Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. , 20 , 2016, and ending A For the 2016 calendar year, or tax year beginning

В	Check if and	pplicable: C Name of organization ?			entification number
	Address change		Minnesota Ground Water Association	41-143440	
Ħ	Name chan			elephone nu	mber
	Initial return	1	4779 126th St North	651-276-8208	
		/terminated		Group Exer	nption
님	Amended r			Number •	
					the organization is not
	Website:	uired to atta	ach Schedule B		
		-	mgwa.org required only one) — □ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527 (Form	m 990, 990)-EZ, or 990-PF).
			✓ 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 ass	ets	
- (Ра	art II, colu	ımn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	111,225.00
_	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions	for Part I) 🔞
	arti	Check if	the organization used Schedule O to respond to any question in this Part I.		🗹
?	1	Contribution	ons, gifts, grants, and similar amounts received	. 1	0
3	= 1	Program s	ervice revenue including government fees and contracts	. 2	85,740.00
?		Membersh	ip dues and assessments	. 3	24,290.00
3	=1	Investmen		. 4	45.00
	5a	Gross amo	ount from sale of assets other than inventory 5a		
	b		or other basis and sales expenses		
	C	Gain or (lo	. 5c		
	6	Gaming ar			
	a	Gross inc			
9	3	\$15,000)			
Revenue	b	Gross inco	ome from fundraising events (not including \$of contributions		
Š	5	from fund	raising events reported on line 1) (attach Schedule G if the	13.23	
_		sum of su	ch gross income and contributions exceeds \$15,000) 6b	CLECK.	
	С	Less: dire	ct expenses from gaming and fundraising events 6c		
	d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct	
		line 6c)		· 6d	
	7a	Gross sale	es of inventory, less returns and allowances		
	b	Less: cost	of goods sold		
	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	4 450 00
	8		enue (describe in Schedule O)	. 8	1,150.00
_	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	111,225.00
	10	Grants an	d similar amounts paid (list in Schedule O)	. 10	8,065.15
	11	Benefits p	aid to or for members	. 11	0
6	ន្ធ 12	Salaries, o	other compensation, and employee benefits 🛂	. 12	35,324.07
9	2 12 2 13		nal fees and other payments to independent contractors 2	. 14	33,324.07
	14		by, rent, utilities, and maintenance		1,474.98
Ú		Printing, p	bublications, postage, and shipping		34,600.86
	16	Other exp	enses (describe in Schedule O)	. <u>16</u> 17	79,465.06
_	17	Total exp	enses. Add lines 10 through 16		31,759.94
2	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	ith 18	31,737.74
3	ฐ 19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree war figure reported on prior year's return)	. 19	118,555.97
<	19 20 1				-56,651.74
1	월 20	Other cha	inges in net assets or fund balances (explain in Schedule O)	· 20 ▶ 21	93,664.17
4	21 Net assets or fund balances at end of year. Combine lines 18 through 20				73,004.17

? Pa	art II Balance Sheets (see the instructions	ior Part II)				
	Check if the organization used Schedu	le O to respond to a	any question in this	Part II		P
				(A) Beginning of year	Ė	(B) End of year
22	in the state of th			126,947.87	22	109,379.68
23					23	
24	Other assets (describe in Schedule O)		[-2,199.23	24	-9,232.06
25	Total assets		[124,597.87	_	100,362.62
26	Total liabilities (describe in Schedule O) .			6,041.90	26	6,698.45
27	Net assets or fund balances (line 27 of colum	n (B) must agree wi	th line 21)	118,555.97	27	93,664.17
Pa	till Statement of Program Service Accor	nplishments (see t	he instructions for	Part III)		
14/1	Check if the organization used Schedul	e O to respond to a	any question in this	Part III	_	Expenses
	at is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Des	cribe the organization's program service accomp	lishments for each of	of its three largest p	orogram services,		inizations; optional for
as n	neasured by expenses. In a clear and concise i	manner, describe th	e services provided	d, the number of	othe	ers.)
	sons benefited, and other relevant information for	each program title.				
28	MGWA Spring Conference: Thinking Big: Innovative 299 attendees					
	299 attendees					
?	(Cronto ¢					
29	(Grants \$) If this amoun	t includes foreign gr	ants, check here .	▶ 🗆	28a	21,796.62
29	MGWA Fall Conference: Modern Advances in Group 292 attendees					
	292 attendees					
	(Grants \$) If this amoun					
30	MGWAs Quarterly Professional and Technical News	t includes foreign gr			29a	21,261.45
00						
	serves 550 groundwater professionals					
21	Other program services (describe in Schedule O)	t includes foreign gra	ants, check here .	▶ 🗌	30a	5,058.37
31						
32	Total program coming expenses (add lines 20)	t includes foreign gra	ants, check here .	▶ 🗌	31a	4,289.22
Par	Total program service expenses (add lines 28a	through 31a)		•	32	52,405.66
		a			UL	32,403.00
U GI	List of Unicers, Directors, Trustees, and Ke	y Employees (list eacl	h one even if not com	pensated—see the in	struc	tions for Part IV)
	Check if the organization used Schedule	y Employees (list each O to respond to a	n one even if not com ny question in this	pensated—see the in Part IV	struc	tions for Part IV)
	Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average	n one even if not com ny question in this (c) Reportable compensation	pensated—see the in Part IV (d) Health benefits, contributions to employe	struc	tions for Part IV)
	List of Unicers, Directors, Trustees, and Ke	y Employees (list each O to respond to a	n one even if not com ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struc	tions for Part IV)
	Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation	pensated — see the in Part IV (d) Health benefits, contributions to employe	struc	tions for Part IV)
Lany	Check if the organization used Schedule (a) Name and title a Ross, Past President and Foundation liaison	y Employees (list each O to respond to a (b) Average hours per week	n one even if not com ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc	tions for Part IV)
Lany	Check if the organization used Schedule (a) Name and title (a) Ross, Past President and Foundation liaison (b) Difference of the organization of the organization used Schedule (c) Difference organization used Schedule (d) Name and title	y Employees (list each O to respond to a (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc	tions for Part IV)
Lany Metro Ole O	Check if the organization used Schedule (a) Name and title (a) Ross, Past President and Foundation liaison (b) Oppolitan Council (c) Oppolitant Council	y Employees (list each O to respond to a (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc	tions for Part IV) Estimated amount of ther compensation
Lany Metro Ole C	Check if the organization used Schedule (a) Name and title (a) Ross, Past President and Foundation liaison opolitan Council Olemanson, President	y Employees (list each O to respond to a (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc	tions for Part IV) Estimated amount of ther compensation
Lany Metro Ole C Shak Evan	Check if the organization used Schedule (a) Name and title (a) Ross, Past President and Foundation liaison oppolitan Council Diemanson, President oppolitan Council Christianson, President-Elect	y Employees (list each O to respond to a (b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc	Estimated amount of ther compensation
Lany Metro Ole C Shak Evan Barr	Check if the organization used Schedule (a) Name and title (a) Name and title (b) Para Ross, Past President and Foundation liaison oppolitan Council (c) Diemanson, President oppose Dakota (c) Christianson, President-Elect (c) Engineering	y Employees (list each of the property of the	n one even if not com ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV	struc	Estimated amount of ther compensation
Lany Metro Ole C Shak Evan Barr	Check if the organization used Schedule (a) Name and title (a) Name and title (b) Paragraphic Council (c) Diemanson, President (c) Christianson, President-Elect (c) Engineering (e) Reverse Council (c) Christianson, President-Elect (c) Engineering (e) Retzler, Secretary	y Employees (list each of the property of the	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc	Estimated amount of ther compensation
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Lany Metro Ole C Shak Evan Barr Andro Minn Emily	Check if the organization used Schedule (a) Name and title (a) Ross, Past President and Foundation liaison oppolitan Council Diemanson, President oppee Dakota Christianson, President-Elect Engineering ew Retzler, Secretary esota Geological Survey / Berquist, Treasurer	y Employees (list each of the property of the	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	struc	Estimated amount of ther compensation
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Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part \	v	<u>.</u>
			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		V
	detailed description of each activity in Schedule O	-		Ť
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	34		1
	change on Schedule O (see instructions)	-		Ť
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	activities (such as those reported on lines 2, 6a, and 7a, among others).	35b	V	Ť
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
36	during the year? If "Yes," complete applicable parts of Schedule N	36	ore.	V
	Enter amount of political expenditures direct or indirect, as described in the instructions > 37a			7.75
37a		37b		V
b	Did the organization file Form 1120-POL for this year?		E S	- 3
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V
	If "Yes," complete Schedule L, Part II and enter the total amount involved	211	T. E. J.	
	If Yes, Complete Schedule E, Farth and Chief the total amount in the		172	99
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		250	
a	Gross receipts, included on line 9, for public use of club facilities			100
b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	Section 501(a)(3) 501(a)(4) and 501(a)(29) organizations. Did the organization engage in any section 4958			
b	expose benefit transaction during the year, or did it endage 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		V
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
С	on organization managers or disqualified persons during the year under sections 4912,		100	
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		215	
J	transaction? If "Yes," complete Form 8886-T	40e	1	
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. ▶		76-820	
	Located at N 4779 126th St N ZIP + 4 N	5511	0-591	_
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b)	·
	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	200	1	
	Financial Accounts (FBAR).			E 23
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	420	;	•
	If "Yes." enter the name of the foreign country: ▶			<u>_</u> [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•		
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vo	s N
	Light finds the years if "Von" Form 000 must be	1200	1 63	9 14
44a		448	2	
	completed instead of Form 990-EZ			
b		441		
	completed instead of Form 990-EZ	440		+
C	Did the organization receive any payments for indoor tanning services during the year?		3 EA	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440	d	
	explanation in Schedule O	45	_	+
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		23 82
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	3 5 5 5		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45	h	
	Form 990-EZ (see instructions)	45	<u> </u>	

46	Did the organization engage, directly or	indirectly, in political	campaign activities or	hehalf of or	in oppos	ition	Yes	No
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I		iii oppos	. 46	1 2 7 1 2	1
Part	Section 501(c)(3) organization	is only						
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and co	mplete th	ne tables f	for line	es
	oo and or.				•			-
	Check if the organization used So	chedule O to respond	d to any question in t	his Part VI				
47	Did the organization and it is to be						Yes	No
7/	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	activities or have a	section 501(h) election	on in effect o	luring the	tax		
48						. 47		
49a	Is the organization a school as described	in section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E		. 48		
b	Did the organization make any transfers	to an exempt non-cha	aritable related organiz	zation?		. 49a	-	
50	If "Yes," was the related organization as Complete this table for the organization's	ection 527 organizations five highest compon	on?			. 49b		
	employees) who each received more that	n \$100.000 of compen	sated employees (oth	er than office	ers, direct	ors, trustee	es, and	d key
	The second secon			(d) Health I	ere is non	e, enter "N	ione."	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions t	o employee	(e) Estimate	ed amou	ınt of
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		other com	npensati	on
				Compens	Sation .			
								-
	Total number of other employees paid ov				I			
51	Complete this table for the organization	s five highest compe	ensated independent	contractors	who each	received	more	than
	\$100,000 of compensation from the orga	nization. If there is no	ne, enter "None."					tilaii
	(a) Name and business address of each independ	lent contractor	(b) Type of servi	ce	(c)	Compensatio	n	
					(0)	Compensatio	""	
				1				
ď	Total number of other independent contra	ctors each receiving o	wor \$100 000					
52	Did the organization complete Schedu	le A2 Note: All see	tion 501(a)(2)	!!				
(completed Schedule A	ie A: Note. All Sec	nion sor(c)(s) organ	izations mus				
Jnder per	nalties of perjury. I declare that I have examined this re	eturn including accompanyi	ng pohodulos and statement			► Yes	∐ No	<u> </u>
rue, corre	ct, and complete. Declaration of preparer (other than	officer) is based on all infor	mation of which preparer ha	ts, and to the be s any knowledge	est of my kno e.	wledge and b	oelief, it	is
	1000 Maltast.	Looka		1	1 1 - 1 - 1	フかノブ		
Sign	Signature of officer	July .		Date	1-15-	2017		
lere	Janettet. Le	ete busi	ness manag					
	Type or print name and title	1000	- T- VI WIVING	U				
Paid	Print/Type preparer's name	Preparer's signature	Date	Т		. PTIN		
Prepa			34.0		Check self-employe	if		
Jse O						~	***************************************	
	Firm's address ▶			Firm's				
lay the	IRS discuss this return with the preparer	shown above? See in	structions	Phone		→ □ Vaa	□ N1 -	
					>	► U Yes		,

MGWA Profit & Loss

	Jan - Dec 16
Income 3100 Contributions 3165 HOP Fund Contribution 3160 Scholarship Endowment 3170 Unrestricted Donation 3100 Contributions - Other	0.00 0.00 0.00 0.00
Total 3100 Contributions	0.00
3200 Dues 3210 Professional 3220 Student 3230 Corp. Membership 3240 Retired 3250 Sustaining Member	20,150.00 300.00 555.00 945.00 2,340.00
Total 3200 Dues	24,290.00
3300 Ads 3310 Newsletter Ads	920.00
Total 3300 Ads	920.00
3400 Interest 3500 Prog. Fees 3520 Fall Conference Fees 3523 Student Rate 3525 Fall Conf Exhibit 3524 New Member Rate 3521 Retired Rate 3522 Member Rate	310.00 2,500.00 6,095.00 700.00 34,540.00
Total 3520 Fall Conference Fees	44,145.00
3510 Spring Conference 3511 PR Spring Conference 3512 RT Spring Conference 3513 ST Spring Conference 3514 Non-Member Spring Conferen 3515 Exhibitor	26,235.00 980.00 1,260.00 9,120.00 4,000.00
Total 3510 Spring Conference	41,595.00
Total 3500 Prog. Fees	85,740.00
3600 Products 3670 Newsletter Printed	230.00
Total 3600 Products	230.00
Total Income	111,225.00
Gross Profit	111,225.00
Expense 4000 Admin 4051 General Tasks	26.17

MGWA Profit & Loss

	Jan - Dec 16
4100 Fin. Admin. 4162 Tax Software 4152 IRS & MN returns 4151 Bookkeeping	202.46 1,445.00 6,263.33
Total 4100 Fin. Admin.	7,910.79
4400 BOD 4410 Meal Expense	1,064.37
Total 4400 BOD	1,064.37
4500 Dues 4536 Billing Postage 4551 Labor 4561 Billing Supplies 4571 Mileage 4598 Dues Visa Fees	357.04 2,582.00 288.72 25.92 1,503.23
Total 4500 Dues	4,756.91
4600 DB Maint 4651 Labor	6,330.32
Total 4600 DB Maint	6,330.32
Total 4000 Admin	20,088.56
5000 Programs 5700 White Paper Program 5726 Refreshments 5751 White Paper Work	147.25 350.00
Total 5700 White Paper Program	497.25
5600 Sinkhole Conference 5697 Sinkhole Earnings Split 5651 Sinkhole Conf Work	74.81 566.25
Total 5600 Sinkhole Conference	641.06
5100 Spring Conf 5198 Sales/Use Tax 5125 Computer 5110 Speakers 5126 Facility 5127 Refreshments 5128 Audio-Visual 5136 Postage 5141 Printing 5151 Labor 5161 Supplies 5171 Mileage	846.03 169.61 927.66 4,603.25 7,105.14 260.00 247.36 231.63 6,608.78 639.16 8.00
5197 Insurance Total 5100 Spring Conf	150.00 21,796.62

MGWA Profit & Loss

	Jan - Dec 16
5200 Fall Conf 5299 Use Tax 5225 Computer 5210 Speakers 5226 Facility 5227 Refreshments 5228 Audio-Visual 5236 Postage 5241 Printing 5251 Labor 5261 Supplies 5297 Insurance 5298 VISA fees	828.26 169.62 1,163.70 4,214.00 7,042.00 356.00 282.57 213.43 5,146.30 623.57 150.00 1,072.00
Total 5200 Fall Conf	21,261.45
5500 Networking Event 5527 Refreshments	144.13
Total 5500 Networking Event	144.13
Total 5000 Programs	44,340.51
6000 Mem Services 6100 Newsletter 6151 Labor 6161 Supplies	4,377.09 681.28
Total 6100 Newsletter	5,058.37
6300 Member Corresp. 6336 Postage 6351 Labor 6361 Supplies	142.95 1,655.00 114.52
Total 6300 Member Corresp.	1,912.47
Total 6000 Mem Services	6,970.84
7000 Public Service 7099 Fees and Taxes 7100 Donations 7110 MGWAF Support Donations	75.00 3,000.00
Total 7100 Donations	3,000.00
7200 MGWAF 7227 BOD Meeting 7251 MGWAF Labor	1,106.34 2,310.47
Total 7200 MGWAF	3,416.81
7300 Public Education 7351 Public Service Web Work 7310 Coalition Dues 7361 Supplies	1,135.00 250.00 188.34
Total 7300 Public Education	1,573.34

7:52 AM 11/16/17 Accrual Basis

MGWA Profit & Loss

	Jan - Dec 16
7000 Public Service - Other	0.00
Total 7000 Public Service	8,065.15
Total Expense	79,465.06
Net Income	31,759.94

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	Dec 31, 15
ASSETS Current Assets Checking/Savings	
1100 Wells Fargo Checking 1150 Affinity Plus	85,333.07
Participation Checking 1150 Affinity Plus - Other	41,604.63 10.17
Total 1150 Affinity Plus	41,614.80
Total Checking/Savings	126,947.87
Accounts Receivable Accounts Receivable	-490.00
Total Accounts Receivable	-490.00
Other Current Assets Prepaid Dues Prepaid Sustaining Memberships Prepaid Retired Prepaid Professional Dues Prepaid NL Subscriptions Prepaid Students	-650.00 -370.00 -3,265.00 -110.00 -60.00
Total Prepaid Dues	-4,455.00
Inventory Asset Postage Due 95012000	2,221.29 34.48
Total Other Current Assets	-2,199.23
Total Current Assets	124,258.64
Fixed Assets 2014 Fixed Asset 2014 Sony Fit Vaio Cost Accumulated Depreciation	1,017.68 -678.45
Total 2014 Sony Fit Vaio	339.23
Total 2014 Fixed Asset	339.23
2006 Fixed Asset HP 3880dn Cost Accumulated Depreciation	1,149.00 -1,149.00
Total HP 3880dn	0.00
Total 2006 Fixed Asset	0.00
Total Fixed Assets	339.23
TOTAL ASSETS	124,597.87
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	Dec 31, 15
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable Accounts Payable	5,610.76
Total Accounts Payable	5,610.76
Other Current Liabilities Use Tax Payable	431.14
Total Other Current Liabilities	431.14
Total Current Liabilities	6,041.90
Total Liabilities	6,041.90
Equity Opening Bal Equity Retained Earnings Net Income	676.84 101,517.42 16,361.71
Total Equity	118,555.97
TOTAL LIABILITIES & EQUITY	124,597.87

_	Dec 31, 16
ASSETS Current Assets Checking/Savings 1100 Wells Fargo Checking	109,379.68
Total Checking/Savings	109,379.68
Accounts Receivable Accounts Receivable	215.00
Total Accounts Receivable	215.00
Other Current Assets Prepaid Dues Prepaid Sustaining Memberships Prepaid Retired Prepaid Professional Dues Prepaid NL Subscriptions Prepaid Corporate Prepaid Students	-910.00 -375.00 -9,585.00 -40.00 -50.00 -40.00
Total Prepaid Dues	-11,000.00
1200 Undeposited Funds Inventory Asset Postage Due 95012000	-470.00 2,212.29 25.65
Total Other Current Assets	-9,232.06
Total Current Assets	100,362.62
Fixed Assets 2014 Fixed Asset 2014 Sony Fit Vaio Cost Accumulated Depreciation	1,017.68 -1,017.68
Total 2014 Sony Fit Vaio	0.00
Total 2014 Fixed Asset	0.00
2006 Fixed Asset HP 3880dn Cost Accumulated Depreciation	1,149.00 -1,149.00
Total HP 3880dn	0.00
Total 2006 Fixed Asset	0.00
Total Fixed Assets	0.00
TOTAL ASSETS	100,362.62
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	
Accounts Payable	6,096.37
Total Accounts Payable	6,096.37

	Dec 31, 16
Other Current Liabilities 1300 Sales Tax Payable	602.08
Total Other Current Liabilities	602.08
Total Current Liabilities	6,698.45
Total Liabilities	6,698.45
Equity Opening Bal Equity Retained Earnings Net Income	676.84 61,227.39 31,759.94
Total Equity	93,664.17
TOTAL LIABILITIES & EQUITY	100,362.62

SCHEDULE O (Form 990 or 990-EZ)

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.

20 **576**Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Willinesota Ground Water Association	41-1434403
Line 8: Advertising Income \$920.00	
Subscription Income \$230.00	
Total for line 8 = \$1,150.00	
Line 10: Support of the Minnesota Ground Water Association Foundation = 8,065.15	
Line 16: Tax Software 202.46	
Board Meetings 1,064.37	
Bank fees 2,575.23	
Program Expenses less the Program Expenditures already included on the lines above	28411.54
Supplies 2,347.25	
Total for Line 16 = 34,600.86	
Line 20: Other Changes in net assets: MGWA donates the proceeds from professional conference	es and workshops to the MGWA
Foundation after there is a successful spring conference the following year (we know the	at we have enough cash on hand)
MGWA Foundation carries out educational goals of MGWA for elementary, highschool, a	and college students = 56,651.74
Line 24: Inventory less prepaids	
Line 26: Accounts payable and use tax payable	
Line 31: Other programs - Mentor program brings students and professionals together at brewpu	bs; White Paper program brings ground
water professionals together to write factual summaries of groundwater issues to inforn	n the public and policymakers. MGWA
supports the MGWA Foundation's Educational programs financially.	