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)

OMB No. 1545-1150

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2017 calend	l ar year, or tax year beginning , 20	17, and ending			, 20	
В	Check if a	pplicable:	C Name of organization		D Empl	oyer ide	ntification number	
	Address	change	M innesota G round W ater Association			41	-1434403	
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	hone nu		
$\overline{}$	□ Initial return □					615-276-8208		
H	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	F Grou			
Ħ		on pending	W hite BearLake MN 55110		Nun	nber ▶	•	
		ting Method:	☐ Cash	Н	Check I	▶	the organization is not	
	Website		m gwa.org				ch Schedule B	
J 1	Tax-exer	mpt status (ch	eck only one) — ☐ 501(c)(3)) or 527	(Form 9	90, 990	-EZ, or 990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tota	l assets			
(Pa	ırt II, col	lumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			> \$	105,075.66	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see the	instruc	ctions		
			the organization used Schedule O to respond to any question	•			•	
	1					1	0	
	2		ervice revenue including government fees and contracts			2	81,100	
	3		ip dues and assessments			3	23,020	
	4	Investmen				4	9	
	5a	Gross amo	ount from sale of assets other than inventory 5	ia				
	b			ib				
	c	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from the following from the following states of the following s	m line 5a)		5с		
	6 a	•	ome from gaming (attach Schedule G if greater than					
Revenue		\$15,000)		ia				
š	b		ome from fundraising events (not including \$	_of contributior	าร			
æ			raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6	sb				
	С			ic				
	d		e or (loss) from gaming and fundraising events (add lines 6a	-	btract			
		line 6c)				6d		
	7a	Gross sale	s of inventory, less returns and allowances	'a				
	b		· · · · · · · · · · · · · · · · · · ·	'b				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8	-	nue (describe in Schedule O)			8	946	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	105,076	
	10		similar amounts paid (list in Schedule O)			10	3,350	
	11	Benefits p	aid to or for members			11	0	
Se	12		ther compensation, and employee benefits			12	0	
Expenses	13	Profession	al fees and other payments to independent contractors			13	35,157	
be	14	Occupano	y, rent, utilities, and maintenance			14	0	
Щ	15	Printing, p	ublications, postage, and shipping			15	2,015	
	16	Other expe	enses (describe in Schedule O)			16	35,943	
_	17	Total expe	enses. Add lines 10 through 16	<u></u> .	. 🕨	17	76,465	
S	18		(deficit) for the year (Subtract line 17 from line 9)			18	28,610	
set	19		or fund balances at beginning of year (from line 27, column	(A)) (must agree	e with			
Net Assets		end-of-yea	ar figure reported on prior year's return)			19	93,664	
et	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20	-40,058	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	82,216	
Fo	r Paper	work Reduc	ion Act Notice, see the separate instructions.	Cat. No. 10642I			Form 990-EZ (2017)	

Form 990-EZ (2017) Page 2 Balance Sheets (see the instructions for Part II) 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 109,380 **22** 22 Cash, savings, and investments 97,717 0 23 23 Land and buildings 0 24 Other assets (describe in Schedule O) 24 -9,232 -1<u>1</u>,355 25 Total assets 100,363 25 86,362 26 Total liabilities (describe in Schedule O) 6**,**698 **26** 4,145 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 93.664 27 82,216 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? public policy and scientific education about groundwater 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) 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. 28 MGWA 2017 Spring Conference: Management Analysis and Optimization of Groundwater Data 239 in attendance) If this amount includes foreign grants, check here 28a (Grants \$ 25,331 MGWA 2017 FallConference: The Efect of Agriulture on Groundwater Resources 301 in attendance) If this amount includes foreign grants, check here . 29a (Grants \$ 21,490 MGWA's Quarterly New sletter serves the m em bership of 542 and the public via the web (Grants \$) If this amount includes foreign grants, check here 30a 3,542 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 10,563 32 60,926 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) Average contributions to employee (e) Estimated amount of compensation (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Evan Christianson, Barr Engineering, President 0 O le O lem anson, Shakopee Sioux Com m unity, Past President Ellen Considine, MN DNR, President-Elect Andrew Retzler, Minnesota Geological Survey, Secretary Anneka M unsell, M N DNR , Treasurer

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		\Box
22	Did the averagination appear in any circuitiness activity, and averagingly reported to the IDCO If "Vee " averaging		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		√
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		,
35a	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		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i>	35b	1	V
c	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	•	1
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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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? .	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-		
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	40h		,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		✓
Ū	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	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 transaction? If "Yes," complete Form 8886-T	400		/
41	List the states with which a copy of this return is filed ► M innesota	40e		V
42a		651 <i>-</i> 27	'6 <i>-</i> 820	8
	Located at ► 4779 126th StN, White BearLake MN ZIP + 4 ►		5910	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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: ▶	42b		√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
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		. 1	
4.6	Dill		Yes	No
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		√
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	44b		✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
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)	45h	Ì	· ./

Form 99	90-EZ (2	017)							F	age 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on beha	alf of or	in opposit	ion		No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	stions 47–49b an	d 52, a	ınd cor		1		es
		Check if the organization used Sch	nedule O to respond	I to any question i	n this P	art VI				
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		effect d	uring the	tax	Yes	No
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." complet	e Sche	dule F		. 48	_	
49a		=							_	
b		Did the organization make any transfers to an exempt non-charitable related organization?								
50		plete this table for the organization's								nd ke
		oyees) who each received more than								
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	conti	d) Health be	penefits, pemployee and deferred	(e) Estima		unt of
f	Total	number of other employees paid over	er \$100,000	. ▶						
51		plete this table for the organization'			nt cont	ractors	who each	receive	d more	e thar
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."						
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice		(c)	Compens	ation	
				-						
				-						
				-						
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	•				
52	Did 1	the organization complete Schedu	ile A? Note: All se	ection 501(c)(3) or	ganizati	ons m	ust attach	n a		
	comp	oleted Schedule A						. ▶ □ Ye	s 🗌	No
		of perjury, I declare that I have examined this r						nowledge a	nd belief	, it is
true, co	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepar	er has an	/ knowled	ge.			
Sign		Signature of officer				Date				
Here		=								
		Type or print name and title	<u></u>	-				1 -		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prep	arer						self-emplo	yed		
Use		Firm's name				Firm'	s EIN ▶			
		Firm's address ►				Phon	e no.			
ıvıav t	he IRS	discuss this return with the preparer	snown above? See	instructions				Y ₆	25	Nο

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

2017

Department of the Treasur

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

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

www.irs.gov/Form990F7 for instructions and the latest information

Open to Public Inspection

Inte	emai Hever	nue Service	T GO to WWW.IIS.govi OlinosoL2 for instructions and the sa						
A	For the	2017 calend		and ending		<u>,</u> 20			
В	Check if ap	pplicable	C Name of organization		D Employer	dentification number			
	Address c	change	William Cooks Crount Water 7 Cooks at 101			41-1434403			
	Name cha	me change Number and street (or P O box, if mail is not delivered to street address) Room/suite E T			E Telephone	Telephone number			
님	Initial retu	14779 126th St North				15-276-8208			
H	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	ΔL	F Group Ex	emption			
H		n pending	White Bear Lake MN 55110	07	Number	>			
G		ting Method	☐ Cash	н	Check ▶ ✓	if the organization is not			
	Website	. •	mgwa.org			ttach Schedule B			
			eck only one) — ☐ 501(c)(3)	r 🔲 527	(Form 990, 9	90-EZ, or 990-PF)			
		organization.							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or if total	l assets				
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			\$ 105,075.66			
Ì	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instruction				
	ai e i		the organization used Schedule O to respond to any question						
_	1		ons, gifts, grants, and similar amounts received		1	0			
	2		ervice revenue including government fees and contracts		2	81,100			
	3	-	up dues and assessments		3	23,020			
	4	Investmen	•		4	25,020			
	5a		bunt from sale of assets other than inventory	1	· ·	1			
<mark>የ</mark> ስ			or other basis and sales expenses						
Ö			ss) from sale of assets other than inventory (Subtract line 5b from I	I	5c				
₽	C		nd fundraising events	ille Jaj	50	1			
ź	6	_	ome from gaming (attach Schedule G if greater than						
T ₀	a	\$15,000)	· · · · · · · · · · · · · · · · · · ·	1	j				
SCANNED MAR	ь	•		I f contribution	10				
Šĕ			raising events reported on line 1) (attach Schedule G if the	Contribution	13				
	;		ch gross income and contributions exceeds \$15,000) 6b	ı					
>			at expenses from gaming and fundraising events 6c		}				
ת	d		e or (loss) from gaming and fundraising events	d 6b and sul	htract				
グハ10	"	line 6c)	e or (1055) from garriing and fundraising events (add lines of and	a ob and sui	· · 6d				
õ	70	•	s of inventory, less returns and allowances		00				
	7a		•						
	b		<u> </u>		70				
	°C		it or (loss) from sales of inventory (Subtract line 7b from line 7a) .		<u>7c</u>				
	8		nue (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •	\.	946			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-ien	10	105,076			
	10		d similar amounts paid (list in Schedule O)	VERY	<u>ا ا ا</u>	3,350			
	11		d similar amounts paid (list in Schedule O)	/6	ဂ္ဂ်\ · <u>11</u> ဝု\	0			
Expenses	12	Salanes, o	ther compensation, and employee benefits	1. 5018/	Ö 12 SE . 13	0			
ē	13	Occupance	al fees and other payments to independent contractors . NOV 2] ^[2] 13	35,157			
 	14	•	y, rent, utilities, and maintenance	7. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0				
ш	٠, ١٠		ublications, postage, and shipping	لمنيشيد لأع	15 16	2,015			
	16	•	1 110=	A STATE OF THE STA		35,943			
_	17		enses. Add lines 10 through 16	<u> </u>	. > 17	76,465			
ş	18		(deficit) for the year (Subtract line 17 from line 9)	· · · · ·	18	28,610			
SSE	19		or fund balances at beginning of year (from line 27, column (A)) ar figure reported on prior year's return)						
Ž		-			—	93,664			
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			-40,058			
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .	<u></u>	. 🕨 21	82,216			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form **990-EZ** (2017)



	till Balance Sheets (see the instructions t	•				_
	Check if the organization used Schedule	O to respond to a	ny question in this		•	
			<u></u>	(A) Beginning of year	ļ,	(B) End of year
22	Cash, savings, and investments		[109,380		97,717
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		[-9,232	24	-11,355
25	Total assets		[100,363	25	86,362
26	Total liabilities (describe in Schedule O)		[6,698	26	4,145
27	Net assets or fund balances (line 27 of column			93,664	_	82,216
Par		plishments (see th	ne instructions for f	Part III)		· ·
	Check if the organization used Schedule					Expenses
What	t is the organization's primary exempt purpose?					equired for section I(c)(3) and 501(c)(4)
	ribe the organization's program service accompli					anizations, optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the	e services provided	I, the number of		ers)
	MGWA 2017 Spring Conference: Management Analys 239 in attendance					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	• 🗆	28	a 25,331
29	MGWA 2017 Fall Conference: The Efect of Agriulture	on Groundwater Res	ources			
	301 in attendance					
	(Grants \$) If this amount		ants, check here .	▶ □	29	a 21,490
30	ALCOHOL: Out the New York	* *				
	serves the membership of 542 and the public via the	web				

	(Grants \$,) If this amount	includes foreign gra	ants, check here .	▶ □	30	a 3,542
31	Other program services (describe in Schedule O)					9,0 12
٠.	, ,		ants, check here .		318	a 10,563
32	Total program service expenses (add lines 28a				32	10,000
Pari						
	Check if the organization used Schedule					<u> </u>
	Official in the organization about contours	· · · · · · · · · · · · · · · · · · ·	(c) Reportable	(d) Health benefits.	Ť	· · · · · <u>U</u>
	(a) Name and title	(b) Average hours per week	compensation			Fetimated amount of
		devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	- '	other compensation
Evan	Christianson, Barr Engineering, President	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	- '	
Evan	Christianson, Barr Engineering, President	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensatio	- '	
			(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	n	other compensation
Ole O	Christianson, Barr Engineering, President Dlemanson, Shakopee Sioux Community, Past esident		(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	n	other compensation
Ole O Pr	Diemanson, Shakopee Sioux Community, Past esident	3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	o .	other compensation 0
Ole O Pr	Plemanson, Shakopee Sioux Community, Past	3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	o .	other compensation 0
Ole O Pr Ellen	Dlemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect	3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	other compensation 0
Ole O Pr Ellen	Diemanson, Shakopee Sioux Community, Past esident	3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	other compensation 0
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	other compensation 0 0
Ole O Pr Ellen Andre	Dlemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	other compensation 0 0
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation 0 0 0
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation 0 0 0
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation 0 0 0
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation 0 0 0
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O
Ole O Pr Ellen Andre	Diemanson, Shakopee Sioux Community, Past esident Considine, MN DNR, President-Elect ew Retzler, Minnesota Geological Survey, Secretary	2 2 3	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and deferred compensatio	0 0	Other compensation O O O

7
/

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	<u>s Part</u>	V .	N _a
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	No
00	detailed description of each activity in Schedule O	33		/
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)	34		✓
35a	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)?	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	✓	
С	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		√
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Soa		V
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u></u>		
	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	40Ь		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		_
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			;
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 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 transaction? If "Yes," complete Form 8886-T	40e		
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
		55110	-5910	
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)? If "Yes," enter the name of the foreign country:	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. ▶	42c		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	$\overline{}$	Yes	No
	completed instead of Form 990-EZ	44a		\
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	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d				
45 -	explanation in Schedule O	44d		,
45a		45a		√
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)	45b		

Form 99	0-EZ (2017)						Yes	age 4 No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of							
Part		s only s must answer que	stions 47–49b and s	52, and com		<u> </u>	for lin	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election				Yes	No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a second the complete this table for the organization's employees) who each received more than	o an exempt non-cha ection 527 organizations five highest compens	ritable related organiz on?	ation? er than office	 rs, directo	. 49a . 49b ors, truste	es, an	
	(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 be contributions to benefit plans, ar compense	enefits, employee nd deferred	(e) Estimat	ed amoi	unt of
f	Total number of other employees paid ov	er \$100.000	<u> </u>					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independent	contractors v	who each	received	l more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	ice	(c)	Compensat	tion	
					-			
			,					
d	Total number of other independent contra	actors each receiving	over \$100,000 .	<u> </u>				
52	Did the organization complete Schedu completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ					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 Sign Date Executive Director Here eanette Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check I If **Paid** self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No

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**17**

Employer identification number

Open to Public Inspection

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.

Minnesota Ground Water Association	41-1434403
Line 8: Advertising Income: \$866.25	
Subscription Income: \$80	
Total for Line 8 = \$946.25	
Line 10: Support of the MGWA Foundation = \$3,350.00	
·	
Line 16: Board Meetings = \$1,222.11	
Bank Fees (credit card processing charges) = \$1,965.41	
Program Expenses less the Program Expenditures already included on other lines = \$30,307.0	5
Supplies = \$1,541.89	
Web and software subscriptions = \$907 02	
Line 20: MGWA donates the proceeds from professional conferences and workshops to the MGWA Fou	undation
the MGWAF carries out educational goals of MGWA for elementary, high school, and college s	students
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 social gather	ings; White Paper program
brings groundwater professionals together to write factual summaries of groundwater issues	
, and policy makers. MGWA supports the MGWA Foundation's Educational programs financially	
	·
······································	
	······
·	