

2007 Franchise Tax for Nonprofit Organizations

For organizations with unrelated business income

Tax year beginning _____, 2007, ending _____

Please print

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-------------------------------|--------------------------------------------------|-----------------------------------|
| Name of organization Minnesota Ground Water Association | | | | Minnesota tax ID 3511766 | FEIN 41-143403 |
| Street 4779 126th St North | | | | This organization files federal Form (check one) | |
| City White Bear Lake | | | | <input checked="" type="checkbox"/> 990-T | <input type="checkbox"/> 1120-C |
| County Washington | | State MN | Zip code 55110-5910 | <input type="checkbox"/> 1120-H | <input type="checkbox"/> 1120-POL |
| Check all that apply: <input type="checkbox"/> Amended return or claim for refund <input checked="" type="checkbox"/> Filing under an extension <input type="checkbox"/> Final return (attach an explanation, a copy of merger papers, dissolution date and distribution papers) | | | | | |

Figure your income and tax

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------|------|
| 1 | Federal taxable income (from the taxable income line of your federal form) | 1 | 0.00 |
| 2 | Federal net operating loss deduction, if any | 2 | 0.00 |
| 3 | Add lines 1 and 2 | 3 | 0.00 |
| 4 | 990-T filers only: Charitable contributions not deducted on federal return (see instructions) | 4 | 0.00 |
| 5 | Minnesota net income (or loss) (subtract line 4 from line 3) | 5 | 0.00 |
| If all activities are conducted in Minnesota, enter this amount on line 6. If activities are conducted partly outside Minnesota, or you have a net operating loss on your federal return, complete Schedule A on the back and check here <input type="checkbox"/> | | | |
| 6 | Taxable income (if zero or less, enter zero) | 6 | 0.00 |
| 7 | Regular tax (multiply line 6 by 9.8% [.098]) | 7 | 0.00 |
| 8 | Additional charge for underpaying estimated tax (attach Schedule M15NP) | 8 | 0.00 |
| 9 | Add lines 7 and 8 | 9 | 0.00 |

Payments

| | | | |
|----|-------------------------------------------------------------------------|-----------|------|
| 10 | Amount credited from your 2006 return (from line 16 of 2006 M4NP) | 10 | 0.00 |
| 11 | 2007 estimated tax payments | 11 | 0.00 |
| 12 | 2007 extension payment | 12 | 0.00 |
| 13 | Add lines 10, 11 and 12 | 13 | 0.00 |

Refund or amount due

| | | | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------|-------|
| 14 | AMOUNT DUE. If line 9 is more than or equal to line 13, subtract line 13 from line 9 | 14 | 0.00 |
| Check method of payment: <input type="checkbox"/> Electronic payment <input type="checkbox"/> Check | | | |
| 15 | OVERPAYMENT. If line 13 is more than line 9, subtract line 9 from line 13 | 15 | _____ |
| 16 | Amount of line 15 to be credited to your 2008 estimated tax | 16 | _____ |
| 17 | Refund (subtract line 16 from line 15) | 17 | _____ |

Sign here

I declare that this return is correct and complete to the best of my knowledge and belief.

| | | | | |
|------------------------------------------------|-------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Authorized signature <i>Janell St. Jett</i> | Title <i>Business Mgr</i> | Date <i>8/12/08</i> | Daytime phone <i>651 276 8208</i> | <input type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the person listed here. |
| Paid preparer's signature | Minnesota tax ID, SSN or PTIN | Date | Daytime phone | |
| E-mail address for correspondence, if desired | | | This e-mail address belongs to (check one): <input type="checkbox"/> Employee <input type="checkbox"/> Paid preparer | |

Attach a copy of your complete federal return including schedules.
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257