

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Form 990-EZ

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

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2000 calendar year, OR tax year beginning 2000, and ending 20

B Check if applicable: Change of address, Change name, Initial return, Final return, Amended return. C Name of organization: BAYFIELD REGIONAL CONSERVANCY. D Employer identification number: 39-1872550. E Telephone no. F Check if application pending.

G Accounting method: Cash, Accrual, Other. H Enter 4-digit group exemption no. (GEN)

I Organization type (check only one) - 501(c)(3) (insert no.) 527 OR 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS: but if the organization received a Form 990 Package in the mail, file a return without financial data. Some states require a complete return.

K Add back lines 5b, 6b, and 7b to line 9 to determine gross receipts: if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 43,701

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

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Table with 3 columns: Description, Line Number, Amount. Rows include: 1 Contributions, 2 Program service revenue, 3 Membership dues, 4 Investment income, 5a Gross amount from sale of assets, 5b Less: cost or other basis, 5c Gain or (loss) from sale of assets, 6 Special events and activities, 7 Gross sales of inventory, 8 Other revenue, 9 Total revenue (43,701), 10 Grants and similar amounts paid, 11 Benefits paid to or for members, 12 Salaries, other compensation, and employee benefits, 13 Professional fees and other payments to independent contractors, 14 Occupancy, rent, utilities, and maintenance, 15 Printing, publications, postage, and shipping, 16 Other expenses, 17 Total expenses (34,404), 18 Excess or (deficit) for the year, 19 Net assets or fund balances at beginning of year, 20 Other changes in net assets or fund balances, 21 Net assets or fund balances at end of year (22,307).

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include: 22 Cash, savings, and investments (14,246 / 23,519), 23 Land and buildings, 24 Other assets, 25 Total assets (14,246 / 23,519), 26 Total liabilities ( / 1,212), 27 Net assets or fund balances (14,246 / 22,307).

gk 5

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 36.)

What is the organization's primary exempt purpose?	<u>PRESERVE AND PROTECT LAND</u>
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.	
<b>28 TO OBTAIN AND MAINTAIN CONSERVATION EASEMENTS TO PROTECT LAND</b>	
	(Grants \$ )
<b>29</b>	
	(Grants \$ )
<b>30</b>	
	(Grants \$ )
<b>31 Other program services (attach schedule)</b>	(Grants \$ )
<b>32 Total program service expenses (add lines 28a through 31a)</b>	

Expenses	
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28a</b>	22,586
<b>29a</b>	
<b>30a</b>	
<b>31a</b>	
<b>32</b>	22,586

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Instructions on page 36.)

(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
RUTH OPPEDAHL WASHBURN, WI 54814	25	21,725		
STEVE SANDSTROM RRT 1 BOX 222, BAYFIELD, WI	2			
KATHLEEN RUSSELL PO BOX 636, BAYFIELD, WI 54814	2			
TIM HORAN 3668 TAMARACK LN, EAU CLAIRE, WI	1			

**Part V Other Information** (See Specific Instructions on page 37 and General Instruction U on page 14.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, & proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> 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 unpaid at the start of the period covered by this return? . . . . .		X
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved . . . . . <b>38b</b>		
<b>39</b> 501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		
<b>c</b> Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____		
<b>d</b> Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ _____		
<b>41</b> List the states with which a copy of this return is filed. ▶ _____		
<b>42</b> The books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP code ▶ _____		
<b>43</b> <input type="checkbox"/> in lieu of <b>Form 1041</b> —Check here during the tax year . . . . . ▶ <b>43</b>		

I, \_\_\_\_\_, including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge.

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (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

BAYFIELD REGIONAL CONSERVANCY

39-1872550

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 . . . . . ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 1 of the instructions. 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
None		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? . . . . . If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
<b>e</b> Transfer of any part of its income or assets? . . . . . If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? . . . . .		X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees? . . . . .		X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) . . . . .	5,000	1,475	3,505	1,530	11,510
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1				1
<b>23</b> Total of lines 15 through 22 . . . . .	5,001	1,475	3,505	1,530	11,511
<b>24</b> Line 23 minus line 17 . . . . .	5,001	1,475	3,505	1,530	11,511
<b>25</b> Enter 1% of line 23 . . . . .	50	15	35	15	
<b>26 Organizations described in lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24. . . . . ▶					<b>26a</b> 230
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts . . . . . ▶					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b> 11,511
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 <u>1</u> 26b _____ . . . . . ▶					<b>26d</b> 1
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 11,510
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 99.99%
<b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:  (1999) _____ (1998) _____ (1997) _____ (1996) _____					
<b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (1999) _____ (1998) _____ (1997) _____ (1996) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 <u>11,510</u> 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b> 11,510
<b>d</b> Add: Line 27a total . . . . . and line 27b total . . . . . ▶					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> 11,510
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶					<b>27f</b> 11,511
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> 99.99%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 and  
line 1 of Form 990-EZ (see instructions)

**2000**

**Name of organization**

BAYFIELD REGIONAL CONSERVANCY

**Employer identification number**

39-1872550

**Organization type (check only one)**-Section  501(c) ( 3) (enter number):  527 organization: or

4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations**-Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year . . . . .

Enter here ▶ \$ . . . . . the total gifts received during the year for a religious, charitable, etc., purpose.

**Note:** This form is open to public inspection for section 527 organizations only.

MAY-6

**Part I Contributors**

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contributions
1	----- ----- -----	\$ 5,071	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2	----- ----- -----	\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
---	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
---	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
---	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
---	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

**Part V. List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. see Specific Instructions on page 25.)

(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
RUTH OPPEHAHL WASHBURN, WI 54814	EX. DIRECTOR 25	21,725		
STEVE SANDSTROM RRT 1 BOX 222, BAYFIELD, WI	V. PRESIDENT 2			
KATHLEEN RUSSELL PO BOX 636, BAYFIELD, WI 54814	SECRETARY 2			
TIM HORAN 3668 TAMARACK LN, EAU CLAIRE, WI	TREASURER 1			
SHANNON SWANSTROM PO BOX 338, BAYFIELD, WI 54814	PRESIDENT 2			
EDITH BREVOLD PO BOX 1215, BAYFIELD, WI	BOARD MEM. 1			
NAN FEY PO BOX 1580, BAYFIELD, WI	BOARD MEM. 1			
TOM FRIZZELL RT 1 BOX 211, BAYFIELD, WI	BOARD MEM 1			
ERNIE KORPELA PO BOX 273, CORNUCOPIA, WI	BOARD MEM 1			
LARRY MACDONALD PO BOX 1288, BAYFIELD, WI	BOARD MEM. 1			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule-see Specific Instructions on page 26.

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury

Internal Revenue Service (99)

Name(s) shown on return

▶ See separate instructions.

▶ Attach this form to your return.

**2000**

Attachment  
Sequence No. **67**

**BAYFIELD REGIONAL CONSERVANCY**

Business or activity to which this form relates

**MANAGEMENT/GENERAL --**

Identifying number

**39-1872550**

**Part I Election To Expense Certain Tangible Property (Section 179)**

**Note:** If you have any "listed property," complete Part V before you complete Part I.

<b>1</b>	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions . . . . .	<b>1</b>	\$20,000
<b>2</b>	Total cost of section 179 property placed in service. See page 2 of the instructions . . . . .	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation . . . . .	<b>3</b>	\$200,000
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . .	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter amount from line 27. . . . .	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. . . . .	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from 1999. See page 3 of the instructions . . . . .	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 . . . . .	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation For Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)**

**Section A -- General Asset Account Election**

**14** If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions . . . . .

**Section B -- General Depreciation System (GDS) (See page 3 of the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>15a</b> 3-year property						
<b>b</b> 5-year property			5	HY	200 DB	
<b>c</b> 7-year property			7	HY	200 DB	
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Alternative Depreciation System (ADS) (See page 5 of the instructions.)**

<b>16a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

<b>17</b>	GDS and ADS deductions for assets placed in service in tax years beginning before 2000 . . . . .	<b>17</b>	
<b>18</b>	Property subject to section 168(f)(1) election . . . . .	<b>18</b>	
<b>19</b>	ACRS and other depreciation . . . . .	<b>19</b>	

**Part IV Summary (See page 6 of the instructions.)**

<b>20</b>	Listed property. Enter amount from line 26 . . . . .	<b>20</b>	
<b>21</b>	<b>Total.</b> Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . .	<b>21</b>	
<b>22</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>22</b>	

**BAYFIELD REGIONAL CONSERVANCY**

**990 - EZ Year 2000**

1. Explanation for Line 20 Net Assets:

Other changes: Adjustments to last year for payroll expenses: \$1236.00

2. Schedule A part IV line 22:

Adjustment to make math correct to show public support percentage

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. . . . . ▶
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

### Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only. . . . . ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>BAYFIELD REGIONAL CONSERVANCY</b>	Employer Identification number <b>39-1872550</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 418</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BAYFIELD, WI 54814</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• If the organization does **not** have an office or place of business in the United States, check this box . . . . . ▶

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 00 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ CPA Date ▶ 5/5/01

For Paperwork Reduction Act Notice, see instruction EEA Form **8868** (12-2000)