

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2001 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**RIVANNA CONSERVATION SOCIETY**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**PO BX 141**  
 City, town, or country State ZIP + 4  
**PALMYRA VA 22963**

**D Employer identification number**  
**52-0194008**

**E Telephone number**  
 ( )

**F Enter 4-digit (GEN)**

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

**G Accounting method**  Cash  Accrual  
 Other (specify)

**I Web site** \_\_\_\_\_

**J Organization type (check only one)** -  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**H Check**  if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)

**K 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 it should file a return without financial data. Some states require a complete return.

**L Add 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.** \$ **36,059**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35)**

1	Contributions, gifts, grants, and similar amounts received	1	22,565
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	7,784
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
	Less: cost or other basis and sales expenses	5b	
	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	Special events and activities (attach schedule)		
	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	7,075
	Less: direct expenses other than fundraising expenses	6b	1,365
	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	5,710
	Gross sales of inventory, less returns and allowances	7a	
	Less: cost of goods sold	7b	
	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
	Other revenue (describe _____)	8	0
	<b>Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)</b>	9	36,059
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	22,834
13	Professional fees and other payments to independent contractors	13	150
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,783
16	Other expenses (describe <u>See Attached Worksheet</u> )	16	16,404
17	<b>Total expenses (add lines 10 through 16)</b>	17	42,171
18	Excess or (deficit) for the year (line 9 less line 17)	18	-6,112
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	174,558
20	Other changes in net assets or fund balances (attach explanation)	20	
21	<b>Net assets or fund balances at end of year (combine lines 18 through 20)</b>	21	168,446

**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 (See Specific Instructions on page 39)**

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,633	14,521
23 Land and buildings	153,925	153,925
24 Other assets (describe _____)	0	0
25 <b>Total assets</b>	174,558	168,446
26 Total liabilities (describe _____)	0	0
27 <b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	174,558	168,446

RECEIVED  
 MAY 21 2002  
 JUN 24 2002  
 SOCIAL SECURITY  
 OCCIDENTAL

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)

Expenses

What is the organization's primary exempt purpose? CONSERVATION
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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)

Table with 3 columns: Line number, Description, Amount. Line 28: RCS GATHERS AND COMPILES INFORMATION OF CONSERVATION AND ECOLOGICAL NATURE TO AID IN COUNTY PLANNING (Grants \$ 21,065) 28a 42,171. Line 32: Total program service expenses (add lines 28a through 31a) 32 42,171.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Specific Instructions on page 40)

Table with 5 columns: (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. Row 1: SEE ATTACHED LIST, 0, 0, 0.

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

Yes No

Form with questions 33-43. 33: Did the organization engage in any activity not previously reported to the IRS? (X) 34: Were any changes made to the organizing or governing documents but not reported to the IRS? (X) 35: If the organization had income from business activities... (X) 36: Was there a liquidation, dissolution, termination or substantial contraction during the year? (X) 37a: Enter amount of political expenditures... 37b: Did the organization file Form 1120-POL for this year? 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 unpaid at the start of the period covered by this return? (X) 38b: If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 39: 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a 39b 40a: 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0 40b: 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 (X) 41: List the states with which a copy of this return is filed VA 42: The books are in care of PAUL BRANT Telephone no 434-971-5527 Located at CHVILLE, VA ZIP + 4 22963 43: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and 43

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief the information furnished is true and correct and that I am a duly authorized officer of the organization.

resident Date May 26, 2002



**Part III Statements About Activities** (See page 2 of the instructions )

1 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 \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )

4 Do you have a section 403(b) annuity plan for your employees?

Note 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

	Yes	No
1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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 )

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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	22,565	30,416	10,087	2,739	65,807
<b>16</b> Membership fees received	7,784	7,780	5,184	2,195	22,943
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,710	4,251	3,579	349	13,889
<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					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<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					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	36,059	42,447	18,850	5,283	102,639
<b>24</b> Line 23 minus line 17	30,349	38,196	15,271	4,934	88,750
<b>25</b> Enter 1% of line 23	361	424	189	53	
<b>26 Organizations described on lines 10 or 11</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 1,775
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					<b>26b</b>
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 88,750
d Add Amounts from column (e) for lines 18 _____ 0 19 _____ 0					<b>26d</b> 0
22 _____ 0 26b _____ 0					<b>26e</b> 88,750
e Public support (line 26c minus line 26d total)					<b>26e</b> 88,750
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 100.00%
<b>27 Organizations described on line 12</b>	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year				
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return 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					
(2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add Amounts from column (e) for lines 15 _____ 0 16 _____ 0					<b>27c</b> 0
17 _____ 0 20 _____ 0 21 _____ 0					<b>27d</b> 0
d Add Line 27a total _____ 0 and line 27b total _____ 0					<b>27e</b> 0
e Public support (line 27c total minus line 27d total)					<b>27e</b> 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

RIVANNA CONSERVATION SOCIETY

Employer identification number

52-0194008

Organization type (check one)

**Filers of****Section**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions )

**General Rule -** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )**Special Rules -** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II ) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III ) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year )  
\$ \_\_\_\_\_

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization <b>RIVANNA CONSERVATION SOCIETY</b>	Employer identification number <b>52-0194008</b>
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**Part I Contributors** (See Specific Instructions )

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	NONE _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Complete Part II if there is a noncash contribution )

Name of organization <b>RIVANNA CONSERVATION SOCIETY</b>	Employer identification number <b>52-0194008</b>
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**Part II Noncash Property** (See Specific Instructions )

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	NONE _____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____	\$ _____	_____/_____/_____
_____	_____ _____ _____	\$ _____	_____/_____/_____

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

▶ 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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>RIVANNA CONSERVATION SOCIETY</b>	Employer identification number <b>52-0194008</b>
	Number street, and room or suite no If a PO box, see instructions <b>PO BX 141</b>	
	City, town or post office state, and ZIP code For a foreign address, see instructions <b>PALMYRA, VA. 22963</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" 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 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 08-15, 2002, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶  calendar year 2002 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 ▶ Justin Galase Title ▶ **ENROLLED AGENT** Date ▶ **05-13-02**

For Paperwork Reduction Act Notice, see Instruction



**Rivanna Conservation Society**  
*Our Heart is With Our River*

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**Board of Directors**  
**2002**

Andy Wilson  
*President*

Jackie Brown  
*Immediate Past President*

Wanda Himes  
*Vice President*

Chris French  
*Treasurer*

**Attachment to Form 990-EZ, Tax Year 2001**

**Rivanna Conservation Society**

Noel Bumpas

Pat Calvert  
**Employer ID Number 52-0194008**

Suzanne Malm

Angus Murdoch  
Kris Parker  
Steve Pence  
Steve Pullinger  
Brian Richter  
Tim SanJule  
Marcy Wagner  
*Directors*

**The Officers and Board of Directors of the Rivanna Conservation Society are listed on this page.**

**Sincerely,**

  
**Andy Wilson**  
**President**