## **Short Form**

OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

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. Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

Department of the Treasury Internal Revenue Service Open to Public Inspection

| A              | For the  | 2022 calenda  | ar year, or tax year beginning  | 01/01/2022                    | and ending           | 12         | /31/2022        |                          |  |  |
|----------------|--|---|---|-------------------------------|----------------------|------------|-----------------|--------------------------|--|--|
| B              | Check if ap  | oplicable:  | <b>C</b> Name of organization   |                               |                      | D Empl     | oyer identifie  | cation number            |  |  |
| Address change |  |   | MINNESOTA GROUND WATER ASS  | DCIATION                      |                      |            | 41-143          | 34403                    |  |  |
| Ц              | Name change Number and street (or P.O. box if mail is not delivered to s |   |   | delivered to street address)  | ddress) Room/suite E |            |                 | r                        |  |  |
| Н              | Initial retur  | 4/19 126th St N   |   |                               |                      |            | 651-27          | 6-8208                   |  |  |
| Н              |  | n/terminated  | City or town, state or province, country, and                               | ZIP or foreign postal code    |                      | F Grou     | Group Exemption |                          |  |  |
| H              | Amended return Application pending White Bear Lake, MN 55110 Nut         |   |   |                               | Num                  | nber       |                 |                          |  |  |
| G              |  | ting Method:  | Cash 🖌 Accrual Other (spec  | ify):                         |                      | Check      | lif the ora     | anization is <b>not</b>  |  |  |
|                |  | www.mg  | wa.org  |                               |                      |            | to attach S     |                          |  |  |
|                |  |   | eck only one) – 🗌 501(c)(3) 🗹 501(c) (                                      | <b>4</b> ) (insert no.) 4947( | a)(1) or 527         | (Form 9    | 90).            |                          |  |  |
|                |  |   | Corporation Trust   |                               |                      |            | ,               |                          |  |  |
|                |  | -   | 7b to line 9 to determine gross receipts.                                   |                               |                      | tal assets |                 |                          |  |  |
|                |  |   | 500,000 or more, file Form 990 instead                                      | •                             |                      |            | . \$            | 65,479                   |  |  |
| <u> </u>       | art I  |   | e, Expenses, and Changes in I   |                               |                      |            |                 |                          |  |  |
| -              | arti   |   | the organization used Schedule (  |                               | •                    |            |                 | ,                        |  |  |
|                | 1  |   | ons, gifts, grants, and similar amoun                                       |                               |                      |            | 1               |                          |  |  |
|                | 2  |   | ervice revenue including governmer  |                               |                      |            | 2               |                          |  |  |
|                | 3  |   | ip dues and assessments   |                               |                      |            | 3               | 47,475                   |  |  |
|                | -  |   | -   |                               |                      | • • •      | 3<br>4          | 17,985                   |  |  |
|                | 4  | Investment  |   |                               | 1 1                  |            | 4               | 19                       |  |  |
|                | 5a   |   | ount from sale of assets other than in                                      | •                             | 5a                   | 0          |                 |                          |  |  |
|                | b  | Less: cost or other basis and sales expenses 5b   Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . |   |                               |                      |            |                 |                          |  |  |
|                | c  |   |   | ventory (subtract line 5b t   | rom line 5a) .       |            | 5c              | 0                        |  |  |
|                | 6  | Gaming and fundraising events:<br>Gross income from gaming (attach Schedule G if greater than   |   |                               |                      |            |                 |                          |  |  |
| Ð              | a  |   |   |                               |                      |            |                 |                          |  |  |
| nu             | l .  |   |   |                               | 6a                   | 0          |                 |                          |  |  |
| Revenue        | b  |   | me from fundraising events (not inc   |                               | 0 of contribut       | lions      |                 |                          |  |  |
| č              |  |   | aising events reported on line 1) (a<br>ch gross income and contributions e |                               |                      | _          |                 |                          |  |  |
|                |  |   | -   |                               | 6b                   | 0          |                 |                          |  |  |
|                | C<br>C   |   | et expenses from gaming and fundra  | •                             |                      | 0          |                 |                          |  |  |
|                | d  |   | e or (loss) from gaming and fundra  | •                             | a and 60 and s       | subtract   |                 |                          |  |  |
|                | _  | line 6c) .  |   |                               |                      | • • •      | 6d              | 0                        |  |  |
|                | 7a   |   | s of inventory, less returns and allow                                      |                               | 7a                   | 0          |                 |                          |  |  |
|                | b  |   | 5   |                               | 7b                   | 0          | -               |                          |  |  |
|                | c  |   | it or (loss) from sales of inventory (s                                     |                               | ,                    |            | 7c              | 0                        |  |  |
|                | 8  | Other reve  | nue (describe in Schedule O)  |                               |                      | <u></u>    | 8               | 0                        |  |  |
|                | 9  |   | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,                                      |                               |                      |            | 9               | 65,479                   |  |  |
|                | 10   |   | similar amounts paid (list in Sched   | ule O)                        |                      |            | 10              | 500                      |  |  |
|                | 11   | •   | aid to or for members   |                               |                      |            | 11              | 0                        |  |  |
| ies            | 12   |   | ther compensation, and employee b   |                               |                      |            | 12              | 0                        |  |  |
| ense<br>Sne    | 13   |   | al fees and other payments to indep   |                               |                      |            | 13              | 25,568                   |  |  |
| Expenses       | 14   |   | y, rent, utilities, and maintenance   |                               |                      |            | 14              | 0                        |  |  |
| ш              | 15   |   | ublications, postage, and shipping  |                               |                      |            | 15              | 2,033                    |  |  |
|                | 16   |   |   |                               |                      |            | 16              | 31,455                   |  |  |
|                | 17   |   | enses. Add lines 10 through 16 .  |                               |                      |            | 17              | 59,556                   |  |  |
| S              | 18   |   | (deficit) for the year (subtract line 17                                    |                               |                      |            | 18              | 5,923                    |  |  |
| sei            | 19   |   | or fund balances at beginning of  |                               |                      |            |                 |                          |  |  |
| As             |  | -   | ar figure reported on prior year's retu                                     | ,                             |                      |            | 19              | 101,516                  |  |  |
| Net Assets     | 20   |   | nges in net assets or fund balances   |                               |                      |            | 20              | 624                      |  |  |
|                | 21   | Net assets  | or fund balances at end of year. Co   | ombine lines 18 through 2     | 0                    |            | 21              | 108,063                  |  |  |
| Fo             | Paper  | work Reduct   | ion Act Notice, see the separate instr                                      | uctions.                      | Cat. No. 106421      |            | Fc              | orm <b>990-EZ</b> (2022) |  |  |

| Form 9   | 990-EZ (2022)  |   |  |   |           | Page <b>2</b>                          |
|----------|--|---|--|---|-----------|--|
| Pai      |  | ,   |  |   |           |  |
|          | Check if the organization used Schedule  | O to respond to ar  | ny question in this  |   |           | · · · · · ·                            |
| 00       | Cash an ince and investments   |   | -  | (A) Beginning of year   | 00        | (B) End of year                        |
| 22<br>23 | Cash, savings, and investments   |   | · · · · · ·  | 111,205<br>0  |           | <u> </u>                               |
| 23<br>24 | Other assets (describe in Schedule O)  |   |  | 816   |           | 4,490                                  |
| 25       | Total assets   |   |  | 112,021   | -         | 115,863                                |
| 26       | Total liabilities (describe in Schedule O)   |   |  | 10,505  | -         | 7,800                                  |
| 27       | Net assets or fund balances (line 27 of column   |   |  | 101,516   |           | 108,063                                |
| Par      |  | •   |  | · · · · · · · · · · · · · · · · · · ·   |           | _                                      |
|          | Check if the organization used Schedule  |   |  |   | (Po       | Expenses<br>quired for section         |
|          |  | public policy and sc  |  |   | 501       | (c)(3) and 501(c)(4)                   |
| as m     | ribe the organization's program service accomplise<br>easured by expenses. In a clear and concise more benefited, and other relevant information for ear | anner, describe the   |  |   | •         | anizations; optional for<br>ers.)      |
| 28       | Grants to non-profit foundations including the MGW   |   |  |   |           |  |
|          | groundwater resources: focusing on elementary-age  | ed children attending                                       | Children's Water Fes   | stivals,  |           |  |
|          | (Continued on Schedule O, Statement 1)   | in all relation for the second                              | uto obsolubovo   |   | <u> </u>  |  |
| 29       | (Grants \$ 100) If this amount<br>Spring Conference 2022 - Zoom meeting due to COV   |   |  |   | 28a       | 500                                    |
| 29       |  |   |  |   |           |  |
|          | (Grants \$ 0) If this amount   | includes foreign gra  | nts, check here .  |   | 29a       | 10,463                                 |
| 30       | Fall Conference 2022 - In person meeting - 40th year   |   |  |   |           |  |
|          | Resources  |   |  |   |           |  |
|          |  |   |  |   |           |  |
| •        |  | includes foreign gra  |  |   | 30a       | 31,455                                 |
| 31       | Other program services (describe in Schedule O)<br>(Grants \$ 0) If this amount  | See.Schedule O, Sta<br>includes foreign gra                 | tement 2   | · · · · ·   | 24.       | 1.100                                  |
| 32       | Total program service expenses (add lines 28a t  |   |  |   | 31a<br>32 | 1 1                                    |
| Par      |  |   |  |   |           |  |
|          | Check if the organization used Schedule  |   |  |   |           |  |
|          | (a) Name and title   | <b>(b)</b> Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-) | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation |           | Estimated amount of other compensation |
| Jere     | Mohr   | 3.00  | 0  | (   | ו         | 0                                      |
| Pres     | dent   |   |  |   |           |  |
|          | eep Burman   | 1.00  | 0  | 0   | וי        | 0                                      |
|          | dent-Elect   |   |  |   | _         |  |
|          | ael Ginsbach   | 2.00  | 0  | 0   | וי        | 0                                      |
| Secr.    | ssa Baratta  | 2.00  | 0  | (   |           | 0                                      |
| Trea     |  | 2.00  |  |   |           | Ŭ                                      |
|          | ony Runkel   | 2.00  | 0  | (   | 5         | 0                                      |
| Past     | President  |   |  |   |           |  |
| Shar     | on Kroening  | 2.00  | 0  | C   | ומ        | 0                                      |
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| orm 9 | 90-EZ (2022)  |            | Р     | age 🕄 |
|-------|---|------------|-------|-------|
| Part  | V Other Information (Note the Schedule A and personal benefit contract statement requirements<br>instructions for Part V.) Check if the organization used Schedule O to respond to any question in this                         |            |       |       |
|       |   |            | 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         |       | ~     |
| 84    | 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         |       | ~     |
| 5a    | 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        |       | V     |
| 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        |       | ~     |
| 6     | 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   |            |       |       |
| 7a    | Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a 0</b>   | 36         |       | ~     |
| b     | Did the organization file Form 1120-POL for this year?  | 37b        |       | ~     |
| 8a    | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were  |            |       |       |
| b     | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .<br>If "Yes," complete Schedule L, Part II, and enter the total amount involved                                   | 38a        |       | ~     |
| 9     | 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   | -          |       |       |
| )a    | 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   | 40b        |       | ~     |
| С     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed<br>on organization managers or disqualified persons during the year under sections 4912,<br>4955, and 4958                              |            |       |       |
| d     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line<br>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        |       | V     |
| 1     | List the states with which a copy of this return is filed: MN   |            |       |       |
| 2a    | The organization's books are in care of: Jeanette Helen Leete Telephone no.   | 551-27     | 6-820 | 3     |
|       | Located at: 4779 126th St N, White Bear Lake, MN 55110 ZIP + 4   At any time during the calendar year, did the organization have an interest in or a signature or other authority over Image: Signature or other authority over | 551        | 110   |       |
| b     |   |            | Yes   |       |
|       | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>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? .<br>If "Yes," enter the name of the foreign country:  | 42c        |       | V     |
| 3     | 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   | • •        |       |       |
| 1a    | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be   |            | Yes   | No    |
| Ŀ     | 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        |       | V     |
| с     | Did the organization receive any payments for indoor tanning services during the year?  | 44c        |       | V     |
| d     | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 44d        |       |       |
| ā     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 44u<br>45a |       | ~     |
| b     | Did the organization receive any payment from or engage in any transaction with a controlled entity within the  | rua        |       | •     |
|       | 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        |       | V     |
|       |   |            | 0-EZ  |       |

| Form | 990- | ΕZ | (2022) |
|------|------|----|--------|
|------|------|----|--------|

| Form 990-EZ (2022) |
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|--------------------|

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|    |   |    | Yes | No |
|----|---|----|-----|----|
| 46 | 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 |     | ~  |

| 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 line |
|---|
| 50 and 51.  |

|     | Check if the organization used Schedule O to respond to any question in this Part VI                          |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 47  | 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  |     |    |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E          | 48  |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                     | 49a |     |    |
| b   | If "Yes," was the related organization a section 527 organization?  | 49b |     |    |
|     |   |     |     |    |

50 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<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/<br>1099-NEC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|--|--|
| None                                |  |  |  |  |
|                                     |  |  |  |  |
|                                     |  |  |  |  |
|                                     |  |  |  |  |
|                                     |  |  |  |  |

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 |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| 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

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  | Signature of officer             |                      | Date |  |                        |      |  |  |
|---|----------------------------------|----------------------|------|--|------------------------|------|--|--|
| Here  | Jeanette Leete, Business Manager |                      |      |  |                        |      |  |  |
|   | Type or print name and title     |                      |      |  |                        |      |  |  |
| Paid<br>Preparer<br>Use Only  | Print/Type preparer's name       | Preparer's signature | Date |  | Check if self-employed | PTIN |  |  |
|   | Firm's name                      |                      |      |  | Firm's EIN             |      |  |  |
|   | Firm's address                   |                      |      |  | Phone no.              |      |  |  |
| May the IRS discuss this return with the preparer shown above? See instructions |                                  |                      |      |  |                        |      |  |  |

Department of the Treasury Internal Revenue Service

### 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



| Name of the organization   | Employer identification number |  |  |  |  |  |  |  |  |
|--|--------------------------------|--|--|--|--|--|--|--|--|
| MINNESOTA GROUND WATER ASSOCIATION   | 41-1434403                     |  |  |  |  |  |  |  |  |
| Form 990-EZ, Part I, Line 10 - Support of MGWA Foundation \$100 and Minnesota Environmental Partnership \$400; Total \$500               |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
| Form 990-EZ, Part I, Line 13 - Payments to independent contractors. S J Hunt Inc - \$9,555 and WRI Association Management Co - \$16,013; |                                |  |  |  |  |  |  |  |  |
| Total \$25,568   |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
| Form 990-EZ, Part I, Line 15 - Postage \$325, Emailing \$823, Printing \$766 and Web Fees \$119; Total \$2,033                           |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
| Form 990-EZ, Part I, Line 16 - Quickbooks \$376, Supplies \$1372, Bank Fees \$1632, Catering \$16,256, Insurance \$300, Facility Rental  |                                |  |  |  |  |  |  |  |  |
| \$6,891, AudioVisual Services \$2,195, Taxes and Fees \$2,357, Mileage \$76.25; Total \$31,455   |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
| Form 990-EZ, Part I, Line 20 - increase to net assets, cancellation of uncashed checks \$624   |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
| Form 990-EZ, Part II, Line 24 - nventory \$969, Postage Due Account \$141, Undeposited Funds \$1905, Acco                                | unts Receivable \$1,475; Total |  |  |  |  |  |  |  |  |
| \$4490   |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
| Form 990-EZ, Part II, Line 26 - Prepaid Dues for 2023 \$7,800  |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
|  |                                |  |  |  |  |  |  |  |  |
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Part III, Line 28

### First Program Service Accomplishments Description

#### Description

providing reduced-cost registration at conferences and assisting with costs of the study of ground water resources.

| Schedule O, Statement 2   | MINNESOTA GROUN           | NESOTA GROUND WATER ASSOCIATION |                                |  |  |  |
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| Form: Form 990-EZ (2022)  |                           | EIN                             | 1: <b>41-1434403</b>           |  |  |  |
| Page: 2 Part III, Line  |                           |                                 |                                |  |  |  |
| Other Program Service Accomplishments   |                           |                                 |                                |  |  |  |
| Description   | Grants And<br>Allocations | Includes<br>Foreign<br>Grants   | Program<br>Service<br>Expenses |  |  |  |
| White Paper program development - brings groundwater professionals together to write factual summaries of groundwater issues to inform the public and policy makers |                           |                                 | 1,128                          |  |  |  |
| Total:  |                           |                                 | 1,128                          |  |  |  |