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Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total

assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-1150

2009

Open to Public Inspection

Α	For the 2009 c	alenda <u>r ye</u> ar, d	or tax year beginning	, 2009, an	d ending			, 20
В	Check if applicable		C Name of organization			D Employ	er ide	ntification number
	Address change	Please use IRS	SC Ground Water	Association		54-	-1987	018
	Name change	label or		ox, if mail is not delivered to street address)	Room/suite	E Teleph	one nu	mber
$\overline{\Box}$	Initial return	print or type.		·		,		
	Terminated	See	PO Box 2054			(80	3) 35	6-6809
20	Amended return	Specific Instruc-		, and ZIP + 4	<u> </u>	F Group		
	Application pendin	tions.	Lexington, SC 29	0071		Numbe	•	
83 -		·		onexempt charitable trusts must attach	G	Accounting Me		X Cash Accrual
			mpleted Schedule A (Fo	-		Other (specify		ZE
<u> </u>					н	Check ▶		organization is not
- 1	Website: ▶							hedule B (Form 990,
ED.	· -	tatus (check on	nly one) - 🕱 501(c) (5) ◀ (insert no) 4947(a)(1) or	527	990-EZ, or 99		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
No.				a)(3) supporting organization and its gross				nan \$25,000, A
ANA -				f the organization chooses to file a return,		-		iaii ψ25,000 A
⊼ -				receipts, if \$500,000 or more, file Form 99			▶ \$	32,719
<u> </u>				ges in Net Assets or Fund Bala				raili)
	1		•				1	9,388
	1			ent fees and contracts • • • • • • • • • • • • • • • • • • •			2	
	į.	•				• • • • • • •	3	16,025
		stment income				• • • • • • •	4	1,171
				n inventory · · · · · · 5				
	1		·	s · · · · · <u>5</u> 1			_	
F	•	or (loss) from	sale of assets other than	inventory (Subtract line 5b from line 5a)			5c	
9	, Specia			of Schedule G) If any amount is from gaming ,	check here	>	i	
e		s revenue (not	including \$	of contributions	,			
u	repo	rted on line 1)	• • • • • • • • • • • •	63	a	5,635	1 1	
е	D Less	•		g expenses · · · · · · · 6		425		
	c Neti	ncome or (loss)) from special events an	d activities (Subtract line 6b from line 6a)		• • • • • •	6c	5,210
			•	lowances · · · · · · · · · · · · · · 7	a]	
	b Less	cost of goods	sold		b]	
	c Gros	s profit or (loss	s) from sales of inventory	(Subtract line 7b from line 7a) · · · ·			7c	
	8 Othe	r revenue (des	scribe > STM141)	8	500
	9 Total	l revenue. Add	t lines 1, 2, 3, 4, 5c, 6c, 7	′c, and 8 · · · · · · · · · · · · · · · · · ·	EIVEL) · · · ▶	9	32,294
	10 Gran	its and similar a	amounts paid (attach sch	nedule)			10	
Е	_ 11 Bene	efits paid to or f	for members • • • •		o. a	1 · · · · · · · · · · · · · · ·	11	
X	12 Sala	ries, other com	pensation, and employe	e benefits	2 8 [2 <u>]</u> 0](12	
p		essional fees a	and other payments to inc	lependent contractors	•_•_•_•_	100	13	13,504
n	14 Occi	pancy, rent, ut	tilities, and maintenance	ependent contractors · · · · · · · · · · · · · · · · · · ·	FN.U	∏	14	92
S	15 Print	ing, publication	ns, postage, and shipping	,			15	3,796
S)	16	8,818
	17 Total	l expenses. Ad	dd lines 10 through 16			• • • • •	17	26,210
_	18 Exce	ess or (deficit) for	or the year (Subtract line	17 from line 9)			18	6,084
	Al			year (from line 27, column (A)) (must agre				
N e t	s end-			eturn) · · · · · · · · · · · · · · · · · · ·			19	59,703
t.	t 20 Othe	er changes in ne	et assets or fund balance	es (attach explanation)			20	
:		assets or fund b	balances at end of year	Combine lines 18 through 20 · · · ·			21	65,787
Г				line 25, column (B) are \$1,250,000 or mo			1 1	
<u> </u>	artii B	aidlice She	(See the instructions fo			(A) Beginning of year		
22	Cash sour	nge and invest	tmente		⊢		703 22	(B) End of year 2 65,787
23	Landand L	ngs, and myesi Suldings	unello · · · · · · · · ·		⊢		23	
24					. –		24	
		ets (describe	· 		-'. ├	EO	703 2	<u>- L </u>
25					\Box		26	
26		ities (describe) must agree with line 21) · · · · ·	<u>-'</u>	50	703 27	<u> </u>
27	r nelassets	or iuna balane	(line 27 of column (E	y muai agree with inte 41)	• •	J J ,	. 43 21	, 65,767



Part III Statement of Program Service)	/Bon	Expenses uired for section
What is the organization's primary exempt purpose? Pr					c)(3) and 501(c)(4)
Describe what was achieved in carrying out the organiza	tion's exempt purposes. In a clear	r and concise		٠,	nizations and section
manner, describe the services provided, the number of p	ersons benefited, or other relevar	nt information for			(a)(1) trusts, optiona
each program title				1	hers)
28 Conventions providing continuing ed	ucation and introducti	on		-	
to new equipment and techniques		· · · · · · · · · · · · · · · · · · ·			
(Grants \$) If the	nis amount includes foreign grants	chack hara		28a	15,241
29 Newsletter and communications to ke		<u> </u>		20a	13,241
					
informed of association and profess	ton news and practices				
		<u>-</u>			
	nis amount includes foreign grants	s, check here · · · ·	· · · · ▶ ∐	29a	10,765
30					
(Grants \$) If the	nis amount includes foreign grants	s, check here · · · ·	$\overline{\cdots}$	30a	
31 Other program services (attach schedule) · · · · ·					
	nis amount includes foreign grants			31a	1
32 Total program service expenses (add lines 28a thro		• • • • • • • • • • • • • • • • • • • •		32	26,006
Part IV List of Officers, Directors, Trustees, and			r		
(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributions employee benefit pla		(e) Expense account and
	devoted to position	enter -0)	deferred compensa		other allowances
Jimmie Rodgers Jr	President	}			
PO Box 2358 Greenwood SC, 29646	2	0		C	
Billy Langford	Treasurer				
610 Richland Creek Road Ward SC, 29166	5 2	\		C	C
Stephen McNeill	Secretary				
PO Box 750 Blythewood SC, 29016	2			C	
Gerald Sox CWD PI	Past Pres		-		
3002 Mineral Springs Road Lexington, 2	29073			c	،
Mike Gill	Vice President	 -	-		
PO Box 2566 Spartanburg SC, 29304	2				
Tommy Bilton Jr	- 				
_	At Large				_
Po Box 135 Eutawville SC, 29048	1				
David Robison	At Large				
101 Stone Station Farm Spartanburg, 29				0	
Andy Anderson	At Large				
PO Box 62 Hollywood SC, 29449	1	0		0	C
Rawlin Booth	At Large				
3980 Bakers Chapel Road Aynor SC, 2951	1 1			0	d
Mark Whittle	At Large		·		
6404 Platt Springs Rd Lexington, 29073	l l	1 0		0	d
Bob Faulkner	At Large				
PO Box 10 Smyrna SC, 29743	1				_
Sibyl Hendley	At Large	ļ ·			
=	_			_	
132 Hickory Forrest Rd Fairview, 28730					<u> </u>
David Langford	At Large				
632 Richland Creek Rd Ward SC, 29166	1	0		0	C
Janet Jordan CAE	Exec Director				
PO Box 2054 Lexington SC, 29071	5	13,300			
Buck Sanders CWD PI	Past President				
353 Beltline Rd Summerville SC, 29483	1	0		d	d
Daryl Waymyers	At Large				
PO Box 350 Salley SC, 29137	1			^	
The second secon		<u> </u>			
			-		
	i				

Det the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed gescryption of each activity. Were any changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 6s, and 7a (among others), but with the organization had income from business activities, such as those reported on lines 2, 6s, and 7a (among others), but with the organization had income from business activities, such as those reported on lines 2, 6s, and 7a (among others), but with the organization had income from business activities, such as those responded on lines 2, 6s, and 7a (among others), but with the organization had income from business activities, such as these responded on lines 2, 6s, and 7a (among others), but with the organization business activities, such as these responded on lines 2, 6s, and 7a (among others), but with the organization business activities, such as these responded on lines 2, 6s, and 7a (among others), but with the organization business activities, such as the control of the organization business activities, such as the control of the organization business activities, such as the control of the organization business activities and such as the control of the organization of the such as the development of the such as the control of the organization of the such as the control of the organization of the such as the control of the organization organization of the organization organization organization organization organization organization organization organization organization organizat	Pai	rt V Other Information (Note the statement requirements in the instructions for Part V)			
description of each actively We're any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on Form 990-17 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-17 for this year? 35b Of the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35c Of the organization in the form 1120-POL for the year? 37a Enter amount of political septenditures, direct or indirect, as descended in the instructions 37a Enter amount of political septenditures, direct or indirect, as descended in the instructions 37a Of the organization biorrow 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 off the pend covered by this return? 38a V X 37b If "Yes," complete Schedule I, Part II and enter the total amount involved 37c Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 38b If Gross receipts, included on tine 9 38c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under section 4911 ► 38c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under section 4911 ► 38c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reinbursed by the organization has not been reported on any of the organization's prior form 10c				Yes	No
34 X X X X X X X X X	33				
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not report the income on Form 990-T		description of each activity	33		X
155 if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization of not report the income on Form 990-T and proxy tax requirements? 156 Dol the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* Complete applicable parts of Schedule N 157 a Enter amount of political expenditures, direct or indirect, as described in the instructions 158 Dol the organization borrow from, or make any leans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 158 a Dol the organization borrow from, or make any leans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 159 a Dol the organization borrow from, or make any leans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 150 a Prox ore peties Schedule L, Part II and enter the total amount involved 150 a Section 501(c)(7) organizations included on line 9 150 a Section 501(c)(7) organizations included on line 9 150 a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900-EZ? If Yes,* complete Schedule L, Part II organization and prior year, and that the dirensaction is Enter amount of tax mposed on organization managers or disqualified persons during the year or is a warre that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that	34				
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a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6035(e) notice, reporting, and proxy tax requirements? 33a	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
5633(e) notice, reporting, and proxy tax requirements? 57 of If "Yes," bas filled a tax return on Form 990-10 for this year? 58 of Und the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 58 at Enter amount of potitical expenditures, direct or indirect, as described in the instructions 59 b Od the organization file Form 1120-POL for this year? 50 b Od the organization file Form 1120-POL for this year? 51 b Od the organization file Form 1120-POL for this year? 52 b Od the organization file Form 1120-POL for this year? 53 b Od the organization file Form 1120-POL for this year? 54 b Od the organization file Form 1120-POL for this year? 55 can secret and still outstanding at the end of the period covered by this return? 56 b Office Schedule L, Part II and enter the total amount involved 57 all years, "complete Schedule L, Part II and enter the total amount involved 58 carbon 501(c)(7) organizations Enter amount of 1 xx imposed on the organization during the year under section 4911 ▶ schod 4911 ▶ schod 4915 ▶ schod 4		not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		_	_
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during the year? If "Yes," complete applicable parts of Schedule N 7 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 137 b Did the organization life Form 1120-POL for this year? 8 a 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 pinor year and still outstanding at the end of the period covered by this return? 8 b If "Yes," complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(7) organizations Enter 1 initiation fees and capital contributions included on line 9 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4955 ▶ 8 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ section 4955 P Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is a aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior 9 Forms 990 engole-22 If "Pers," complete Schedule L, Part I I. 10 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4985, and 4958. 11 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and managers or disqualified persons during the year under sections 4912. 12 List the states with which a copy of this return is filed ▶ SC 12 List the states with which a copy of this return is filed ▶ SC 12 List the states with which a copy of this return is filed ▶ SC 12 List the states with which a copy of this return is filed ▶ SC 12 List the du	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 38 a Did the organization formow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 b If "Yes," complete Schedule IL. Part II and enter the total amount involved 38 b If "Yes," complete Schedule II. Part II and enter the total amount involved 38 b If year country III and enter the total amount involved 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 39 b Gross recepts, included on line 9, for public use of club facilities 39 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4911 ▶ section 4911 ▶ section 4911 ▶ section 4912 ▶ section 4911 ▶	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
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any such loans made in a priory year and still outstanding at the end of the period covered by this return? 38a ' X 38b ' X 3	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a			
any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities b Gross receipts, included on line 9, for public use of club facilities section 901(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4916 section 501(c)(3) organizations. Did the organization engage in any section 4955 ▶ b Section 501(c)(3) organizations. Did the organization engage in any section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 verses benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I	b	Did the organization file Form 1120-POL for this year?	37b		X
b if "Yes," complete Schedule L, Part II and enter the total amount involved 38b 3ction 501(c)(7) organizations. Enter inhitation fees and capital contributions included on line 9 33a 5ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 5ction 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization a All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T Located at ▶ PO Box 2054. Locatington, SC Telephone no. ▶ 803-356-6809 2IP + 4 ≥ 29071 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 See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
39 Section 501(c)(7) organizations Enter a intribution fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40 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) and 501(c)(4) organizations. Did the organization engage in any section 4956 sexess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2 T. Year, "Complete Schedule L. Part I 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations books are in care of ▶ Janet Joxdan CAE a The 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 40 List the states with which a copy of this return is filed ▶ SC Located at ▶ PO Box 2054 Lexington, SC Located at ▶ PO Box 2054 Lexington, SC 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 Yes No account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and e		any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 38b 38c	b	If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • •			
## Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	39	Section 501(c)(7) organizations Enter	1		
## Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶	а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
section 4911	b	Gross receipts, included on line 9, for public use of club facilities	1		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior. Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed Located at PO Box 2054 Lexington, SC Located at PO Box 2054 Lexington, SC 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 in a foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country As 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 Yes No Pres No Section 501(c)(3) and 501(c)(4) organization account submit the meaning of section 512(b)(13)? If	b			ŀ	1
Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization e 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 41 List the states with which a copy of this return is filed SC 42 a The organization's books are in care of Janet Jordan CAE Telephone no. 803-356-6809 Located at PO Box 2054 Lexington, SC ZIP + 4 29071 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c X If "Yes," enter the name of the foreign country 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 43 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . 44 X Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		person in a prior year, and that the transaction has not been reported on any of the organization's prior			
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e 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 List the states with which a copy of this return is filed BC Telephone no. 803-356-6809 Located at PO Box 2054 Lexington, SC ZIP+4 29071 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country 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 Yes No Yes No Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	đ		ŀ		}
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed SC 42 a The organization's books are in care of Janet Jordan CAE Located at PO Box 2054 Lexington, SC 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? 42b X If "Yes," enter the name of the foreign country 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 Yes No 140 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			ı i
List the states with which a copy of this return is filed ▶ SC 142 a The organization's books are in care of ▶ Janet Jordan CAE 15	е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
Telephone no. Located at ▶ PO Box 2054 Lexington, SC Located at ▶ PO Box 2054 Lexington, SC 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 in a foreign country Yes No account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ 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 ▶ 43 Yes No Yes No Yes No In the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ ↓ 44 ★ ★ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		transaction? If "Yes," complete Form 8886-T	40e		X
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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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country 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 Yes No Yes No Old the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		Located at ▶ PO Box 2054 Lexington, SC ZIP+4 ▶ 290	71		
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S?		account)?	42b		X
and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the US?		If "Yes," enter the name of the foreign country			
At any time during the calendar year, did the organization maintain an office outside of the US?		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			. !
If "Yes," enter the name of the foreign country 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					_
If "Yes," enter the name of the foreign country 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	C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year					
Yes No 14 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · ·		• • ▶	
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·					
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·					
Form 990-EZ · · · · · · · · · · · · · · · · · · ·				Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44				
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		Form 990-EZ	44		X
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	_		45		X

Part V	Section 501(c)(3) organizations a 501(c)(3) organizations and section 4947(a)(and complete the tables for lines 50 and 51	and section 4947(a)(1 (1) nonexempt charitable true) nonexempt ch sts must answer que	naritable trusts only. stions 46-49b		-3-
46 Di	ed the organization engage in direct or indirect poli	itical campaign activities on t	pehalf of or in opposi	tion to	Yes	No
	andidates for public office? If "Yes," complete Sch				. 46	
	id the organization engage in lobbying activities?	•			. 47	
	the organization a school as described in section				. 48	
	ed the organization make any transfers to an exem				. 49a	
	"Yes," was the related organization a section 527				. 49b	
	complete this table for the organization's five higher				. 430	
	mployees) who each received more than \$100,000					
	miproyees) who each received more than \$100,000	(b) Title and average	(c) Compensation	(d) Contributions to	(a) Evange	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	(e)Expense account and other allowances	
					-	
51 C	otal number of other employees paid over \$100,000 complete this table for the organization's five higher 100,000 of compensation from the organization.	st compensated independen		ch received more than		
	(a) Name and address of each independent contractor paid	d more than \$100,000	(b) Тур	e of service	(c) Compensation	_
d To	otal number of other independent contractors each					
Sign Here	Under penalties of penury, I declare that I have exa and belief, it is true, correct, and complete Declar Signature of officer Janet Jordan CAE, Exec Dir. Type or print name and title	ation of preparer (other than officer)				
Paid Propage	Preparer's signature Preparer's Henrin, CPA Date Check if self-employed Preparer's Identifying Self-employed Identifying Self-employed Identifying Self-employed Identifying Self-employed Identifying Self-employed Identifying Self-e					
Prepare	Firm's name (or yours			EIN P	·- <u>-</u>	
Use Onl	-44	River Rd Suite 200		00 2424		
B. G. and A. L.	/ Irmo, SC 2			Phone no B03-79	98-3424	
May the	RS discuss this return with the preparer shown a	bove See instructions •	· · · · · · · · · · · · · · · · · · ·		X Yes N	lo

Form **8868**

(Rev April 2009)

Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Internal Revenue S	· · · · ·	➤ File a separate application for each return.				
		Automatic 3-Month Extension, complete only Part I and check this box		· · · · · · > 👿		
• •		Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)			
		inless you have already been granted an automatic 3-month extension on a previously fi				
		tic 3-Month Extension of Time. Only submit original (no copies needed)				
··		file Form 990-T and requesting an automatic 6-month extension - check this box and co	molete			
Part I only • •		· · · · · · · · · · · · · · · · · · ·	·····	ension of me to file 8868 0, group art II) of Form ofits. loyer identification number 1987018 m 4720 m 5227 m 6069 m 8870 his is extension is , 20 unting period 3a \$ 3b \$ 3c \$		
All other corpo time to file inco		cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request urns	an extension o	of file oup of Form identification number 7018		
one of the retu electronically it returns, or a co	rns noted I i (1) you wa omposite o	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file ant the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or consolidated Form 990-T. Instead, you must submit the fully completed and signed pages the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities.	Form 8868 or 8870, group je 2 (Part II) of	•		
Type or	Name of	Exempt Organization	Employer id	entification number		
print	SC Gro	und Water Association	54-19870	18		
File by the due date for filing your	Number,	street, and room or suite no. If a P O. box, see instructions				
retum See		n or post office, state, and ZIP code. For a foreign address, see instructions				
instructions		ton, SC 29071				
Check type of		e filed (file a separate application for each return)				
Form 990		Form 990-T (corporation)	Form 4720			
Form 990-E	BL	Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227			
X Form 990-E		Form 990-T (trust other than above)	Form 6069			
Form 990-PF Form 1041-A Form 8870						
• The books	are in the o	eare of > Janet Jordan CAE PO Box 2054 Lexington, SC 29071				
Telephone	No ▶ 80	03-356-6809 FAX No ▶				
If the organ	zation doe	s not have an office or place of business in the United States, check this box	• • • • • • • • • • • • • • • • • • • •	• • • • • □		
• If this is for	a Group R	eturn, enter the organization's four digit Group Exemption Number (GEN)	. If this is			
for the whole g	roup, ched	k this box •• If it is for part of the group, check this box I and attach	_			
		EINs of all members the extension will cover				
1 I reques	t an autom	atic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
until	08-	16 , 20 10, to file the exempt organization return for the organization named above	The extension	n is		
for the o	rganızatıor	's return for				
▶ X c	alendar ye	ar 20 09 or				
	ax year beg		, 20			
	,			_		
2 If this ta:	x year is fo	r less than 12 months, check reason	n accounting p	eriod		
3a If this ap	plication is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
less any	nonrefund	able credits See instructions	3a	\$		
b If this ap	plication is	for Form 990-PF or 990-T, enter any refundable credits and estimated tax				
paymen	ts made_in	clude any prior year overpayment allowed as a credit	3b	\$		
c Balance	Due. Subt	ract line 3b from line 3a Include your payment with this form, or, if required,				
deposit	with FTD c	oupon or, if required, by using EFTPS (Electronic Federal Tax Payment				
System)	See instri	uctions	3c	\$		
Caution. If you	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr	n 8879-EO			
for payment in	structions					

	Federal Supporting State	ements	2009
nme(s) as shown on return			FEIN
	Form 990EZ, Part I, Line Other Expenses Schedule		
escription		Amount	
ues and Subscrip	tions	540	
Meeting expense		5,849	
Supplies Cravel Expense		454 1,975	
Laver Dapense		1,313	
otal		8,818	
		_	
	Form 990EZ, Part I, Line Other Revenues Schedule		
	Other Revenues Schedule	<u> </u>	
escription		Amount	
Royalty Income		500	
otal		E00	
Cotal		500	