

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization

**Minnesota Ground Water Association**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

**4779 126th St North**

City or town, state or province, country, and ZIP or foreign postal code

**White Bear Lake MN 55110-5910**

**D** Employer identification number

**41-1434403**

**E** Telephone number

**651-276-8208**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.mgwa.org](http://www.mgwa.org)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **152,745.81**

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																													
	2	Program service revenue including government fees and contracts . . . . .																													
	3	Membership dues and assessments . . . . .																													
	4	Investment income . . . . .																													
	5a	Gross amount from sale of assets other than inventory . . . . .																													
	b	Less: cost or other basis and sales expenses . . . . .																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																													
	6	Gaming and fundraising events																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																													
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																													
c	Less: direct expenses from gaming and fundraising events . . . . .																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																														
7a	Gross sales of inventory, less returns and allowances . . . . .																														
b	Less: cost of goods sold . . . . .																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																														
8	Other revenue (describe in Schedule O) . . . . .																														
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																														
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																													
	11	Benefits paid to or for members . . . . .																													
	12	Salaries, other compensation, and employee benefits . . . . .																													
	13	Professional fees and other payments to independent contractors . . . . .																													
	14	Occupancy, rent, utilities, and maintenance . . . . .																													
	15	Printing, publications, postage, and shipping . . . . .																													
	16	Other expenses (describe in Schedule O) . . . . .																													
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																													
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																													
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶																													

**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 . . . . .	112,897.16	126,947.87
23 Land and buildings . . . . .		
24 Other assets (describe in Schedule O) . . . . .	- 10,702.90	- 9,716.84
25 <b>Total assets</b> . . . . .		
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	102,194.26	118,555.96

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . . .

What is the organization's primary exempt purpose? Groundwater Education  
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>Groundwater education programs to foster understanding among the public and inform people on public policy issues</u> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a	101,729.05
29 <u>Publications: Newsletter and web page, catalog of back issues available to the public</u> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a	6,248.18
30 <u>Administrative support of the MGWA Foundation, which carries out the groundwater, science and educational outreach of the MGWA</u> (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a	2,894.00
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	32	110,871.23

**Part IV 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 . . . . .

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Lanya Ross, Metropolitan Council</u>	<u>Pres - 5</u>	0	0	0
<u>Eric Mohring, Minnesota Pollution Cntl 520 Lafayette Rd</u>	<u>Past Pres - 2</u>	0	0	0
<u>Ole Olmanson, Shakopee Sioux Tribe</u>	<u>Pres - Elect - 2</u>	0	0	0
<u>Emily Berquist, Minnesota Dept. of Health</u>	<u>Treasurer - 2</u>	0	0	0
<u>Avery Cota - Guertin, Minnesota Dept of Natural Resources</u>	<u>secretary - 1</u>	0	0	0
<u>Jeanette H. Leele, Business Manager</u>	<u>20</u>	<u>ind. contractor see line 13</u>	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>34</b>	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) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b>	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)? . . . . .	<input checked="" type="checkbox"/>	
<b>b</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 . . . . .	<input checked="" type="checkbox"/>	
<b>c</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 . . . . .		<input checked="" type="checkbox"/>
<b>36</b>	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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> <input type="text" value="0"/>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	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 . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>Minnesota</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>WRI Association Mgmt Co</u> Telephone no. ▶ <u>651 276 8208</u> Located at ▶ <u>4779 176th St N, White Bear Lake MN</u> ZIP + 4 ▶ <u>55110-9910</u>		
<b>b</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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</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 Form 990-EZ (see instructions) . . . . .	<b>45b</b>	<input checked="" type="checkbox"/>

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number

Minnesota Ground Water Association

Line 8 Other Revenue - These amounts also reported on the 990T

Newsletter ads	\$ 1,200.-
Newsletter sales	240.-
	<u>1,440.-</u>

Line 16 Other Expenses

Software and subscriptions	\$ 703.78
Insurance	300.00
Transportation	1,858.00
Co-sponsor earnings split	7,158.63
Bank fees	3,362.77
Board meeting expenses	2,530.77
Supplies	3,570.06
Event facilities	9,108.88
Depreciation	339.23
Taxes and Fees	1,814.95
Event Food and Beverage	43,682.60
Event Audio Visual	6,575.90
Outstate Speaker Expenses	<u>1,154.80</u>
	82,261.04

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

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.

<b>Sign Here</b>	▶ <i>Jeanette H. Leeke</i> Signature of officer	▶ 8-15-2016 Date
	▶ Jeanette H. Leeke, Business Manager Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Jeanette H. Leeke	Preparer's signature <i>Jeanette H. Leeke</i>	Date 8/15/2016	Check <input type="checkbox"/> if self-employed	PTIN P01417508
	Firm's name ▶ WEL Association Mgmt. Co.	Firm's EIN ▶ 41 1571648		Phone no. 651 276 8208	
	Firm's address ▶ 4779 126th St. N. White Bear Lake MN 55110				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**MGWA**  
**Profit & Loss**  
 January through December 2015

	Jan - Dec 15
<b>Income</b>	
<b>3100 Contributions</b>	
3150 NCKRI Scholarship	0.00
3165 HOP Fund Contribution	0.00
3160 Scholarship Endowment	0.00
3170 Unrestricted Donation	0.00
<b>Total 3100 Contributions</b>	0.00
<b>3200 Dues</b>	
3210 Professional	18,660.00
3220 Student	195.00
3230 Corp. Membership	2,105.00
<b>Total 3200 Dues</b>	20,960.00
<b>3300 Ads</b>	
3310 Newsletter Ads	1,150.00
3330 Web Ad	50.00
<b>Total 3300 Ads</b>	1,200.00
<b>3400 Interest</b>	54.71
<b>3500 Prog. Fees</b>	
<b>3540 Workshop/Course Fees</b>	
3544 Short Course 4	2,320.00
3543 Short Course 3	2,450.00
3542 Short Course 2	1,690.00
3541 Short Course 1	3,290.00
<b>Total 3540 Workshop/Course Fees</b>	9,750.00
<b>3510 Spring Conference</b>	
3511 PR Spring Conference	30,980.00
3512 RT Spring Conference	770.00
3513 ST Spring Conference	1,120.00
3514 Non-Member Spring Conferen	7,820.00
3515 Exhibitor	1,350.00
<b>Total 3510 Spring Conference</b>	42,040.00
<b>3520 Sinkhole Conference Fees</b>	
3526 Friday Only Sinkhole	175.00
3528 Sinkhole Welcome Reception	50.00
3528 Sinkhole Wine & Cheese	50.00
3527 Sinkhole Banquet Tickets	225.00
3526 Wednesday Only Sinkhole	4,912.03
3526 Thursday Only Sinkhole	1,575.00
3523 Sinkhole Exhibits	1,900.00
3521 Sinkhole Student	2,334.07
3522 Sinkhole Full Registration	51,500.00
3525 Sinkhole Sponsor	5,950.00
3520 Sinkhole Conference Fees - Other	0.00
<b>Total 3520 Sinkhole Conference Fees</b>	68,671.10
<b>3530 Field Trip Fees</b>	
3536 Built Env. Field Trip #2	1,890.00
3535 SE MN Karst Field Trip #1	7,940.00
<b>Total 3530 Field Trip Fees</b>	9,830.00

**MGWA**  
**Profit & Loss**  
 January through December 2015

	Jan - Dec 15
Total 3500 Prog. Fees	130,291.10
<b>3600 Products</b>	
3620 Directory Printed	0.00
3670 Newsletter Printed	240.00
	240.00
Total 3600 Products	240.00
Total Income	152,745.81
Gross Profit	152,745.81
<b>Expense</b>	
Reconciliation Discrepancies	0.00
<b>4000 Admin</b>	
4051 General Tasks	568.63
4061 Gen. Supplies	75.67
4100 Fin. Admin.	
4162 Tax Software	171.39
4151 Tax Preparation	181.00
4152 IRS & MN returns	1,960.00
4151 Bookkeeping	7,439.83
4199 Bank Fees	174.58
	9,926.80
Total 4100 Fin. Admin.	9,926.80
<b>4400 BOD</b>	
4451 Board Assistance	390.00
4410 Meal Expense	2,249.96
	2,639.96
Total 4400 BOD	2,639.96
<b>4500 Dues</b>	
4536 Billing Postage	540.23
4541 Billing Printing	254.80
4551 Labor	1,078.58
4561 Billing Supplies	181.94
4598 Dues Visa Fees	1,481.87
	3,537.42
Total 4500 Dues	3,537.42
<b>4600 DB Maint</b>	
4651 Labor	4,023.75
	4,023.75
Total 4600 DB Maint	4,023.75
Total 4000 Admin	20,772.23
<b>5000 Programs</b>	
5700 White Paper Program	
5726 Refreshments	95.00
	95.00
Total 5700 White Paper Program	95.00
<b>5600 Sinkhole Conference</b>	
5610 Sinkhole Conf Speaker	945.80
5636 Sinkhole Conf Postage	49.95
5641 Sinkhole Conf Printing	520.32
5661 Sinkhole Conf Supplies	3,090.59
5698 Sinkhole CC Charges	1,362.38
5699 Sinkhole Conf Sales Tax	913.53
5627 Sinkhole Conf Food & Bev	33,194.82
5628 Sinkhole Conf AV	6,186.25

**MGWA**  
**Profit & Loss**  
 January through December 2015

	Jan - Dec 15
5652 NCKRI Staff Cost	3,175.00
5697 Sinkhole Earnings Split	7,158.63
5626 Sinkhole Conf Facility	3,548.78
5651 Sinkhole Conf Work	9,246.66
<b>Total 5600 Sinkhole Conference</b>	<b>69,392.71</b>
<b>5100 Spring Conf</b>	
5198 Sales/Use Tax	801.42
5125 Computer	169.62
5110 Speakers	209.00
5126 Facility	4,298.00
5127 Refreshments	6,690.00
5128 Audio-Visual	260.00
5136 Postage	394.28
5141 Printing	479.15
5151 Labor	5,873.01
5161 Supplies	297.53
5171 Mileage	8.00
5197 Insurance	300.00
<b>Total 5100 Spring Conf</b>	<b>19,780.01</b>
<b>5200 Fall Conf</b>	
5225 Computer	169.61
5228 Audio-Visual	29.65
<b>Total 5200 Fall Conf</b>	<b>199.26</b>
<b>5300 Field Trips</b>	
5326 Facilities	1,041.64
5327 Food	1,962.06
5351 Labor	1,355.27
5371 Field Trip Bus	1,850.00
5398 VISA Fees	160.67
<b>Total 5300 Field Trips</b>	<b>6,369.64</b>
<b>5400 Short Courses</b>	
5498 VISA fees	160.68
5451 Short Crs/Workshop Labor	1,344.27
5441 Printing	1,186.87
5428 Audio/Visual Equipment	100.00
5426 Facility Charges	146.60
5427 Refreshments	1,192.08
<b>Total 5400 Short Courses</b>	<b>4,130.50</b>
<b>5500 Networking Event</b>	
5527 Refreshments	548.64
5551 Labor	17.50
<b>Total 5500 Networking Event</b>	<b>566.14</b>
<b>Total 5000 Programs</b>	<b>100,533.26</b>
<b>6000 Mem Services</b>	
6400 Secretary	
6490 Business Fees and Taxes	25.00
<b>Total 6400 Secretary</b>	<b>25.00</b>
<b>6100 Newsletter</b>	



12:36 PM  
08/15/16  
Accrual Basis

**MGWA**  
**Profit & Loss**  
January through December 2015

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	<u>Jan - Dec 15</u>
6136 Postage	252.60
6141 Printing	354.44
6151 Labor	<u>5,641.14</u>
Total 6100 Newsletter	6,248.18
6200 Directory	
6251 Contract Labor	<u>201.25</u>
Total 6200 Directory	201.25
6300 Member Corresp.	
6362 Software or Subscription	156.00
6336 Postage	413.88
6351 Labor	<u>2,919.52</u>
Total 6300 Member Corresp.	<u>3,489.40</u>
Total 6000 Mem Services	9,963.83
7000 Public Service	
7099 Fees and Taxes	25.00
7100 Donations	
7191 Awards	<u>1,000.00</u>
Total 7100 Donations	1,000.00
7200 MGWAF	
7298 Bank Fees paid for MGWAF	22.59
7299 Fees and Taxes	75.00
7227 BOD Meeting	280.81
7226 Facility	74.46
7236 MGWAF Postage	1.42
7251 MGWAF Labor	<u>2,439.72</u>
Total 7200 MGWAF	2,894.00
7300 Public Education	
7351 Public Service Web Work	570.00
7310 Coalition Dues	250.00
7366 Web Page Fees	<u>375.79</u>
Total 7300 Public Education	<u>1,195.79</u>
Total 7000 Public Service	<u>5,114.79</u>
Total Expense	<u>136,384.11</u>
Net Income	<u><u>16,361.70</u></u>

MGWA  
Balance Sheet  
As of December 31, 2015

	<u>Dec 31, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
1100 Wells Fargo Checking	85,333.07
1150 Affinity Plus	
Participation Checking	41,604.63
1150 Affinity Plus - Other	10.17
<b>Total 1150 Affinity Plus</b>	<u>41,614.80</u>
<b>Total Checking/Savings</b>	126,947.87
Accounts Receivable	
Accounts Receivable	-490.00
<b>Total Accounts Receivable</b>	-490.00
<b>Other Current Assets</b>	
Prepaid Dues	
Prepaid Sustaining Memberships	-650.00
Prepaid Retired	-370.00
Prepaid Professional Dues	-3,265.00
Prepaid NL Subscriptions	-110.00
Prepaid Students	-60.00
<b>Total Prepaid Dues</b>	<u>-4,455.00</u>
Inventory Asset	2,221.29
Postage Due 95012000	34.48
<b>Total Other Current Assets</b>	<u>-2,199.23</u>
<b>Total Current Assets</b>	124,258.64
<b>Fixed Assets</b>	
2014 Fixed Asset	
2014 Sony Fit Vaio	
Cost	1,017.68
Accumulated Depreciation	-678.46
<b>Total 2014 Sony Fit Vaio</b>	<u>339.22</u>
<b>Total 2014 Fixed Asset</b>	339.22
2006 Fixed Asset	
HP 3880dn	
Cost	1,149.00
Accumulated Depreciation	-1,149.00
<b>Total HP 3880dn</b>	<u>0.00</u>
<b>Total 2006 Fixed Asset</b>	0.00
<b>Total Fixed Assets</b>	<u>339.22</u>
<b>TOTAL ASSETS</b>	<u><u>124,597.86</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
Current Liabilities	
Accounts Payable	
Accounts Payable	5,610.76

**MGWA**  
**Balance Sheet**  
As of December 31, 2015

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	<u>Dec 31, 15</u>
<b>Total Accounts Payable</b>	5,610.76
<b>Other Current Liabilities</b>	
<b>Use Tax Payable</b>	431.14
<b>Total Other Current Liabilities</b>	431.14
<b>Total Current Liabilities</b>	6,041.90
<b>Total Liabilities</b>	6,041.90
<b>Equity</b>	
<b>Opening Bal Equity</b>	676.84
<b>Retained Earnings</b>	101,517.42
<b>Net Income</b>	16,361.70
<b>Total Equity</b>	118,555.96
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>124,597.86</b>