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A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

WASHINGTON STATE GROUNDWATER ASSOCIATION

As Filed Data -

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

DLN: 93492132014811

D Employer identification number

91-0790983

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

Short Form

(except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

and ending 12-31-2010

Open to Public Inspection

_	eminat		(360)	757-1551	
☐ Ar	mended	d return City or town, state or country, and ZIP + 4 BURLINGTON, WA 982330813 Don pending	F Group Exempti Number ►	on	
IW€ JTax	ebsit e -Exemp	pt status(check only one) — 501(c)(3) 501(c)(6)	H Check ► ✓ required to at (Form 990, 9	tach Sch 90-EZ, c	nedule B or 990-PF)
\$5 <u>org</u>	0,000 aniza	•] If the organization is not a section 509(a)(3) supporting organization and its gross read A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) not tion chooses to file a return, be sure to file a complete return	nay be required (s	see instr	ructions) But if the
L Add more,		b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total asset Form 990 instead of Form 990-EZ	:s (Part II, line 25, co ► \$	lumn (B) l	below) are \$500,000 or 162,133
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances Check If the organization used Schedule O to respond to any question in this Part I	(See the instruc	tions for	Part I)
	1	Contributions, gifts, grants, and similar amounts received		1	249
	2	Program service revenue including government fees and contracts		2	102,220
	3	Membership dues and assessments		3	42,144
	4	Investment income		4	771
	5a	Gross amount from sale of assets other than inventory 5a			_
9	ь	Less cost or other basis and sales expenses 5b			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
ď	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
	ь	Gross income from fundraising events (not including \$ 7,657 of contributions from fundreported on line 1) (attach Schedule G if the sum of such gross income and contributions \$15,000)	-		
	c	Less direct expenses from gaming and fundraising events 6c]	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and sub	tract line 6c)	6d	7,657
	7a	Gross sales of inventory, less returns and allowances]	
	ь	Less cost of goods sold]	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	9,092
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	162,133
	10	Grants and similar amounts paid (list in Schedule O)	•	10	2,273
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	39,816
υΛ Φ υΔ	13	Professional fees and other payments to independent contractors		13	41,143
Expenses	14	Occupancy, rent, utilities, and maintenance		14	3,073
Ë.	15	Printing, publications, postage, and shipping		15	1,931
	16	Other expenses (describe in Schedule O)		16	80,337
	17	Total expenses. Add lines 10 through 16		17	168,573
ģ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-6,440
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agre	e with		
۲. پر		end-of-year figure reported on prior year's return)		19	137,972
ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	•	21	131,532

Form 990-EZ (2010)					
Part II	Balance	Sheets			

Check if the organization used	Schedule O to respond to	any question in th	nıs Part II 🔒			
(See the instruct	ions for Part II)	Г	(A) Beginning o	fvear		(B) End of year
22 Cash, savings, and investments .				'	22	131,616
23 Land and buildings			<u> </u>	, , , , , , ,	23	
24 Other assets (describe in Schedule O)					24	
25 Total assets				138,056	25	131,616
26 Total liabilities (describe in Schedule C))	· · ·		84	26	84
27 Net assets or fund balances (line 27 of	,	h line 21)		137,972	_	131,532
Part III Statement of Program S				, ,	<u> </u>	Expenses
Check if the organization used	-		hıs Part III 🔒 . 🖡	√	ı `	equired for section 501
What is the organization's primary exempt ;	-				1 ' '	(3) and 501(c)(4) ganizations and section
TRADE ORGANIZATION FOR WELL DRIL					1 -	47 (a)(1) trusts,
Describe what was achieved in carrying out describe the services provided, the number					opt	tional for others)
program title		other relevant in				
28 LOBBYING - KEEP MEMBERS INFORM				USTRY		
AND LEGISLATIVE CONTACT TO PROMO POLITICAL REPRESENTATIVES	OTE GROUND WATER ISS	SUES WITH STAT	EANDLOCAL			
	s amount includes foreign g	grants, check here	e ►	Г	28a	43,239
29 CONVENTIONS AND SEMINARRS- ES	TABLISH AND MAINTAIN	TRAINING INI	TIATIVES AND			
EDUCATIONAL PROGRAMS PROVIDE FO						
MEMBERS AND OTHERS AND HOLD STATE PROVIDE UPDATE ON LEGISLATIVE INI		OREDUCATION	OF MEMBERS A	NDIO		
(Grants \$ 0) If this	s amount includes foreign g	rants, check here	e	Γ	29a	64,016
30 EDUCATIONAL SCHOLARSHIPS AWA						
	s amount includes foreign o	rants, check here	e - -	Г	30a	2,273
31 O ther program services (describe in Sch (Grants \$) If this	nedule O)		 e	Ė	31a	
32 Total program service expenses (add line	es 28a through 31a) .			<u> </u>	32	109,528
Part IV List of Officers, Directors, Trus			not compensated (See the inst	tructio	
Check if the organization used						<u></u>
(a) Name and address	(b) Title and average hours per week	(c) Compensat (If not paid	` '	tributions		(e) Expense A account and
(a) Name and address	devoted to position	enter -0)				
		-		•		
See Additional Data Table						

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
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		No
35	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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	Yes	
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions \(\) 43,239			
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	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			
b	Section 4911, section 4912, section 4955	40Ь		
С	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	40e		No
	List the states with which a copy of this return is filed WA			
42a	The organization's books are in care of ▶ LINDA HILL Telephone no PO BOX 813	• <u>(36</u>	0)757	-1551
		98	3233	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	N.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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		No
	If "Yes," enter the name of the foreign country 🕨			
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			▶ □
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	ınstead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	444		

Form 990	-EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle ´Form 990 and Schedule R must be		_	fsection 51	12(b)(13)? <i>If</i>	45		No
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		N.a
46 Did	the organization engage, directly of didates for public office? If "Yes,"	or indirectly, in political (campa <u>ig</u> n activities on l			45a		No No
Part VI				exempt	charitable tri		nly.	140
	All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	Schedule O to respond	to any question in this f	Part VI .				
							Yes	No
47 Did	the organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Pa	rt II		47		
48 Isth	ne organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," complete s	Schedule E		48		
49a Did	the organization make any transfe	ers to an exempt non-cha	ırıtable related organıza	tion?		49a		
b If"Y	es," was the related organization	a section 527 organizat	ıon?			49b		
50 Com	nplete this table for the organization	on's five highest compen	sated employees (other	than officer	rs, directors, trus	stees a	nd key	l
	loyees) who each received more t	han \$100,000 of compe		zation If the	ere is none, ente	r "None	e "	
	e and address of each employee aid more than \$100,000	(b) Title and average hours per week	(c) Compensation		ntributions to benefit plans &	-	e) Exper count a	
	ald more than \$100,000	devoted to position		deferred	compensation	othe	r allowa	ances
50(f) ⊤o	tal number of other employees pa	ıd over \$100,000 .				•		
		, ,				•	# 1 O	0.000
51 Com	tal number of other employees pa nplete this table for the organization ompensation from the organization	on's five highest compen	·	ractors who	• each received m	► nore th	an \$10	0,000
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,	each received n		an \$10 ompen	
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,				<i>,</i>
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,				<i>,</i>
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,				<i>,</i>
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,				<i>,</i>
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,				<i>,</i>
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,				<i>,</i>
51 Com	nplete this table for the organization	on's five highest compen n Ifthere is none, enter	'None"	,				
51 Com of co (a) N	nplete this table for the organization	on's five highest compen If there is none, enter ' ndent contractor paid mo	'None " re than \$100,000	,				
51 Com of co (a) N 51(d) To 52 Di	nplete this table for the organization of the organization from the organization when and address of each independent of the organization complete Sche	on's five highest compen If there is none, enter indent contractor paid mo ontractors each receiving	y over \$100,000 .	(b) Typ	e of service	(c) C	ompen	sation
51 Com of co (a) N 51(d) To 52 Di	tal number of other independent conditions attach a completed Schedule	on's five highest compent of there is none, enter indent contractor paid model of the contractor paid model on the contractors each received and the contractors.	g over \$100,000	(b) Typ	e of service	(c) C	ompen orritable 'es	sation trusts No
51 Com of co (a) N 51(d) To m nder pena nowledge	tal number of other independent conditions attached the organization of the organization of the organization of the organization of the organization complete. So the organization complete of the organization of the organizatio	on's five highest compendent of there is none, enter indent contractor paid model on the contractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts No
51 Com of co (a) N 51(d) To 52 Di m nder pena nowledge	tal number of other independent conditions attached the organization of the organization of the organization of the organization of the organization complete. So the organization complete of the organization of the organizatio	on's five highest compendent of there is none, enter indent contractor paid model on the contractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts No
51 Com of co (a) N 51(d) To m nder pena nowledge	tal number of other independent conditions attached the organization of the organization of the organization of the organization of the organization complete. So the organization complete of the organization of the organizatio	on's five highest compendent of there is none, enter indent contractor paid model on the contractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts No
51 Com of co (a) N 51(d) To 52 Di m nder pena nowledge nowledge	tal number of other independent conditions attach a complete Scheust and belief, it is true, correct, and complete Scheust attach a complete Scheust attach attach a complete Scheust attach a complete Scheust attach a complete Scheust attach a complete Scheust attach attach a complete Scheust attach	on's five highest compendent of there is none, enterindent contractor paid monomerators each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service 7(a)(1) nonexen tatements, and to all information of	npt cha	ompen	trusts No
51 Com of co (a) N 51(d) To 52 Di m Inder pena nowledge nowledge	tal number of other independent of the organization complete. So the organization complete of the organization of the organiza	on's five highest compendent of there is none, enterindent contractor paid monomerators each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen	trusts No
51 Com of co (a) N 51(d) To 52 Di m	tal number of other independent of the organization warms and address of each independent of the organization of the organization complete. So the ust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and control of the organization o	on's five highest compendent of there is none, enter indent contractor paid model on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organization under the companying scheparer (other than officer)	(b) Typ ons and 494 edules and s is based on	e of service	npt chapt chapt the best which	ompen ritable /es st of my prepare	trusts No r has an
51 Com of co (a) N 51(d) To 52 Di m Inder pena nowledge nowledge Sign Here	tal number of other independent of the organization complete. So the ust attach a completed Schedule of the organization of th	on's five highest compendent of there is none, enter indent contractor paid model on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 on 501(c)(3) organization duding accompanying scheparer (other than officer)	(b) Typ ons and 494 edules and s is based on	e of service	npt chapt chapt the best which	ompen ritable /es st of my prepare	trusts No r has an
51 Com of co (a) N 51(d) To 52 Di m Juder pena mowledge mowledge mowledge anowledge Preparer's	tal number of other independent of the organization complete. The organization complete of the organization complete organiza	on's five highest compendent of there is none, enter indent contractor paid model on tractors each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 on 501(c)(3) organization duding accompanying scheparer (other than officer)	(b) Typ ons and 494 ons and sis based on eck if	e of service	npt chapt chapt the best which	ompen ritable /es st of my prepare	trusts No r has an
51 Comofice (a) N 51(d) To 52 Di m Inder pena nowledge nowledge	tal number of other independent of the organization complete. The organization complete of the organization of the	on's five highest compendent of there is none, enterindent contractor paid monomerators each receiving dule A? NOTE: All Section A	g over \$100,000 g over \$100,000 on 501(c)(3) organization duding accompanying scheparer (other than officer)	(b) Typ ons and 494 ons and sis based on eck if	e of service 7 (a)(1) nonexen tatements, and to all information of one of the control of the c	npt chapt ch	ompen ritable fes st of my prepare	trusts No r has an

DLN: 93492132014811

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If th	· / · / •	s," to Form 990, Part IV, Line 5 zations Complete Part III		` ''	•		
Name of the organization WASHINGTON STATE GROUNDWATER ASSOCIATION 91-07909				identification number			
Par	t I-A Complete if the or	ganization is exempt und	er section 501(
1	Provide a description of the or	ganization's direct and indirect po	olitical campaign ac	tivities in Part IV	_		
2	Political expenditures	3	a g a	▶	\$ 43,239		
3	V olunteer hours				480		
Par	t I-B Complete if the or	ganization is exempt und	er section 501((c)(3).			
1	Enter the amount of any excis	e tax incurred by the organizatior	under section 495	5 ▶	\$		
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	on 4955 •	\$		
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		┌ Yes ┌ No		
4a	Was a correction made?				┌ Yes ┌ No		
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt und	er section 501((c) except section 50)1(c)(3).		
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$0		
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶	\$0		
3	Total exempt function expend	tures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	\$		
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No		
5	organization made payments amount of political contributio	nd employer identification numbe For each organization listed, ente ns received that were promptly ai political action committee (PAC)	r the amount paid fr nd directly delivered	om the filing organization's I to a separate political org	funds Also enter the Janization, such as a		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-		
					+		

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

,	·		
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		
		, ,	/! \

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c)(5), o	r section
				Yes No

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	42,144
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	43,239
ь	Carryover from last year	2b	7,973
С	Total	2c	51,212
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	42,144
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

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DLN: 93492132014811

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization WASHINGTON STATE GROUNDWATER ASSOCIATION

Employer identification number

91-0790983

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 771

ldentifier	Return Reference	Explanation		
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION NEWSLETTER ADVERTISING AMOUNT 7,900 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 1,192 TOTAL TO FORM 990-EZ, LINE 8 9,092		

ldentifier	Return Reference	Explanation	
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME AMOUNT GIVEN 2,273	

ldentifier	Return Reference	Explanation
OTHER EXPENSES	· ·	DESCRIPTION LEGISLATIVE COMMITTEE EXPENSE / OTHER AMOUNT 4,296 DESCRIPTION BANK AND CREDIT CARD FEES AMOUNT 3,896 DESCRIPTION DUES AND MISCELLANEOUS AMOUNT 1,122 DESCRIPTION BOARD EXPENSE AMOUNT 1,018 DESCRIPTION PAYROLL TAXES AMOUNT 4,091 DESCRIPTION OFFICE EXPENSES AMOUNT 1,681 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 64,016 DESCRIPTION OTHER TAXES PAID AMOUNT 217 TOTAL TO FORM 990-EZ, LINE 16 80,337

ldentifier	Return Reference	Explanation	
OTHER	FORM 990-EZ, PART II,	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 84	
LIABILITIES	LINE 26	END OF YEAR AMOUNT 84	

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: WASHINGTON STATE GROUNDWATER ASSOCIATION

EIN: 91-0790983

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

Software ID: Software Version:

EIN: 91-0790983

Name: WASHINGTON STATE GROUNDWATER ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAUL ANDERSON 6310 145TH DR NE LAKE STEVENS, WA 98226	PRESIDENT 2 00	0	0	0
LINDA HILL 11350 PULVER ROAD BURLINGTON,WA 98233	ADMINISTRATIVE COORDINATOR 15 00	19,536	0	0
COLLEEN ZETTY P O BOX 606 DUVAL, WA 980190606	EVENTS COORDINATOR 15 00	20,280	0	5,492
GREG ESBORG 9605 26TH AVE S TACOMA,WA 98444	VICE PRESIDENT 2 00	0	0	0
MARGARET GRESHAM P O BOX 1600 POULSBO,WA 983700195	SECRETARY/TREASURER 2 00	0	0	0
PIERCE KILTOFF 21703 195TH SE MONROE,WA 98272	DIRECTOR 1 00	0	0	0
JEREMY BACH 3340 WILSON CREEK ROAD ELLENSBURG,WA 98926	DIRECTOR 1 00	0	0	0
MIKE ROBINSON 4001 SUMMIT VIEW AVE S YAKIMA, WA 98908	DIRECTOR 1 00	0	0	0
SIMON BUTLER 1821 COLBY AVENUE EVERETT, WA 98201	DIRECTOR 1 00	0	0	0
MIKE BREWER PO BOX 14996 TUMWATER,WA 98511	DIRECTOR 1 00	0	0	0
DELOS BOYCE 17609 NE 70TH ST REDMOND, WA 98052	DIRECTOR 1 00	0	0	0
BRUCE FOWLER PO BOX 422 BURLINGTON, WA 98233	DIRECTOR 1 00	0	0	0