## **Short Form**

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

The organization gray have to use a copy of this getting to satisfy state generaling requirements.

This Form is Open to Public

OMB No. 1545-1150

inter	THE FLOYER	YUB Service 🐰 🖟 🦰	ne organization may have to use	a copy of this r	return to satisfy	state перк	orring requirement	<u>S-</u>	mspec	auon		
A :	For the	1997 calendar y	sr, OR tax year beginning	باب⊈`	is + . 1997	and end	ding Ju∽	c	30 .	19 9 6		
		Plane	Name of organization					er ident	fication n	umber		
	Check If:	use IRS	Rogle Lake	Property	Outres	Assi		,,-	,,			
_	_	d acidines   label or print or			100		<del></del>			<del></del>		
╚	Initial re	turn type.	Number and street (or P.O. box, if	L	ed to street active	BB) HOOM						
⊒	Final ret	um See	) take	سردن ور	<del></del>			<u> (40</u>	494	<u></u>		
	Amende	d return   Specific	City or town, state or country, and		431	. ,	F Check	k ▶☐ if exemption				
	(required also for Islams.   Cacciliant   N 1 0 1006   applicat							tion is p	ending			
	etate reporting) H Enter fo									emption		
G.	Accoun	counting method:   Cash										
<u> </u>	Type of	ype of organization— ▶ 🕍 "Exempt under section 501(c)( ) ◀ (insert number) OR ▶ 🔲 section 4947(a)(1) nonexempt charitable trust										
	• • •	•	T attach a comple									
			in's gross receipts are normally not i							anization		
	ECGIARD	a rorm aan Packag	in the mail, the organization should	nie a return withic	out imancial data.	20W6 ZISI	ez tednite a combie	ro Lorniu		000		
Κı	Enter th	ie organization's 1	197 gross receipts (add back line	s 55, 65, and	7b, to line 9) .		. ▶ \$	<del></del>	1,592	. 122		
		<del></del>	If \$100,000 or more, the org							·		
Pi	art I	Revenue, Ex	enses, and Changes in N	let Assets o	r Fund Bala	nces (S	See Specific Ins	struction	ns on p	age 28.)		
	1 1	Contributions.	ifts, grants, and similar amou	nts received (	attach schedu	ile of co	ntributors)	1				
	2		revenue including governme	,	•			2				
	3	-	es and assessments				. ,	3	1 3	326.47		
		Investment inc						4		134. 48		
					;	E_ /				(. 10		
	1		rom sale of assets other than	•	, . ⊢	5a						
	[ b	Less: cost or o	her basis and sales expense:	s	L	5b						
•	) 0		om sale of assets other than		5a less line 5	b) (attac	h schedule) .	5c				
돌	6	6 Special events and activities (attach schedule):										
ş	) a	Gross revenue (not including \$ of contributions										
ĝ	ł	reported on lin				6a	132					
	h		enses other than fundraising			6b						
			<del>-</del>	•				6c		132		
	1		loss) from special events and		1	_ 1		iiiiii				
	1		nventory, less returns and allo			7a	<del></del>			•		
	} b	Less: cost of g	nods sold		L	7b ]						
	0	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)						7c 8	<u> </u>			
	8		Other revenue (describe >)									
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)									592.95		
	10	Grants and sin	lar amounts paid (attach scho	adule)				10				
	11			,		• • •		11		- ٥٥-د		
4	12									_		
ž	13									70.50		
Ž.	l									94.28		
3	14											
	15	the state of the s							÷=			
	16	Other expense	(describe ►		<del></del>		)	16				
	17		· · · · · · · · -					17		514.78		
ret Assets	18	Excess or (defi	it) for the year (line 9 less line	<b>∍ 17)</b> , , .				18		78.17		
	19	Net assets or	and balances at beginning of	year (from lin	ne 27, column	(A)) (mu	ust agree with			-		
	i	end-of-year fig	re reported on prior year's ref	turn)				19	····			
	20 Other changes in net assets or fund balances (attach explanation)							20	-			
	21 Net assets or fund balances at end of year (combine lines 18 through 20)							21	3	620.15		
Ďρ		Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 in:										
	_	(and appeared to page and)										
22	Cash						3591,9%		<u> </u>	20.15		
23	Land	Land and buildings						23		<del></del>		
24								24				
25								25				
26			ibe 🕨			 )	· · · · · · · · · · · · · · · · · · ·	26	١			
27			alances (line 27 of column (l		with line 211		2541,9	8 27	365	0.15		
			* Notice, see page 1 of the se				t. No. 106421			0-EZ (1997		
				~~· ~ ** 11,15 41 40,11		Ç.				•		

	A STATE OF THE STA				Water But	Page 2					
	Statement of Program Service Accom	plishments (See Specifi	c Instructions on			penses I for 501(c)(3)					
What is the	organization's primary exempt purpose?	whenhow - OP BE	ede hane ke	- 13. my	and (4)	organizations					
Describe wh	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.										
describe the	services provided, the number of persons be	inelited, or other relevant in	formation for each p	orogram title.	Optional 1	for others.)					
28			••••		}						
<del> </del>		28a									
29	***************************************	}									
	``````````````````````````````````````										
·	(Grants \$)										
30											
********	(Grants \$										
31 Other pr	<del></del>										
	ogram service expenses (add lines 28a th			. ▶	31a 32						
	List of Officers, Directors, Trustees, and Key			d See Specific		s on page 32.)					
	The second of th	(B) Title and average	(C) Compensation	(D) Contribution	s to (I	E) Expense					
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compens		ccount and er allowences					
Jahr	b: Par!	President	Ţ								
			0	0							
سامر و	e Banowic	1 6 (1)	d		}	$\circ$					
		U. CHELOUT	ļ	$\mathcal{L}$							
Peter	- Boech	U. Present	d	<u>م</u>	<b>S</b>	· O					
Call	dwell, No. J.	( Recis war	+		··	<u> </u>					
	***************************************	}		ļ							
Part V	Other Information (See Specific Instr	vetions on page 33 \	<u> </u>	<u> </u>		Yes No					
	organization engage in any activity not previously i					Yes No					
	•										
	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the										
	and the state of t										
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  Did the organization have unrelated business gross income of \$1,000 or more as \$033(a) patient condition, and growthey reasons to \$1,000 or more as \$0.000 or more as \$1.000 or more as \$1.00										
	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax require "Yes," has it filed a tax return on Form 990-T for this year?										
	here a liquidation, dissolution, termination, or	· · · ·									
	amount of political expenditures, direct or in	2.01110111.7									
	organization file Form 1120-POL for this		7 7								
	organization borrow from, or make any ic	were any									
	pans made in a prior year and still unpaid										
	" attach the schedule specified in the line 38	•	, i	38b							
	7) organizations.—Enter: a Initiation fees ar										
b Gross	receipts, included on line 9, for public use		<i>_00000000</i>								
	) organizations.—Enter: Amount of tax imposed	,									
section	4911 ▶; section 49										
	and (4) organizations.—Did the organization engage in an	-			explanation.	<u> </u>					
	imount of tax imposed on the organization man			r sections							
	955, and 4958			🚬							
	Amount of tax in 40c, above, reimbursed by			▶_	·····	<del></del>					
41 List the 42 The bo	states with which a copy of this return is file	2000 00 - 1	9221 2	226.20							
	The books are in care of Peter L. Buchen Telephone no. >  Located at > ? Park Lone Calouell N. I 0 2002 ZIP + 4 >										
	1 4947(a)(1) nonexempt charitable trusts fili			_	<u> </u>						
and en	ter the amount of tax-exempt interest rece	ived or accrued during the	tax year	► 143 J							
	Linder penalties of perjury. I declare that I have example	to the best o	if my knowledge								
Please Sign	and belief, it is true, correct, and complete. Declare (See General Instruction U. page 10.)	ation of preparer (other than office $5/65/99$	or) is based on all inform	mation of which ,	preparer has 	eny knowledge.					
Sign Hara	130 Buen	Bucch		(resement							
Here	Signature of officer	Date	Type or print name								
Paid	Preparer's	Date		check if	Preparer's SS	311					
	signature		self- employed >								
Preparer's	Firm's name (or yours if self-employed)	E	IN ►		!						
Use Only	and address	ZIP + 4 ▶									

## .ar 990)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

Schedule A (Form 990) 1997

OMB No. 1545-0047

paryment of the Tree Internal Revenue Service See separate instructions.

Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization Employer Identification number Kiche Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions on page 1. List each one. If there are none, enter "None.") (e) Expense (d) Contributions to (b) Title and average hours per week devoted to position (a) Name and address of each employee paid more (c) Compensation mployee benefit plans & account and other than \$50,000 deterred compensation allowances Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions on page 1. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services.

For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-62. Cat. No. 11265F