

Return of Organization Exempt from Income Tax

2003

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

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 2003 calendar year, or tax year beginning, 2003, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: Minnesota Ground Water Association, 4779 126th Street North, White Bear Lake, MN 55110-5910

D Employer Identification Number: 41-1434403, E Telephone number: (651) 276-8208, F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No, H(b) If 'Yes,' enter number of affiliates, H(c) Are all affiliates included? No, H(d) Is this a separate return filed by an organization covered by a group ruling? No, I Group Exemption Number, M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type: 501(c) 6

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 64,645.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions received, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, special events, and total revenue/expenses.

**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 (att sch) (cash \$ 0. non-cash \$ 717.)	717.	717.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	0.	0.	0.	
26	Other salaries and wages	10,116.	7,416.	2,700.	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	2,200.		2,200.	
32	Legal fees				
33	Supplies	1,646.	1,342.	304.	
34	Telephone				
35	Postage and shipping	2,508.	2,506.	2.	
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	1,242.	1,186.	56.	
39	Travel	169.	169.		
40	Conferences, conventions, and meetings	22,471.	22,183.	288.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	85.	85.		
43	Other expenses not covered above (itemize):				
a	Bank fees	762.	730.	32.	
b	Newsletter Costs (990T)	9,675.	9,675.		
c	Directory Costs (990T)	737.	737.		
d	Web Costs (990T)	2,355.	2,355.		
e	5000 Programs:5300 Field Trip:5399 Profit	991.	991.		
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	55,674.	50,092.	5,582.	

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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 on public policy issues</u> (Grants and allocations \$ 10,180.)	22,183.
b <u>Publications: Newsletter of the MGWA (recorded on 990T)</u> (Grants and allocations \$ 0.)	9,675.
c <u>Environmental directory and web page (recorded on 990T)</u> (Grants and allocations \$ 0.)	3,092.
d <u>Services for ground water professionals/members</u> (Grants and allocations \$ 0.)	15,141.
e Other program services (Grants and allocations \$ )	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	50,091.

**Part IV Balance Sheets** (See Instructions)

		(A)		(B)
		Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing .....	22,837.	<b>45</b>	7,178.
	<b>46</b> Savings and temporary cash investments .....	62.	<b>46</b>	21,915.
	<b>47a</b> Accounts receivable .....			
	<b>47a</b>   .....			
	<b>b</b> Less: allowance for doubtful accounts .....	470.	<b>47c</b>	
	<b>47b</b>   .....			
	<b>48a</b> Pledges receivable .....			
	<b>48a</b>   .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>48c</b>	
	<b>48b</b>   .....			
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch) .....			
	<b>51a</b>   .....			
	<b>b</b> Less: allowance for doubtful accounts .....		<b>51c</b>	
<b>51b</b>   .....				
<b>52</b> Inventories for sale or use .....	972.	<b>52</b>	56.	
<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>		
<b>54</b> Investments – securities (attach schedule) .....		<b>54</b>		
<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
<b>55a</b> Investments – land, buildings, & equipment: basis .....				
<b>55a</b>   .....				
<b>b</b> Less: accumulated depreciation (attach schedule) .....		<b>55c</b>		
<b>55b</b>   .....				
<b>56</b> Investments – other (attach schedule) .....		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis .....	957.			
<b>57a</b>   .....				
<b>b</b> Less: accumulated depreciation (attach schedule) .....	287.	<b>57c</b>	670.	
<b>57b</b>   L-57 Stmt .....	861.			
<b>58</b> Other assets (describe ► See Line 58 Stmt) ..	-7,661.	<b>58</b>	-8,081.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	17,541.	<b>59</b>	21,738.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	738.	<b>60</b>	4,369.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe ► See Line 65 Stmt) ..	1.	<b>65</b>	2.
<b>66 Total liabilities</b> (add lines 60 through 65) .....	739.	<b>66</b>	4,371.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted .....		<b>67</b>	
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....	677.	<b>71</b>	677.
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....	16,125.	<b>72</b>	16,690.
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	16,802.	<b>73</b>	17,367.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	17,541.	<b>74</b>	21,738.

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**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	

**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
Rob Caho, Bergersen Caswell 5115 Industrial Blvd Maple Plain 55359	Past-President 4	0.	0.	0.
Marty Bonnell 172 Spruce Apple Valley MN 55124	President 1	0.	0.	0.
Jon Pollack 17450 Juneberry Ct Lakeville, MN 55044	Secretary 2	0.	0.	0.
Eric Hansen 101 Broadway St W Osseo	Treasurer 2	0.	0.	0.
Norm Mofjeld 904 Lawnview Shoreview 55126	Editor 10	0.	0.	0.
See List of Officers, Etc. Statement		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 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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
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?	X	
80b	If 'Yes,' enter the name of the organization <b>MGWA Foundation, a 501 (c) 3</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
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?		X
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 in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
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. Were substantially all dues nondeductible by members?		X
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	X	
85c	Dues, assessments, and similar amounts from members	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 12	86a	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) organizations. Enter: 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.)	87b	
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? If 'Yes,' complete Part IX	88	X
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	89b	
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed	90a	Minnesota
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	0
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 + 4 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.)

**Note:** Enter gross amounts unless otherwise indicated.

	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	
<b>93</b> Program service revenue:					
<b>a</b> 3500 Prog. Fees:3510 Spring Conferen					20,755.
<b>b</b> 3500 Prog. Fees:3520 Fall Conference					16,315.
<b>c</b> 3500 Prog. Fees:3530 Field Trip Fees					11,530.
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					13,211.
<b>95</b> Interest on savings & temporary cash invmnts			14	62.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory	453220	203.			
<b>103</b> Other revenue: <b>a</b>					
<b>b</b> Newsletter 990T	541860	1,862.			
<b>c</b> Directory 990T	541860	497.			
<b>d</b> Web 990T	541860	200.			
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		2,762.		62.	61,811.
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					64,635.

**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	Ground Water education programs to foster understanding among the public and inform people in many professions about the importance of the ground water resource
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.) N/A

(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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (see General Instruction W) \_\_\_\_\_

Firm's name (or yours if self-employed) **WRI** \_\_\_\_\_ EIN \_\_\_\_\_

address, and ZIP + 4 **4779 126th St. N** \_\_\_\_\_ Phone no. \_\_\_\_\_

**White Bear Lake MN 55110**

**Exempt Organization Business  
Income Tax Return (and proxy tax under Section 6033(e))**  
For calendar year 2003 or other tax year beginning \_\_\_\_\_ 2003,  
and ending \_\_\_\_\_, \_\_\_\_\_  
▶ See separate instructions.

**2003**

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under Section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Please Print or Type</b>	Name of organization ( <input type="checkbox"/> check box if name changed and see instructions) <b>Minnesota Ground Water Association</b> Number, street, and room or suite number (If a P.O. box, see instructions.) <b>4779 126th Street North</b> City or town State ZIP code <b>White Bear Lake MN 55110-5910</b>	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) <b>41-1434403</b>  <b>E</b> New unrelated business activity codes (See instructions for Block E.) <b>541860 453220</b>
<b>C</b> Book value of all assets at end of year <b>21,738.</b>	<b>F</b> Group exemption number (see instructions for Block F) ▶ <b>G</b> 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
<b>1 a</b> Gross receipts or sales . . . . . <b>213.</b>			
<b>b</b> Less returns and allowances . . . . . <b>c Balance ▶</b>	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>	<b>10.</b>	
<b>3</b> Gross profit (subtract line 2 from line 1c) . . . . .	<b>3</b>	<b>203.</b>	<b>203.</b>
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797) . . . . .	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b>		
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b>	<b>1,971.</b>	<b>184.</b>
<b>12</b> Other income (see instructions – attach schedule) . . . . .	<b>12</b>		
<b>13 Total</b> (combine lines 3 through 12) . . . . .	<b>13</b>	<b>2,174.</b>	<b>387.</b>

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.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
<b>15</b> Salaries and wages . . . . .	<b>15</b>		
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>		
<b>17</b> Bad debts . . . . .	<b>17</b>		
<b>18</b> Interest (attach schedule) . . . . .	<b>18</b>		
<b>19</b> Taxes and licenses . . . . .	<b>19</b>		
<b>20</b> Charitable contributions (see instructions for limitation rules) . . . . .	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>		
<b>23</b> Depletion . . . . .	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>24</b>		
<b>25</b> Employee benefit programs . . . . .	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>27</b>		<b>184.</b>
<b>28</b> Other deductions (attach schedule) . . . . .	<b>28</b>		
<b>29 Total deductions</b> (add lines 14 through 28) . . . . .	<b>29</b>		<b>184.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13) . . . . .	<b>30</b>		<b>203.</b>
<b>31</b> Net operating loss deduction . . . . .	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction (subtract line 31 from line 30) . . . . .	<b>32</b>		<b>203.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>		<b>1,000.</b>
<b>34 Unrelated business taxable income</b> (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>		<b>0.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations</b> (see instructions for tax computation) Controlled group members (sections 1561 and 1563) – check here <input type="checkbox"/> . <b>See instructions</b> and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) additional 5% tax (not more than \$11,750) ..... \$ _____ (2) additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 .....		<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates</b> (see instructions for tax computation) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....		<b>36</b>	
<b>37 Proxy tax</b> (see instructions) .....		<b>37</b>	
<b>38 Alternative minimum tax</b> .....		<b>38</b>	
<b>39 Total</b> (add lines 37 and 38 to line 35c or 36, whichever applies) .....		<b>39</b>	0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>40a</b>		
<b>b</b> Other credits (see instructions) .....	<b>40b</b>		
<b>c</b> General business credit – Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>40d</b>		
<b>e Total credits</b> (add lines 40a through 40d) .....	<b>40e</b>		
<b>41</b> Subtract line 40e from line 39 .....	<b>41</b>		0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	<b>42</b>		
<b>43 Total tax</b> (add lines 41 and 42) .....	<b>43</b>		0.
<b>44 Payments:</b> A 2002 overpayment credited to 2003 .....	<b>44a</b>		
<b>b</b> 2003 estimated tax payments .....	<b>44b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>44c</b>		
<b>d</b> Foreign organizations – Tax paid or withheld at source (see instructions) .....	<b>44d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>44e</b>		
<b>f</b> Other credits and payments (see instructions) .....	<b>44f</b>		
<b>45 Total payments</b> (add lines 44a through 44f) .....	<b>45</b>		
<b>46</b> Estimated tax penalty (see instructions). Check <input type="checkbox"/> if Form 2220 is attached .....	<b>46</b>		
<b>47 Tax due</b> – If line 45 is less than the total of lines 43 and 46, enter amount owed .....	<b>47</b>		
<b>48 Overpayment</b> – If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....	<b>48</b>		0.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2004 estimated tax</b> ▶ _____ <b>Refunded</b> ▶ _____	<b>49</b>		

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

<b>1</b> At any time during the 2003 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
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
If 'Yes,' see the instructions for other forms the organization may have to file.		
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

**Schedule A – Cost of Goods Sold** – Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year .....	<b>1</b>		<b>6</b> Inventory at end of year .....	<b>6</b>	
<b>2</b> Purchases .....	<b>2</b>	10.	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. (Enter here and on line 2, Part I.) .....	<b>7</b>	10.
<b>3</b> Cost of labor .....	<b>3</b>				
<b>4a</b> Additional section 263A costs (attach schedule) .....	<b>4a</b>				
<b>b</b> Other costs (attach sch) .....	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....	Yes	No
<b>5 Total</b> – Add lines 1 through 4b .....	<b>5</b>	10.			X

**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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date 02/10/04  
Firm's name (or yours if self-employed) address, and ZIP code WRI 4779 126th St. N White Bear Lake MN 55110  
Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_  
EIN 41-1571648  
Phone no. (651) 276-8208

BAA



**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)			
(3)			
(4)			
Total		Total	<b>Total deductions.</b> 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		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
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))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		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				
		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	6 Deductions directly connected with income in column 5	
(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)						
<b>Totals</b> .....				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)				
<b>Totals</b> .....	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)						
<b>Totals</b> .....	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) Newsletter	1,372.	1,419.		490.	8,255.	
(2) Directory	399.	38.		98.	698.	
(3) Web	200.	330.		0.	2,025.	
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	1,971.	1,787.	184.	588.	10,978.	184.

**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) <b>Totals from Part I</b> .....	1,971.	1,787.				184.
<b>Totals</b> , Part II (lines 1-5) .....	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.
<b>Totals</b> , Part II (lines 1-5) .....	1,971.	1,787.				184.

**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 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	<b>(a)</b> Cost/Other Basis	<b>(b)</b> Accumulated Depreciation	<b>(c)</b> Book Value
2002 Fixed Asset:Display:Cost	531.	159.	372.
2002 Fixed Asset:Tents:Cost	426.	128.	298.
Total	<u>957.</u>	<u>287.</u>	<u>670.</u>

Form 990, Page 3, Part IV, Line 58

**Other Assets Statement**

<b>Line 58 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
PrePaid Postage	-7,661.	67.
Prepaid Dues		-8,148.
Total	<u>-7,661.</u>	<u>-8,081.</u>

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
1300 Sales Tax Payable	1.	2.
Total	<u>1.</u>	<u>2.</u>

Form 990, Page 4, Part V

**List of Officers, Etc. Statement**

<b>(A)</b> Name and address	<b>(B)</b> Title and average hours per week devoted to position	<b>(C)</b> Compensation <b>(if not paid, enter -0-)</b>	<b>(D)</b> Contributions to employee benefit plans and deferred compensation	<b>(E)</b> Expense account and other allowances
Chris Elvrum Met Council 230 E 5th St St. Paul MN 55101	President-Elect 1	0.	0.	0.
Laurel Reeves DNR Waters 500 Lafayette Rd St. Paul MN 55155-4032	Board Member 1	0.	0.	0.
Total		<u>0.</u>	<u>0.</u>	<u>0.</u>

Form 990, Page 6, Part VIII

**Relationship of Activities to the Accomplishment of Exempt Purposes Statement**

<b>Line Number</b> ▼	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).
103	<u>Ground Water education publications, to educate about the importance of the ground water resource</u>

**Supporting Statement of:**

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

<b>Description</b>	<b>Amount</b>
1100 Wells Fargo Checking	6,583.
1200 Undeposited Funds	595.
Total	<u>7,178.</u>