125.
Total	<u>190.</u>

Supporting Statement of:

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

Description	Amount
8000 Products:8100 Products:8141 Product Copies	18.
8000 Products:8200 Mailing List:8236 Postage	3.
Cost of Goods Sold	23.
Total	<u>44.</u>

Supporting Statement of:

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

Description	Amount
6000 Mem Services:6100 Newsletter:6136 Postage	1,371.
6000 Mem Services:6100 Newsletter:6138 Mailing Service	182.
6000 Mem Services:6100 Newsletter:6141 Printing	2,144.
6000 Mem Services:6100 Newsletter:6151 Labor	2,600.
6000 Mem Services:6100 Newsletter:6171 Mileage	25.
Total	<u>6,322.</u>

Supporting Statement of:

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

Description	Amount
6000 Mem Services:6200 Directory:6236 Postage	18.
6000 Mem Services:6200 Directory:6241 Printing	200.
6000 Mem Services:6200 Directory:6251 Contract Labor	650.
6000 Mem Services:6200 Directory:6261 Supplies	81.
Total	<u>949.</u>

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1d of Form 990 or
and line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

2000

Name of Organization

Minnesota Ground Water Association

Employer Identification Number

41-1434403

Organization type (check one) – Section:

501(c)(6) ◀ (enter number); 527 or
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year. (But see **General rule** below.) ▶

Enter here the total gifts received during the year for a religious, charitable, etc, purpose. ▶ \$

BAA For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ.

Schedule **B** (Form 990 or 990-EZ) (2000)

Tax Calculation Worksheet

2000

► Keep for your records

Name Minnesota Ground Water Association	EIN 41-1434403
--	-------------------

Part I -- Trusts Taxable at Trust Tax Rates

2000 Tax Rate Schedule

Over —	But not over —	Enter on line 2:	Of the amount over —
\$0	\$1,750	15%	\$0
1,750	4,150	\$262.50 + 28%	1,750
4,150	6,300	934.50 + 31%	4,150
6,300	8,650	1,601.00 + 36%	6,300
8,650	— — — —	2,447.00 + 39.6%	8,650

1 Unrelated business taxable income from line 34, Form 990-T, page 1	1	
2 Tax on line 1. Enter here and on line 36, Part III, Form 990-T, Page 2, Tax Computation	2	

Part II -- Organizations Taxable as Corporations

	(a) Filing Member/ Organization	(b) Entire Controlled Group
Note: Column (b) is used only for the calculation of the additional 3% and 5% taxes for members of a controlled group.		
1 Unrelated business taxable income from line 34, page 1 Form 990-T		
2 Enter line 1 or the share of \$50,000 bracket, whichever is less	0.	
3 Subtract line 2 from line 1	0.	
4 Enter line 3 or the share of \$25,000 bracket, whichever is less	0.	
5 Subtract line 4 from line 3	0.	
6 Enter line 5 or the share of \$9,925,000 bracket, whichever is less	0.	
7 Subtract line 6 from line 5	0.	
8 Multiply line 2 by 15%	0.	
9 Multiply line 4 by 25%	0.	
10 Multiply line 6 by 34%	0.	
11 Multiply line 7 by 35%	0.	
12 If taxable income exceeds \$100,000, enter smaller of: (a) 5% of the excess over \$100,000 or (b) share of \$11,750		
13 If taxable income exceeds \$15,000,000, enter smaller of: (a) 3% of the excess over \$15,000,000 or (b) share of \$100,000		
14 Add lines 8 through 13. Enter here and on line 35c, Part III, Form 990-T, Page 2, Tax Computation	0.	

Calculation of Additional 5% Tax (see line 12) (controlled groups only)

A Income taxed at 15% rate (line 2)		
B Tax rate difference (34% - 15%)	19%	19%
C Tax difference (line A multiplied by line B)		
D Income taxed at 25% (line 4)		
E Tax rate difference (34% - 25%)	9%	9%
F Tax difference (line D multiplied by line E)		
G Total tax difference (line C plus line F)		
H Percentage of additional tax paid by the entire group (line 12(b) divided by line G(b))		%
I Total additional 5% tax (line G multiplied by line H)		

Calculation of Additional 3% Tax (see line 13) (controlled groups only)

J Income taxed at 34% (lines 2 + 4 + 6)		
K Tax rate difference (35% - 34%)	1%	1%
L Tax difference (line J multiplied by line K)		
M Percentage of additional tax paid by the entire group (line 13(b) divided by line L(b))		%
N Total additional 3% tax (line L multiplied by line M)		

**990, 990-T and 990-PF
Information Worksheet**

2000

Part I – Identifying Information

Employer Identification Number 41-1434403

Name Minnesota Ground Water Association

Address 4779 126th Street North Room/Suite _____

City White Bear Lake State ... MN ZIP Code 55110-5910

Telephone Number (651) 276-8208 Extension _____

Fax (651) 296-0509 E-Mail Address Office@MGWA.org

Part II – Type of Return

- Check this box to prepare Form 990
- Check this box to prepare Form 990-PF
- Check this box to prepare Form 990-T only (see tax help to prepare 990-T with 990 or 990-PF)

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation | <u>6</u> (subsection number) | <input type="checkbox"/> 220(d) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408 Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | | <input type="checkbox"/> 527 Organization |

Part IV – Tax Year Information

- Calendar year
- Fiscal year – Ending month _____
- Short year – Beginning date _____
- Ending date _____

Part V – 2000 Estimated Taxes Paid

Check this box if the organization is a private foundation

Voucher number	Due Date	Form 990-T		Form 990-PF	
		Actual Date Paid	Amount Paid	Actual Date Paid	Amount Paid
1	04/17/00				
2	06/15/00				
3	09/15/00				
4	12/15/00				
Overpayment from prior year					
Additional Payments		Actual Date Paid	Amount Paid	Actual Date Paid	Amount Paid
1					
2					
3					
4					

Part VI – Information for Client Letter

Extended Due Date ► Form 990 Form 990-PF Form 990-T

Letter Salutation ► Dear MGWA President

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Authorization Log

minn4403.00n: 2000 Federal Form 990 Series Tax-Exempt Orgs
Authorized successfully

2000 Newsletters

	Total	
March	24	5
June	24	4
Sept.	24	5
Dec.	24	4.25
	96	18.25

$$\frac{18.25}{96}$$

19%

Minnesota Ground Water Association
Income Tax Summary
 As of December 31, 2000

	<u>Dec 31, 00</u>
Pt I-Contribs	
Direct public support	192.00
Pt VII-Income	
(e)-Program service rev.	21,140.00
(e)-Membership dues	11,015.00
(d)-Interest-savings	1,199.93
Pt II-Col(B)-Program Svcs	
Grants/allocations-cash	740.00
Other salaries/wages	3,145.00
Accounting fees	1,000.00
Supplies	837.94
Telephone	479.40
Postage and shipping	1,834.06
Occupancy	4,280.00
Printing and publications	809.19
Travel	1,404.98
Conference/conventions/mtgs	5,245.37
Other expenses	253.41
Pt II-Col(C)-Mgmt/Gen	
Other salaries/wages	2,400.00
Accounting fees	1,200.00
Supplies	384.48
Telephone	286.44
Postage and shipping	162.53
Printing and publications	112.60
Conference/conventions/mtgs	316.87
Other expenses	36.28
Pt I-Pymts to Affiliates, Ln 16	
Pymt to affiliates	0.00
Pt IV-B/S-Assets	
Cash-non-interest bearing	5,981.09
Svgs/temp cash invstmts	16,955.97
Accounts receivable	25.00
Inventories for sale or use	373.11
Other assets	-3,703.89
Pt IV-B/S-Liabs	
Accounts payable/accrued e...	2,223.39
Other liabilities	1.10
Pt IV-Net assets/Fund Balances	
Paid-in or capital surplus	13,651.84
Retained earn/accumulated i...	2,475.42
Fm 990-T	
Gross receipts/sales	189.90
Sch J/Pt I, L1-Advertising inc	883.75
Sch J/Pt I, L2-Circulation inc	385.00
Sch J/Pt I, L1-Readership co...	7,803.99
Sch J/Pt I, L2-Readership co...	949.56
Fm 990-T/Sch A-COGS	
Purchases	43.95

Minnesota Ground Water Association
Balance Sheet
 As of December 31, 2000

	Dec 31, 00
ASSETS	
Current Assets	
Checking/Savings	
1100 Norwest Checking	5,191.09
Money Market	16,955.97
Total Checking/Savings	22,147.06
Accounts Receivable	
Accounts Receivable	25.00
Total Accounts Receivable	25.00
Other Current Assets	
1200 Undeposited Funds	750.00
Inventory Asset	373.11
PrePaid Postage	
Postage Due Account	40.00
PrePaid Postage - Other	266.11
Total PrePaid Postage	306.11
Total Other Current Assets	1,429.22
Total Current Assets	23,601.28
Other Assets	
Prepaid Dues	-3,970.00
Total Other Assets	-3,970.00
TOTAL ASSETS	19,631.28
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	2,223.39
Total Accounts Payable	2,223.39
Other Current Liabilities	
1300 Sales Tax Payable	1.10
Total Other Current Liabili...	1.10
Total Current Liabilities	2,224.49
Total Liabilities	2,224.49
Equity	
Opening Bal Equity	13,651.84
Retained Earnings	2,475.42
Net Income	1,279.53
Total Equity	17,406.79
TOTAL LIABILITIES & EQUITY	19,631.28

Minnesota Ground Water Association
Balance Sheet
As of December 31, 1999

	<u>Dec 31, 99</u>
ASSETS	
Current Assets	
Checking/Savings	
1100 Norwest Checking	11,204.48
Callable CD 11347713	10,308.85
Total Checking/Savings	<u>21,513.33</u>
Accounts Receivable	
Accounts Receivable	20.00
Total Accounts Receivable	<u>20.00</u>
Other Current Assets	
1200 Undeposited Funds	1,257.00
Inventory Asset	627.52
Total Other Current Assets	<u>1,884.52</u>
Total Current Assets	23,417.85
Other Assets	
Prepaid Dues	-3,240.00
Prepaid Mailing Fees	81.56
Total Other Assets	<u>-3,158.44</u>
TOTAL ASSETS	<u>20,259.41</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	2,475.75
Total Accounts Payable	<u>2,475.75</u>
Other Current Liabilities	
1300 Sales Tax Payable	1.22
Total Other Current Liabili...	<u>1.22</u>
Total Current Liabilities	<u>2,476.97</u>
Total Liabilities	2,476.97
Equity	
Opening Bal Equity	15,307.02
Retained Earnings	1,636.72
Net Income	838.70
Total Equity	<u>17,782.44</u>
TOTAL LIABILITIES & EQUITY	<u>20,259.41</u>

05/07/01

Minnesota Ground Water Association
Fall Field Trip with AIPG and AWG
January through December 2000

	<u>Jan - Dec 00</u>
Income	
3500 Prog. Fees	
3530 Field Trip Fees	5,375.00
Total 3500 Prog. Fees	<u>5,375.00</u>
Total Income	<u>5,375.00</u>
Gross Profit	5,375.00
Expense	
5000 Programs	
5300 Field Trip	
5310 Speakers	940.76
5326 Facilities	12.00
5327 Food	1,492.28
5336 Postage	281.74
5338 Mailing Serv...	55.92
5341 Printing	93.23
5351 Labor	400.00
5361 Supplies	386.03
5371 Transp	1,341.35
5398 VISA Fees	135.13
5399 Profit Split	118.28
Total 5300 Field Trip	<u>5,256.72</u>
Total 5000 Programs	<u>5,256.72</u>
Total Expense	<u>5,256.72</u>
Net Income	<u><u>118.28</u></u>

05/07/01

Minnesota Ground Water Association
Newsletter
January through December 2000

	<u>Jan - Dec 00</u>
Income	
3100 Contributions	
3150 Recycling	192.00
Total 3100 Contributions	<u>192.00</u>
3300 Ads	
3310 Newsletter Ads	883.75
Total 3300 Ads	<u>883.75</u>
Total Income	<u>1,075.75</u>
Gross Profit	1,075.75
Expense	
6000 Mem Services	
6100 Newsletter	
6136 Postage	1,370.70
6138 Mailing Serv...	181.69
6141 Printing	2,143.64
6151 Labor	2,600.00
6171 Mileage	25.20
Total 6100 Newsletter	<u>6,321.23</u>
Total 6000 Mem Servic...	<u>6,321.23</u>
Total Expense	<u>6,321.23</u>
Net Income	<u><u>-5,245.48</u></u>

05/07/01

Minnesota Ground Water Association
Directory
January through December 2000

	<u>Jan - Dec 00</u>
Income	
3600 Products	
3620 Directory	385.00
Total 3600 Products	<u>385.00</u>
Total Income	<u>385.00</u>
Gross Profit	385.00
Expense	
6000 Mem Services	
6200 Directory	
6236 Postage	18.48
6241 Printing	200.00
6251 Contract La...	650.00
6261 Supplies	81.08
Total 6200 Directory	<u>949.56</u>
Total 6000 Mem Servic...	<u>949.56</u>
Total Expense	<u>949.56</u>
Net Income	<u><u>-564.56</u></u>

May 7, 2001

Minnesota Ground Water Association
Public Service
January through December 2000

	<u>Jan - Dec 00</u>
Income	
3100 Contributions	
3150 Recycling	192.00
3160 Scholarship	0.00
3100 Contributions - Other	0.00
Total 3100 Contributions	<u>192.00</u>
3400 Interest	1,199.93
Total Income	<u>1,391.93</u>
Gross Profit	1,391.93
Expense	
5000 Programs	
5400 Lectures	
5427 Refreshments	50.00
Total 5400 Lectures	<u>50.00</u>
Total 5000 Programs	50.00
7000 Public Service	
7100 Donations	0.00
7200 Scholarships	500.00
7300 Public Education	
7326 Facility	250.00
7351 Web Labor	750.00
7366 Web Page Fees	479.40
Total 7300 Public Educa...	<u>1,479.40</u>
Total 7000 Public Service	<u>1,979.40</u>
Total Expense	<u>2,029.40</u>
Net Income	<u><u>-637.47</u></u>


Minnesota Ground Water Association
Income Tax Summary
As of December 31, 2000

	<u>Dec 31, 00</u>
Pt I-Contribs	
Direct public support	192.00
Pt VII-Income	
(e)-Program service rev.	21,140.00
(e)-Membership dues	11,015.00
(d)-Interest-savings	1,199.93
Pt II-Col(B)-Program Svcs	
Grants/allocations-cash	740.00
Other salaries/wages	3,145.00
Accounting fees	1,000.00
Supplies	837.94
Telephone	479.40
Postage and shipping	1,834.06
Occupancy	4,280.00
Printing and publications	809.19
Travel	1,404.98
Conference/conventions/mtgs	5,245.37
Other expenses	253.41
Pt II-Col(C)-Mgmt/Gen	
Other salaries/wages	2,400.00
Accounting fees	1,200.00
Supplies	384.48
Telephone	286.44
Postage and shipping	162.53
Printing and publications	112.60
Conference/conventions/mtgs	316.87
Other expenses	36.28
Pt I-Pymts to Affiliates, Ln 16	
Pymt to affiliates	0.00
Pt IV-B/S-Assets	
Cash-non-interest bearing	5,981.09
Svgs/temp cash invstmts	16,955.97
Accounts receivable	25.00
Inventories for sale or use	373.11
Other assets	-3,703.89
Pt IV-B/S-Liabs	
Accounts payable/accrued e...	2,223.39
Other liabilities	1.10
Pt IV-Net assets/Fund Balances	
Paid-in or capital surplus	13,651.84
Retained earn/accumulated i...	2,475.42
Fm 990-T	
Gross receipts/sales	189.90
Sch J/Pt I, L1-Advertising inc	883.75
Sch J/Pt I, L1-Advertising exp	1,482.76
Sch J/Pt I, L2-Circulation inc	385.00
Sch J/Pt I, L1-Readership co...	6,321.23
Sch J/Pt I, L2-Readership co...	949.56
Fm 990-T/Sch A-COGS	
Purchases	43.95

H WELLS FARGO BANK MINNESOTA, NA
 612-667-0281 OR 1-800-827-6535
 P.O. BOX 3908
 PORTLAND, OR 97208

41-1592157

MINNESOTA GROUND WATER ASSOC
 C/O WATERSHED RESEARCH INC
 4779 126TH ST N
 WHITE BEAR LAKE, MN 55110-5910



0156389 FOR TAX YEAR 2000
TAXPAYER ID NUMBER 411-43-4403

D

2000 - 1099-INT, INTEREST INCOME

	ACCOUNT NUMBER	
CHECKING INT BOX 1	0-000-0-0200220327	
	INTEREST INCOME	52.81
	TOTAL INTEREST	52.81

<p>1099-INT 1099-DIV</p> <p>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.</p>	<p>1099-OID 1099-MISC</p> <p>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.</p>	<p>1099-B</p> <p>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.</p>	<p>*Form 1099-OID: This may not be the correct figure to report on your income tax return. See instructions on back.</p>
<p>1099-A</p> <p>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.</p>	<p>1099-C</p> <p>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.</p>	<p>1099-E</p> <p>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.</p>	<p>1099-INT, Interest Income, OMB No. 1545-0112</p> <p>1099-DIV, Dividends and Distributions, OMB No. 1545-0110</p> <p>1099-OID, Original Issue Discount, OMB No. 1545-0117</p> <p>1099-MISC, Miscellaneous Income, OMB No. 1545-0115</p>
<p>1098 - MORTGAGE</p> <p>* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.</p>		<p>The information next to boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.</p>	