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ef	ile G	RAPHIC print	- DO NOT PROCESS As Filed Data -	DLN	l: 93492135040687	
			Short Form		OMB No 1545-1150	
Form 990-EZ		an_Eフ	Return of Organization Exempt From Income T	ах	2015	
		90-LZ			2016	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private fou	ndations	,	
Den	artment	of the Treasury	▶ Do not enter social security numbers on this form as it may be made public	: .	Open to Public	
-		venue Service	► Information about Form 990-EZ and its instructions is at <u>www.irs.gov/</u> i	orm990	Inspection	
					Inspection	
		ne 2016 calenda If applicable	ar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization	D Employ	yer identification number	
		s change	South Carolina Ground Water Association			
_	Name o	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	54-1987018 E Telephone number		
	Initial r		PO Box 2054	- relephone number		
_		eturn/terminated _ ed return	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number ▶		
_		tion pending	Lexington, SC 29071			
		<u>.</u>				
G A	ccoun	ting Method 🗵	Cash Li Accidal Other (specify)		e organization is not	
					Schedule B Z, or 990-PF)	
	/ebsit					
J Ta	ıx-exe	mpt status(check o	only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(Insert no) ☐ 4947(a)(1) or ☐ 527			
		-	Corporation			
LA	dd line	es 5b, 6c, and 7b	to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total as Form 990 instead of Form 990-EZ	ssets (Pa	art II, column (B) below)	
	art I		Expenses, and Changes in Net Assets or Fund Balances (see the instruction			
Г	aiti	Check if the	organization used Schedule O to respond to any question in this Part I			
	1		ııfts, grants, and sımılar amounts received	1	6,555	
	2	Program service	e revenue including government fees and contracts	2	16,695	
	3	Membership due	es and assessments	3	21,825	
	4	Investment inco	4	3,557		
	5a	Gross amount f	rom sale of assets other than inventory 5a			
	b	Less cost or ot	her basis and sales expenses			
	С	Gain or (loss) fr	5c			
	6	Gaming and fun	draising events			
ρ	а	Gross income fr	om gamıng (attach Schedule G ıf greater than \$15,000) 6a			
Revenue	b	Gross income fr	om fundraising events (not including \$ of contributions from			
š		fundraising ever	nts reported on line 1) (attach Schedule G if the			
		sum of such gro	oss income and contributions exceeds \$15,000) 6b 8,683	_		
	С	•	enses from gaming and fundraising events 6c 2,51			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,170	
	7a		nventory, less returns and allowances			
	b	Less cost of go		_		
	С	·	loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8		describe in Schedule O)	8		
\dashv	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,802	
	10		lar amounts paid (list in Schedule O)	10	1,000	
	11	•	or for members	11		
53,	12		compensation, and employee benefits	12	44.045	
icn 8	13		s and other payments to independent contractors	13	14,815	
Expenses	14		t, utilities, and maintenance	14	F 200	
_	15		stions, postage, and shipping	15	5,309	
	16	•	(describe in Schedule 0)	16	15,116	
\dashv	17	<u> </u>	s. Add lines 10 through 16	\dashv	36,240	
و	18	•	nt) for the year (Subtract line 17 from line 9)	18	18,562	
Assets	19		nd balances at beginning of year (from line 27, column (A)) (must agree with	10	00.111	
t A	20		re reported on prior year's return) n net assets or fund balances (explain in Schedule O)	19 20	89,111	
Ň, t	20	_	n net assets or rund balances (explain in Schedule O)	21	107,673	
For			on Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2016)	

	- ()						1490 =
Part II	Balance Sheets (see the instruction Check if the organization used Schedule		illestion in this	Part II			П
	Check if the organization used Schedule	e o to respond to any q	descion in this		eginning of year	•	□ (B) End of year
22 Cash, sa	vings, and investments		1	(2)	89,111	22	107,673
	buildings					23	0
24 Other as	sets (describe in Schedule O)				0	24	0
25 Total as	sets				89,111	25	107,673
	ibilities (describe in Schedule O)					26	0
	ets or fund balances (line 27 of column				89,111	27	107,673
Part III	Statement of Program Service A Check if the organization used Schedule				rt III)	(R	Expenses equired for section 501(c)
What is the	organization's primary exempt purpose?	e o to respond to any c	question in this	rait III		(3)) and 501(c)(4)
Promote gro	und water drilling						ganizations, optional for ners)
measured by	organization's program service accompli expenses In a clear and concise manne nd other relevant information for each pr	er, describe the service					,
28 See Addition	al Data Table						
(C:-:-+- +)	76 Alexandra		An alonali lina		. ▶ □		
(Grants \$) 29	If this amour	nt includes foreign gran	its, check here	• •	. ▶ ⊔	28a 29a	
29						294	
(Grants \$)	If this amour	nt includes foreign gran	its check here		. ▶ □		
30	I this amoun		its, check here		· • -	30a	
30						304	
(Grants \$)	If this amour	nt includes foreign gran	its, check here		. ▶ □		
· · ·	ogram services (describe in Schedule 0)		•				
(Grants \$)		it includes foreign gran				31a	
• • •	ogram service expenses (add lines 28					+	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one ev	en if not c	ompensated — see the		
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	
	(a) Name and title	(b) Average	(c) Report		(d) Health ben		(e) Estimated amount
		hours per week devoted to position	compensa (Forms W-2,		contributions to er benefit plans,		ee of other compensation
		devoted to position	MISC) (if no	t paid,	deferred compen		n
			enter -()-)			
See Addıtıon	al Data Table						
							
			•				Form 990-F7 (2016)

of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Nο

Nο

44d

45a

45b

									Page
								Yes	No
	e organization engage, directly or indirectly or indirectl					0			
irt VI	Section 501(c)(3) organization	, 					46		No
	All section 501(c)(3) organizations	must answer questi	ons 47-49b and 5	2, and	complete th	ne table:	s for li	nes 50	and 5
	Check if the organization used Schedule	O to respond to any q	uestion in this Part \	/I			• • •	Yes	□ No
						_			
	e organization engage in lobbying activit s," complete Schedule C, Part II		J1(h) election in effe			r'	47		
Is the	organization a school as described in sec	ction 170(b)(1)(A)(ii)? :	If "Yes," complete So	chedule E	.		48		
a Did th	ie organization make any transfers to an	exempt non-charitable	related organization	7			49a		
b If "Ye:	s," was the related organization a section	527 organization?					49b		
Comp	lete this table for the organization's five l	nighest compensated ei	mployees (other tha	n officers	, directors, t	rustees a	nd key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	npensation from the org	ganization If there is (c) Reportable		nter "None " i) Health ber		(a) Ea	tımated	
(a)	Name and title or each employee	hours per week	compensation	contr	ibutions to e	mployee			
		devoted to position	(Forms W-2/1099 MISC)		enefit plans, erred compe				
							<u> </u>		
Comp	Il number of other employees paid over \$ lete this table for the organization's five lensation from the organization. If there is (a) Name and business address of e	nighest compensated in s none, enter "None "			each received			0,000 of	
Comp	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None "							
Comp	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None "						·	
Compo	lete this table for the organization's five lensation from the organization. If there is	nighest compensated in s none, enter "None " each independent contro	actor					·	
Composition of the composition o	lete this table for the organization's five ensation from the organization. If there is (a) Name and business address of e	rs each receiving over s	\$100,000	(b) T	ype of servic	e (c)) Compe	·	
Composition of the confidence	lete this table for the organization's five ensation from the organization. If there is (a) Name and business address of each of the organization of the organization complete Schedule A? Inpleted Schedule A	rs each receiving over some this return, including this return, including the series of the series o	\$100,000 c)(3) organizations r	nust atta	ype of service	ents, ance	Compo	s V N	do my
d Tota Did con	lete this table for the organization's five ensation from the organization. If there is (a) Name and business address of each of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	rs each receiving over some this return, including this return, including the series of the series o	\$100,000 c)(3) organizations r	nust atta	ch a	ents, ance	Compo	s V N	
d Tota Did con er penal wledge a any kno	lete this table for the organization's five ensation from the organization. If there is (a) Name and business address of each of the organization of the organization complete Schedule A? Inpleted Schedule A	rs each receiving over some this return, including this return, including the series of the series o	\$100,000 c)(3) organizations r	nust atta	ype of service ch a and statemed on all info	ents, ance	Compo	s V N	
d Tota Did con ler penal wledge a any kno	lete this table for the organization's five ensation from the organization. If there is (a) Name and business address of each of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete Schedule A	rs each receiving over some this return, including this return, including the series of the series o	\$100,000 c)(3) organizations r	nust atta	ch a	ents, ance	Compo	s V N	
d Tota Did con ler penal wledge a any kno	In the organization of the organization of the ensation from the organization. If there is the contract of the organization complete schedule A? In the organization complete schedule A? In the organization complete schedule A? In the organization complete schedule A? It is schedule A	rs each receiving over some this return, including this return, including the series of the series o	\$100,000	nust atta	ch a	ents, and	Yel to the of whice	s V N	
d Tota Did con ler penal wledge a any kno	lete this table for the organization's five ensation from the organization. If there is (a) Name and business address of each of the organization completes shedule A? Inpleted Schedule A	rs each receiving over s NOTE. All Section 501(according to the property of t	\$100,000	nust atta	ch a	ents, and print pr	Yel to the of whic	s V N	
d Total Did con ler penal wiedge a any kno	Idea this table for the organization is five ensation from the organization. If there is (a) Name and business address of each of the organization completes schedule A? In pleted Schedule A	rs each receiving over s NOTE. All Section 501(Declaration of prepai	\$100,000	nust atta	ch a	ents, and primation properties of the primation properties	Yell to the of whice	s V N	
d Total Did con	In the organization of the organization of the ensation from the organization. If there is the control of the organization of the organization control of the organization complete Schedule A? In the organization complete Schedule A? In the organization complete of the organization complete	rs each receiving over s NOTE. All Section 501(Declaration of prepai	\$100,000	nust atta	ch a	ents, and primation properties of the primation properties	Yell to the of whice	s V N	

Additional Data

(Grants \$)

Software ID: Software Version:

EIN: 54-1987018

Name: South Carolina Ground Water Association

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses quired for section 501)(3) and 501(c)(4) panizations; optional for others.)
28 Conventions providing continuing education and introduction to new equipment and techniques	28a	23,528

If this amount includes foreign grants, check here . . .

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the

Form 990EZ, Part III - Statement of Program Service Accomplishments

(Grants \$)

number of persons benefited, and other relevant information for each program title.	org	for others.)		
Newsletter and communications to keep members and the public informed of association and profession news and practices	29a	8,629		

If this amount includes foreign grants, check here . . . \blacktriangleright

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average (c) Reportable (d) Health benefits, (e)Estimated hours per week compensation contributions to amount of (Forms W-2/1099devoted to employee benefit other compensation position MISC) plans, and deferred compensation (If not paid, enter -0-) 2 00 Mike Gill President 0 0 0 2 00 Jody Anderson Vice President 0 Ω 0 2 00 Duane Beck Secretary 0 0 0 2 00 Kurt Neupert Treasurer 0 0 0 1 00 Andy Anderson At Large 0 0 0 1 00 Bonnie Swearingen At Large 0 0 0 1 00 David Webb At Large 0 0 0 1.00 Mark Whittle At Large 0 Ω 0 1 00 Bob Faulkner At Large 0 0 0 1 00 Jason Garcia At Large 0 0 0 2 00 April Rodgers At Large 0 0 0 1 00

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Chris Watts At Large

Steve McNeill Past President

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SCHEDUL	E O Supplemental Informat	Supplemental Information to Form 990 or 990-EZ		OMB No 1545-0047		
(Form 990 or EZ)	99()- Complete to provide information Form 990 or 990-EZ or to pr	Complete to provide information to 1 offin 330 of 330-L2 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 990-EZ.		2016		
Department of the T	► Information about Schedule O (For		ns is at	Open to Public Inspection		
	onization Ind Water Association O, Supplemental Information		nployer identifi -1987018	ication number		
Return Reference		Explanation				
List of grants and similar amounts paid Part I line 10	Activity Student Scholarships Grantee Francis Marion L St City, State, Zip Florence, SC 29506Relationship Nor					

Return Explanation
Reference

990 Schedule O, Supplemental Information

Description Description AmountDues and Subscriptions 1,149Meeting expense 9,890Supplies 927Travel Expense 2,103Website 293Credit card processing fees 629Miscellaneous 125

Part I line 16