## Form **990-EZ**

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

**Open to Public** Inspection

Α	For the	2011 calenda	ar year, or tax year beginning , 2011, ar	nd ending	_		, 20		
В	Check if ap	oplicable: C Name of organization D En			D Emplo	mployer identification number			
	Address o	change Minnesota Ground Water Association			41-1434403				
Ц	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number				
H	Initial retu		4779 126th St N			651-276-8208			
H	Terminate Amended	-	City or town, state or country, and ZIP + 4		<b>F</b> Grou	p Exemption	on		
Ħ	Applicatio		White Bear Lake MN 55110-5910		Number ►				
G	Account	ting Method:	☐ Cash ☑ Accrual Other (specify) ►	Н	Check ▶	f the	organization is not		
	Websit	_	mgwa.org				Schedule B		
J 1	Tax-exen	npt status (che	ck only one) — ☐ 501(c)(3)	527	(Form 99	0, 990-EZ	, or 990-PF).		
_	Check ▶	_	e organization is not a section 509(a)(3) supporting organization or a section 52	27 organizatio	on <b>and</b> its	aross rec	eipts are normally		
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p	-		-			
			ses to file a return, be sure to file a complete return.	,	, ,	`	,		
L	Add lines	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,							
ı	ine 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$			
	art I		e, Expenses, and Changes in Net Assets or Fund Balance				Part I.)		
			the organization used Schedule O to respond to any question in	•			,		
_	1		ons, gifts, grants, and similar amounts received			1			
	2		ervice revenue including government fees and contracts			2	26,965.00		
	3	•	ip dues and assessments			3	19,494.00		
	4	Investment	•			4	157.05		
	5a		bunt from sale of assets other than inventory				107.00		
	b		or other basis and sales expenses						
	C		ss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)		5c			
	6			c oa,					
	a	Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than							
ē									
Revenue	b			contribution					
ě		from fundraising events (not including \$\frac{1}{2}\$ from fundraising events reported on line 1) (attach Schedule G if the							
Œ			th gross income and contributions exceeds \$15,000)   6b						
	С		t expenses from gaming and fundraising events 6c		-				
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6h and sul	otract				
	"	line 6c)							
	7a	,	s of inventory, less returns and allowances		23.34	6d			
	b		of goods sold		29.94				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		27.74	7c	0.40		
	8	•	nue (describe in Schedule O)			8	5,561.00		
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	52,177.45		
	10	Grants and	I similar amounts paid (list in Schedule O)	<u> </u>	. •	10	7,150.00		
	11		aid to or for members		-	11	7,130.00		
G			ther compensation, and employee benefits			12	0		
Se	13		al fees and other payments to independent contractors		-	13	29,568.02		
Expenses	14		y, rent, utilities, and maintenance			14	27,500.02		
	15		ublications, postage, and shipping		-	15	3,188.10		
_	16					16	17,569.86		
	17		enses (describe in Schedule O)			17	57,475.98		
Net Assets	18		enses. Add lines 10 through 16			18	<u>'</u>		
	19		or fund balances at beginning of year (from line 27, column (A)) (			10	-5,298.53		
	19		r figure reported on prior year's return)			10	27 272 04		
	20	=			- +	19	37,272.91		
	20		nges in net assets or fund balances (explain in Schedule O)			20	21 074 20		
_	21				. 🖊		31,974.38 rm <b>990-EZ</b> (2011)		

Form 990-EZ (2011) Page 2 Part II **Balance Sheets.** (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II . . . . . (A) Beginning of year (B) End of year 22 Cash, savings, and investments 37.543.15 **22** 30.824.58 23 23 Land and buildings . . . . . 24 Other assets (describe in Schedule O) 24 25 37,543.15 **25** Total assets . . . . . 30,824.58 26 Total liabilities (describe in Schedule O) 270.24 26 1.149.80 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 37,272.91 **27** 31,974.38 Part III Statement of Program Service Accomplishments (see the instructions for Part III.) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? **Groundwater Education** 501(c)(3) and 501(c)(4) organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others.) persons benefited, and other relevant information for each program title. Groundwater education programs to foster understanding among the public and inform people on public policy issues 28a (Grants \$ 24,523.94 ) If this amount includes foreign grants, check here Publications: Newsletter of the MGWA (advertising and circulation reported on 990T) 29a 8,985.51 (Grants \$ ) If this amount includes foreign grants, check here . . . Administrative support of the Minnesota Ground Water Association Foundation, which exists to carry out the groundwater science and education program outreach of the Association (Grants \$ 7,150) If this amount includes foreign grants, check here 30a 8,917.69 **31** Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a 42.427.14 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Title and average compensation contributions to employee (e) Estimated amount of (a) Name and address hours per week benefit plans, and (Forms W-2/1099-MISC) other compensation devoted to position (if not paid, enter -0-) deferred compensation Dr. Melinda Erickson, USGS Water Science Center President - 3 2280 Woodale Dr Mounds View MN 55112 0 0 0 Kelton Barr, Braun Intertec President-Elect -2 11001 Hampshire Ave S Bloomington MN 55438 0 0 0 Jill Trescott, Dakota County Water Resources Secretary - 2 14955 Galaxie Ave Apple Valley MN 55124-8597 0 0 0 Audrey Van Cleve, MN Pollution Control Agency Treasurer - 2 520 Lafayette Rd, St. Paul MN 55113 0 0 0 Steve Robertson, MN Dept. of Health Past-President - 1 625 Robert St St. Paul MN 55155 n 0 0

Part '	·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		$\Box$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	24		
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34 35a	,	•
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<b>V</b>	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	•	<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a  On the same state file Forms 1100 POL for this year?	_		
	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>√</b>
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		Ĭ
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400		Ť
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ▶ Minnesota			
42a	The organization's books are in care of ▶ Dr. Jeanette H. Leete Telephone no. ▶	651-27	6-820	8
	Located at ► 4779 126th St N White Bear Lake MN ZIP + 4 ►	55110	)-5910	
b	At any time during the 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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b></b>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>∨</b>
	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation in Schedule</i> O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>1</b>
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			Ť
	Form 990-EZ (see instructions)	45h	1	/

	Billion and the second				I	Yes	No
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"						
Part						otion	<b>✓</b>
rait	<b>Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.</b> All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b						h
	and 52, and complete the tables			oto maot anowe	, quodiono i	. 10	~
	Check if the organization used So			nis Part VI			. 🗆
			<u> </u>			Yes	No
47	Did the organization engage in lobbying						
	year? If "Yes," complete Schedule C, Pa						
48	Is the organization a school as described		C // // C			ļ	
49a	Did the organization make any transfers	•	-			_	<u> </u>
b	If "Yes," was the related organization as Complete this table for the organization						d kov
50	employees) who each received more tha						
	difficulties and destricted there and	T	T	(d) Health benefit		10110.	
(a) Name and address of each employee (b) Ittle and average (c) Reportable contributions t				contributions to emp	loyee (e) Estimat		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compensation	ferred other cor	npensa	lion
	2.0.00						
					,		
		-					
		-	,				
	<u> </u>						
	*	- 4	-				
f	Total number of other employees paid of	ver \$100,000	. >		-		
51	Complete this table for the organization	n's five highest compe	ensated independent	contractors who	each received	more	than
	\$100,000 of compensation from the org	anization. If there is no	one, enter "None."				
(a)	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	ice	(c) Compensa	ion	
			*				
			-	2			
					20		
			***************************************				
			-				
d	Total number of other independent conti	ractors each receiving	over \$100,000	<b>&gt;</b>	£.		
52	Did the organization complete Schedule		A SA	and 4947(a)(1)			
	nonexempt charitable trusts must attach				▶ 🗌 Ye	s 🗌	No
	penalties of perjury, I declare that I have examined this				of my knowledge a	nd belie	f, it is
true, co	prect, and complete. Declaration of preparer (other the	an officer) is based on all info	ormation of which preparer I	nas any knowledge.			
eie-	andry Jan Com 5 9						
Sign Here	Signature of officer Audrey J. Van C	151,100 15	Date				
	Type or print name and title	icve Trea	surer				
D-' '		Preparer's signature	Da Da	ite,	, D		
Paid	Dr. Joanatta H. Lanta	Joanet	Il Secto 5		eck 🗹 if	)14175	808
Preparer Use Only  Firm's name ▶ WRI Association Mgmt & Discourage Number 1   Number 2   Number 2				Firm's EIN		71648	
JJC	OHIV	ite Bear Lake MN 55110	)-5910	Phone no.	651-270	5-8208	
	he IRS discuss this return with the prepare			T TIONG NO.			

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
	·
	:
	·
·	