

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



eſ	ile G	RAPHIC print	- DO NOT PROCESS   As Filed Data -	DLN	: 93492132012767
			Short Form		OMB No 1545-1150
	Q	90-EZ	Return of Organization Exempt From Income Ta	a v	
For	m <b>J</b>	90-LZ		2016	
2			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found	ndations)	2010
			▶ Do not enter social security numbers on this form as it may be made public		Ones to Bublic
Dep	artment	t of the Treasury	Information about Form 990-EZ and its instructions is at www.irs.gov/f	orm990	Open to Public Inspection
-		venue Service			Inspection
			ar year, or tax year beginning 01-01-2016 , and ending 12-31-2016		
		ıf applıcable s change	C Name of organization WASHINGTON STATE GROUNDWATER ASSOCIATION	) Employ	er identification number
_		change -		91-0790	•
	Initial r	return	Number and street (or P=0 box, if mail is not delivered to street address) Room/suite PO BOX 813	: Telephor	ne number
_		eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code	1	(360) 757-1551
_		ed return tıon pendıng		Group Ex Number	kemption
_		Mathad [7]	H Check	☑ ıf the	e organization is <b>not</b>
G A	ccoun	ıtıng Method	required t	o attach	Schedule B
T VA	lahcit	t <b>e: ▶</b> www wsga c		), 990-E2	Z, or 990-PF)
			only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527		
			Community David Research		
		-	Corporation	cete (Da	urt II. column (B) helow)
are	\$500	,000 or more, file	e Form 990 instead of Form 990-EZ		► \$ 187,917
ŀ	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Balances (see the instruction	s for Par	t I)
		Check If the	organization used Schedule O to respond to any question in this Part I		
	1	Contributions, g	lifts, grants, and similar amounts received	1	675
	2	Program service	e revenue including government fees and contracts	2	131,234
	3	Membership due	Membership dues and assessments		
	4	Investment inco	4	107	
	5a	Gross amount fr	rom sale of assets other than inventory <b>5a</b>	]	
	b	Less cost or otl	her basis and sales expenses		
	С	Gain or (loss) fr	rom sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fun	draising events		
ΙΝC	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000) <b>6a</b>		
Revenue	b		om fundraising events (not including \$ of contributions from nts reported on line 1) (attach Schedule G if the		
œ		-	7.476		
	С		penses from gaming and fundraising events 6c	1	
	d	•	loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,170
	7a	•	nventory, less returns and allowances	- Ju	7,170
	b	Less cost of go		1	
	c	<del>-</del>	(loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		(describe in Schedule O)	8	11,137
	9	`	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	187,917
_	10		llar amounts paid (list in Schedule O)	10	2,750
	11		or for members	11	2,730
	12	•	compensation, and employee benefits	12	42,241
Expenses	13		s and other payments to independent contractors	13	35,337
pen	14		t, utilities, and maintenance	14	3,642
Ex	15		ations, postage, and shipping	15	3,529
	16		(describe in Schedule O)	16	75,396
	17	Total expenses	17	162,895	
$\dashv$	18		s. Add lines 10 through 16  it) for the year (Subtract line 17 from line 9)	18	25,022
2	19	•	and balances at beginning of year (from line 27, column (A)) (must agree with		25,022
Assets	-5		are reported on prior year's return)	19	144,179
N. t A	20	, -	nn net assets or fund balances (explain in Schedule O)	20	144,179
ž	21	_	and balances at end of year Combine lines 18 through 20	21	169,201
For			on Act Notice, see the separate instructions.  Cat No 10642I		Form <b>990-EZ</b> (2016)

Part II	Balance Sheets (see the instruction Check if the organization used Schedule		wastion in this !	Dart II			
	Check if the organization used Schedule	e o to respond to any q	descion in this i		eginning of year	• • •	
<b>22</b> Cash, sa	vings, and investments			(A) D	144,235	22	169,257
	d buildings		-		,	23	
24 Other as	sets (describe in Schedule O)		[			24	
25 Total as	ssets		[		144,235	25	169,257
	abilities (describe in Schedule O)		<u> </u>			26	56
	ets or fund balances (line 27 of columi	· · · · · · · · · · · · · · · · · · ·			144,179	27	169,201
Part III	Statement of Program Service Check if the organization used Schedule	•	•		t III) • • ☑	(Re	<b>Expenses</b> quired for section 501(c)
What is the	organization's primary exempt purpose?	e O to respond to any q	question in this i	Part III		(3)	and 501(c)(4)
TRADE ORG	ANIZATION FOR WELL DRILLERS						anizations, optional for ers )
measured by	eorganization's program service accompl y expenses. In a clear and concise mann and other relevant information for each pr	er, describe the service					
<b>28</b> See Addition	nal Data Table						
(Grants \$ )	If this amoun	nt includes foreign gran	ts sheek here		. ▶ □	202	
(Grants 5 ) <b>29</b>	II this amou	it includes foreign gran	its, check here	• •	<u>. , , , , , , , , , , , , , , , , , , ,</u>	28a 29a	
(Grants \$ )	If this amou	nt includes foreign gran	ts, check here		. ▶ □		
30						30a	
50							
(Grants \$ )	If this amou	nt includes foreign gran	ts. check here	_	. • 🗆		
	ogram services (describe in Schedule O)		,		<u> </u>	+	
(Grants \$ )		nt includes foreign gran			. • 🗀	31a	
• • •	ogram service expenses (add lines 28					+ +	101,153
Part IV	List of Officers, Directors, Trustees,		(list each one eve	n if not co	mpensated — see the		_
	Check if the organization used Schedule	O to respond to any q	uestion in this i	Part IV.		• •	🗵
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if not	tion 1099- t <b>paid,</b>	(d) Health bend contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount e of other compensation
JEREMY BAC	CH	2 00	enter -0	- <b>)</b>		C	0
PRESIDENT							
LINDA HILL		15 00		20,726		C	0
ADMINISTRA	ATIVE COORDINATOR						
COLLEEN ZE		15 00		21,515		C	0
EVENTS CO	ORDINATOR			,			
EVENTS COO PIERCE KILT		2 00		0		C	0
		2 00		J			
VICE PRESI		2.00					
KR THOMPS	ON	2 00		0		C	0
	/TREASURER	1					
DELOS BOY	JE	1 00		0		С	0
DIRECTOR							
BRUCE FOW	LER	1 00		0		C	0
DIRECTOR							
MICHAEL RC	BINSON	1 00		0		С	0
DIRECTOR							
том scott		1 00		0		C	0
DIRECTOR							
CHAD GREG	ORY	1 00		0			0
DIRECTOR JOSH JOHNS	NOS	1 00		0			0
אוחטר נוכטי	)	00		U		·	<u></u>
DIRECTOR		1		_			
BEAU PECK		1 00		0		С	0
DIRECTOR							
							Form <b>990-F7</b> (2016)

Page **3** 

•	250 12 (2010)			i age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		🗵	
		$\square$	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		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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	Yes	
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a	Yes	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)			
36		35c	Yes	N.
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]	36		No
	Did the organization file Form 1120-POL for this year?	<u>1</u> 37ь		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9 39a			
ь	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
42a	The organization's books are in care of ▶ LINDA HILL Telephone no ▶	(360) 7	57-1551	<u> </u>
	Located at ▶ PO BOX 813 BURLINGTON, WA ZIP + 4 ▶	9823	3	
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)?		Yes	No
	If "Yes," enter the name of the foreign country ▶	42b		No
	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 U S ?	42c		No
	If "Yes," enter the name of the foreign country		I	
	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
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	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		No
	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? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		
		_		

orm	990-E	Z (2016)						Page <b>4</b>
							Yes	No
46		he organization engage, directly or indired idates for public office? If "Yes," complete			f of or in opposition to			
Par		Section 501(c)(3) organization	·			46		No
1 (41		All section 501(c)(3) organizations	must answer quest	ions 47-49b and 5	2, and complete the t	ables for	lines 50	) and 51.
		Check if the organization used Schedul	e O to respond to any o	question in this Part V	I	<u></u>	Yes	□ No
			_				+	+
47		he organization engage in lobbying activit es," complete Schedule C, Part II	cies or have a section 5	01(h) election in effe	ct during the tax year?	. 47		
48	Is the	e organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sc	hedule E .	. 48		
49a	Did th	he organization make any transfers to an	exempt non-charitable	related organization	,	. 49a	•	
b	If "Ye	es," was the related organization a section	n 527 organization? .			. 491	,	
50	Comp	plete this table for the organization's five	highest compensated e	mployees (other than	officers, directors, trust	ـــــــ ees and k؛	ey emplo	yees)
		each received more than \$100,000 of con  Name and title of each employee	npensation from the or (b) Average	ganization If there is (c) Reportable	none, enter "None "  (d) Health benefit	- (a)	Ectimato	d amount
	(a)	, Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to empl	oyee of ot		
f	Tota	al number of other employees paid over \$	100,000			<b>-</b>		
51		plete this table for the organization's five		ndependent contracto	rs who each received mo	ore than \$:	100,000	of
	comp	pensation from the organization If there in the contract of (a) Name and business address of (a)	•	actor	(b) Type of service	(c) Com	noncatio	<u></u>
		(a) Hame and basiness address of the	eden macpenaene come	detoi	(B) Type of Service	(0) 00111	репосис	<del>''</del>
d	Tota	al number of other independent contracto	rs each receiving over	\$100,000				
52		d the organization complete Schedule A?	NOTE. All Section 501(	c)(3) organizations m	nust attach a			
	cor	mpleted Schedule A				· <b>&gt;</b> 🗆 ,	Yes 🗆	No
knowl	edge a	lties of perjury, I declare that I have exar and belief, it is true, correct, and complet owledge						
		*****			2017-05-02			
Sign		Signature of officer			Date			
Here	;	JEREMY BACH TREASURER Type or print name and title						
		Print/Type preparer's name	Preparer's signature	Dat		PTIN P00283704		
Paid		WILLIAM J TOOMEY			self-employed			
	oare Onl	lv -	-ra 		Firm's EIN ► 26-			
J36	JIII	Time dadress File Bex 1876	82330617		Phone no (360) 4	124-0833		
		BURLINGTON, WA 9	0233001/					
M	h. 100	Colorate this return with the access	own above? Carrier	tions	<u> </u>			
riay t	ile IKS	5 discuss this return with the preparer sho	Jwii abover See Instruc			☑ Yes		<b>0</b>

## **Additional Data**

### Software ID:

Software Version:

EIN: 91-0790983

Name: WASHINGTON STATE GROUNDWATER 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 (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
	D OF LEGISLATIVE INITIATIVES IMPACTING THE INDUSTRY AND GROUND WATER ISSUES WITH STATE AND LOCAL POLITICAL	28a	37,374	
(Grants \$ 0)	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$			

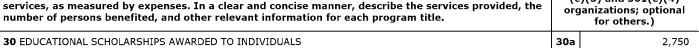
Describe the organization's program service accomplishments for each of its three largest program		Expenses juired for section 501
services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		)(3) and 501(c)(4) anizations; optional for others.)
29 CONVENTIONS AND SEMINARRS- ESTABLISH AND MAINTAIN TRAINING INITIATIVES AND EDUCATIONAL PROGRAMS PROVIDE FOR CONTINUING EDUCATION AND TECHNICAL SEMINARS FOR MEMBERS AND OTHERS AND HOLD STATEWIDE CONVENTION FOR EDUCATION OF MEMBERS AND TO PROVIDE UPDATE ON LEGISLATIVE	29a	61,029

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

	ABLISH AND MAINTAIN TRAINING INITIATIVES AND EDUCATIONAL	,
	NG EDUCATION AND TECHNICAL SEMINARS FOR MEMBERS AND OTHERS	
AND HOLD STATEWIDE CONVENTION	FOR EDUCATION OF MEMBERS AND TO PROVIDE UPDATE ON LEGISLATIVE	
INITIATIVES		
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ . \  ightharpoonup \Box$	

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4)

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



If this amount includes foreign grants, check here . . .  $\blacktriangleright$ (Grants \$ 0)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 9349213201276 TY 2016 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.

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public

Inspection

OMB No 1545-0047

DLN: 93492132012767

Department of the Treasury Internal Revenue Service

EZ)

h

4

5

3

5

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• 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 the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

• 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" on 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

(Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number WASHINGTON STATE GROUNDWATER ASSOCIATION 91-0790983 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization fileForm 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

	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 line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	excess over \$500,000	1		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	(Some organizations that made a	yeraging Period Uno section 501(h) elec	ler section 501(l	n) to comple		☐ Yes ☐ No
	columns below. See t	he separate instruc	tions for lines 2	a through 2	.f.)	
	Lobbying Expe	enditures During 4-	Year Averaging	Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e)) activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHI	C print - DO NOT PROCESS   As Filed Data -	DLN	l: 93492132012767
SCHEDULI (Form 990 or 9 EZ)	99()- Complete to provide information for responses to s Form 990 or 990-EZ or to provide any addition  ► Attach to Form 990 or 990-EZ  ► Information about Schedule O (Form 990 or 990-EZ)  www.irs.gov/form990.	ental Information to Form 990 or 990-EZ provide information for responses to specific questions on 90 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ, bout Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	
	O, Supplemental Information  Explanation	<b>Employer iden</b> 91-0790983	tification number
Reference FORM 990- EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 107		

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990- EZ, PART I,	DESCRIPTION NEWSLETTER ADVERTISING AMOUNT 10,910 DESCRIPTION MISCELLANEOUS INCOME AMOUNT 227 TOTAL TO FORM 990-EZ, LINE 8 11,137
LINE 8 -	
OTHER	
REVENUE	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-	DESCRIPTION LEGISLATIVE COMMITTEE EXPENSE / OTHER AMOUNT 2,936 DESCRIPTION BANK AND C
EZ, PART I,	REDIT CARD FEES AMOUNT 3,740 DESCRIPTION DUES AND MISCELLANEOUS AMOUNT 2,385 DESCRI
LINE 16 -	PTION BOARD EXPENSE AMOUNT 296 DESCRIPTION PAYROLL TAXES AMOUNT 4,021 DESCRIPTION
OTHER	OFFICE EXPENSES AMOUNT 741 DESCRIPTION CONFERENCES, CONVENTIONS, MEETINGS AMOUNT 61
EXPENSES	,029 DESCRIPTION OTHER TAXES PAID AMOUNT 248 TOTAL TO FORM 990-EZ, LINE 16 75,396

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990-	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 56 END OF YEAR AMOUNT
EZ, PART II,	56 <b> </b>
LINE 26 -	
OTHER	
LIABILITIES	