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)

Department of the Treasury

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

OMB No 1545-0047
2004
2001

Open to Public. Inspection
Inspection

Compared the properties of t	Α	For the	2001 calendar year, or tax year period beginning	JUL 1, 2001 and en	ding JUN 30, 2	2002
Section Strict(s) Sec	В	Check if			D Empl	loyer identification number
Section Post		•	use IRS			
Section Strict Sect		Addre		D HERITAGE SOCIE	TY 25	5-1436160
Special Section 501(6) 10 10 10 10 10 10 10 1		Name chang	• I 75° I NUMBER AND STEAM FOR PLI DOX IT MAILIS DE	ot delivered to street address)		
Contraction of the property			Specific P.O. BOX 468		72	24-836-4300
Approximation Section 501(c) (2) Part		Final	L City or town ctate or country and 710 / 4			
Section 501(c)(3) urganizations and 4947(a)(1) innesemble trials Manual are and applicable to section 522 erganizations Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a completed Schedulu A (Form 990 or 990-E2) Manual are must attach a schedulu A (Form 990 or 990-E2) Manual (Manual A) Manual (Manual (Manual A) Manual (Manual A) Manual (Manual (Manual (Manual A) Manual (Manual (Manual (Manual (Manual (Manual (Manual (Manual (M		Amen	ded HARRISON CITY DA 1	5636		Other
Web site N / A N N N N N N N N N	Ē	Applic	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	Hand I are not applicable to s	ection 527 organizations
J Organization type cosc owword ≥		•	must attach a completed Schedule A (Form 99	90 or 990-EZ)	H(a) Is this a group return to	r affiliates? Yes X No
Organization type (pace convover) ►	G	Web sit	e ►N/A		H(b) If "Yes," enter number o	f affiliates ▶
Conceined Con						12 N/A Tyes No
origanzation need not file a return with the IRS, but if the origanzation received a Form 990 Package in the mail, it should file a return without financial data Seme states require a complete return. I cross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 P 63, 826. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions grifts grants and similar amounts received 1	J	Organiz	ration type (check only one) 🕨 🗶 501(c) (3) 🔻 (Inser	tno) 4947(a)(1) or 527	(If "No" attach a list)	
In the mail, it should file a return without financial data. Some states require a complete return Circos receipts: Add lines 6b; 8b; 9b; and 10b to line 12 ► 63,826. Circos receipts: Add lines 6b; 8b; 9b; and 10b to line 12 ► 63,826. Circos receipts: Add lines 6b; 8b; 9b; and 10b to line 12 ► 63,826. Circos receipts: Add lines 6b; 8b; 9b; and 10b to line 12 ► 63,826. Circos receipts: Add lines 6b; 8b; 9b; and 10b to line 12 ► 63,826. Circos receipts: Add lines 6b; 8b; 9b; and 10b to line 12 ► 63,826. Circos receipts: Add lines 6b; 8b; 9b; and 10b to line 12 ► 63,826. Circos receipts: Add lines 6b; 8b; 9b; and 10b; a	K	Check t	nere 🕨 🔙 if the organization's gross receipts are norm	nally not more than \$25,000. The	H(d) Is this a separate return	
Cross receipts Add lines 60, 80, 90, and 100 to line 12					ganization covered by a	group ruling? Yes X No
Cross receipts Add lines 6b, 8b, 9b, and 10b to line 12		in the m	nail, it should file a return without financial data. Some sta	es require a complete return		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances				_		•
1 Contributions gifts grants and similar amounts received a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ 250 . noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 61,544 . 3 Membership dues and assessments 3 1,055 . 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents 0 Less rental expenses 0 Net rental income or (loss) (subtract line 6b from line 6a) 0 Cher investment income (describe) 8 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) (statich schedule) 3 Gross revenue (not including \$ 0 the contributions reported on line 13) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross revenue (not including \$ 0 the contributions reported on line 13) b Less cost of goods sold c Gross sales of inventory, less returns and allowances b Less cost of goods sold 10 a Gross sease of inventory, less returns and allowances b Less cost of goods sold 10 a Gross specific or (loss) from special events (subtract line 9b from line 9a) 10 a Gross specific or (loss) from special events (subtract line 10 from Interest line	L	Gross r				EZ, or 990-PF)
a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1c) (cash \$ 250 . noncash \$) 14	P	<u>art I</u>	Revenue, Expenses, and Changes in	<u>Net Assets or Fund Bala</u>	nces	·
10 Indirect public support 10 10 10 10 10 10 10 1		1	Contributions gifts grants and similar amounts received	ed ,	0.50	
Covernment contributions (grants) 10 10 10 10 10 10 10 1		7	a Direct public support		250.	1
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Cash \$ 250 - noncash \$ 11		(_ <u>1c</u>		
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3 1,055.)	į.	
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C Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe		6 6	a Gross rents		·	
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t Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$		١.	•			
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b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10 from his 10 fro	•	_		10a		
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21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 95, 516.	ě	19			}	
	_				}	
	12:					Form 990 (2001)

Part IV	Balance	Sheets
Partie	Dalapice	Sifeers

	required, attached schedules and amounts within the for end-of-year amounts only	n the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		571,243.	45	24,879
	Savings and temporary cash investments			46	
47 a	Accounts receivable	47a			
þ	Less allowance for doubtful accounts	47b		476	
48 a	Piedges receivable	48a			
b	Less allowance for doubtful accounts	48b		48c	
	Grants receivable	<u> </u>		49	
	Receivables from officers, directors, trustees,				
,	and key employees	I		50	
6	Other notes and loans receivable	51a			
' 1	Less allowance for doubtful accounts	51b	3,000.	51¢	3,000
I	Inventories for sale or use	-		52	3,000
	Prepaid expenses and deferred charges	Cost FMV		53	
1 -	Investments - securities	Cost FMV		54	
	Investments - land, buildings, and	esal			
	equipment basis	<u>55a</u>	'		
_	I	een		55c	
	Less accumulated depreciation	5 <u>5b</u>		56	
1	Investments - other	57a 3,190.		- 50	
	Land, buildings, and equipment basis Less accumulated depreciation STMT 3	57a 3,190. 57b 553.	1,000.	57c	2.637
	Other assets (describe DEPOSIT ON LA		65,000.	58	2,637 65,000
30	<u> </u>	,			
59	Total assets (add lines 45 through 58) (must equal line	74)	640,243.	59	95,516
	Accounts payable and accrued expenses		- · · · -	60	
	Grants payable	Γ	<u> </u>	61	
	Deterred revenue			62	
63	Loans from officers, directors, trustees, and key employ	rees		63	
)	Tax-exempt bond liabilities			64a	
	Mortgages and other notes payable	Ε.		64b	
	Other liabilities (describe) [65	
				1	
65	Total liabilities (add lines 60 through 65)		0.	66	0
Organi	izations that follow SFAS 117, check here 🕨 🔲 a	ind complete lines 67 through			
_	69 and lines 73 and 74				
67	Unrestricted	<u>L</u>		67	
67 68 69 Organ 70 71 72 73	Temporarily restricted	Ļ		68	
69	Permanently restricted			69	
Organ	izations that do not follow SFAS 117, check here 🕨 👚	X and complete lines			
	70 through 74		•	j	
70	Capital stock, trust principal, or current funds	ļ	<u>0.</u>	70	0
71	Paid-in or capital surplus, or land, building, and equipm		0.	71	0
72	Retained earnings, endowment, accumulated income o		640,243.	72	95,516
	Total net assets or fund balances (add lines 67 throug		640 040		05 516
	column (A) must equal line 19, column (B) must equal I		640,243.	73	95,516
74	Total liabilities and net assets / fund balances (add lin	ies 66 and 73)	640,243.	74	95,516

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part-IV-A Reconciliation of Revenue Financial Statements with		Part IV-B Recond Financia Return	iliation of Exp al Statements	enses per A With Expen	udited ses per
Return a Total revenue, gains, and other support per audited financial statements b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments (2) Donated services and use of facilities (3) Recoveries of prior year grants (4) Other (specify)	N/A		sses per ments line a but not on \$	▶ a □	N/A
990 but not on line a (1) Investment expenses not included on line 6b, Form 990 (2) Other (specify)	1	990 but not on line a (1) Investment expenses not included on line 6b, Form 990 (2) Other (specify) Add amounts on lines	\$ \$	d	
e Total revenue per line 12, Form 990 (line c plus line d)		e Total expenses per lin (line t plus line d)	e 17, Form 990		
Part V List of Officers, Directors, Tr	ustees, and Key E	mployees (List each on	e even if not compen		
(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contributions to	(E) Expense account and other allowances
KELLY RUOFF		PRESIDENT 8 V. PRESIDENT	0.	0.	0.
JEANNETTE, PA 15644 BETH KENNEDY		8 SECRETARY	0.	0.	0.
PO BOX 468 HARRISON CITY, PA 15636 JACK E. TERRILL 14 E. GASKILL AVENUE		8 TREASURER	0.	0.	
JEANNETTE, PA 15644		8	0.	0.	0.
					_
75 Did any officer, director, trustee, or key employee recorganizations, of which more than \$10,000 was prov	erve aggregate compensated organized by the related organized	ion of more than \$100 000 fro ations? <u>If "Yes" attach schedi</u>	om your organization ule Yes [and all related X No	Form 990 (2001

25-1436160

Form	990 (2001) BUSHY RUN BATTLEFIELD HERITAGE SOCIETY 25-14	<u> 36160</u>		Page 5
Pa	t VI Other Information		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<u>X</u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes " attach a statement			
s 08	is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		_X_
b	If "Yes," enter the name of the organization	_		
	and check whether it is exempt OR nonexem	ıpt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a	0.		
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	tair rental value?	82a		_X
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II (See instructions in Part III) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83ь	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
t	Taxable amount of lobbying and political expenditures (line 85d less 85e) 851 N/A			
9	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	<u>85g</u>		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
88	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 85b N/A			
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		1	
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them) 876 N/A	. '		-
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes " complete Part IX	88		X
89 a				
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶0	<u>.</u>]		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1		
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0.
đ	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed PENNSYLVANIA			
b	Number of employees employed in the pay period that includes March 12, 2001			3
91	The books are in care of ► JACK TERRILL Telephone no ► 724-	<u> </u>	584	
	D O DOV 160 HADDICON CIMV DA	▶ 1563	6	
	Located at P.O. BOX 468 HARRISON CITY PA ZIP+4	- <u>1303</u>	<u> </u>	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here		►F	
J.	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A	

Part VII Analysis of Income-P	roducing Ac	tıvitıes	(See Specific Instructions	on page	32)	
Note Enter gross amounts unless otherwi		Unrelat	ted business income	Exclu	ded by section 512 513 or 514	(E)
indicated		(A) Business	(B)	(C) Exclu	(D)	Related or exempt
93 Program service revenue		CODE	Amount	sion	Amount	function income
a PROGRAM FEES						61,544.
b						
c						
d						
e				<u> </u>		
Medicare/Medicaid payments						
g Fees and contracts from government ager	ncies				-	
94 Membership dues and assessments	-			 		1,055.
95 Interest on savings and temporary				 		
cash investments						459.
	<u> </u>					518.
96 Dividends and interest from securities	_			 		
97 Net rental income or (loss) from real estat	"			 		
a debt-financed property	-			\vdash	-	
b not debt-financed property	<u></u>			 		
98 Net rental income or (loss) from personal	property -			+	<u> </u>	
99 Other investment income	<u> </u>	<u> </u>		 		<u> </u>
100 Gain or (loss) from sales of assets						•
other than inventory	} 			+		<u> </u>
101 Net income or (loss) from special events	<u> </u>			 		· - -
102 Gross profit or (loss) from sales of invento	ory			+		
103 Other revenue						
a						
b				┼		
C				├		
d	——— <u> </u>			 		
6				 -		62 576
104 Subtotal (add columns (B), (D), and (E))	L		0.	·I	0.	63,576.
105 Total (add line 104, columns (B), (D), and					•	03,370.
Note Line 105 plus line 1d, Part I, should	equal the amoun	t on line 1	2, Part I	- A D		
Part VIII Relationship of Activ						
Line No Explain how each activity for which				d Impor	tantly to the accomplishment	of the organization's
exempt purposes (other than by p					n uramanrari	DDECEDUATION.
94 THE VARIOUS PROG		ERATE	INTEREST IN	1 TH	E HISTORICAL	PRESERVATION
OF THE BATTLEFIE	LD	_				
		 			454 - (006.1-4	-11
Part IX Information Regarding		ubsidiai	ries and Disregard	ea E		(E)
(A) Name address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	End-of-year
	wnership interest					assets
	%					
N/A	_ %					
	%	†				
	%	_	 .		<u> </u>	<u> </u>
Part X Information Regardin						
(a) Did the organization, during the year, rec						Yes X No
(b) Did the organization, during the year, pay	y premiums, direct	ly or indirec	ctly on a personal benefit c	ontract	>	Yes X No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization

BUSHY RUN BATTLEFIELD HERITAGE SOCIETY

Employer identification number 25 1436160

Part I	Compensation of the Five Highest Paid Emplo (See page 1 of the instructions List each one. If there are none, enter	yees Other Than Off	icers, Dırecto	rs, and Trus	tees
	(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 & defarred compensation	(e) Expense account and other allowances
NONE _		-	;		
				_	
					
		<u> </u>			
over \$50 000		_0			***
Part II	Compensation of the Five Highest Paid Independence (See page 2 of the instructions List each one (whether individuals or			al Services	
	(a) Name and address of each independent contractor paid more the	han \$50,000	(b) Type of s	service	(c) Compensation
NONE_					
					
	er of others receiving over professional services	0			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

NONE

return. Do not include these grants in line 15

Рa	Private School Questionnaire (See page 7 of the instructions)	N/	A	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		F	
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	29	\vdash	
20	instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues.			
30	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	- 55		
31	solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known			İ
	to all parts of the general community it serves?	31		
	If "Yes " please describe, if "No," please explain (If you need more space, attach a separate statement)			
	The specific described in the process explain (in you need into opposit account of opposition occurrency)			~
		_		
		_		
32	Does the organization maintain the following	32a		İ
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	320		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32c	ľ	
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
U	If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)	1020		
	The your answered that to any of the above please explain (if you need more space, ettain a soparate statement)	_ `		
33	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	33a_	ļ	
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		<u> </u>
đ	Scholarships or other financial assistance?	33d	<u> </u>	<u> </u>
8	Educational policies?	33e		
f	Use of facilities?	331		 -
9	Athletic programs?	_33g	<u> </u>	⊢—
h		33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		=		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	_	<u> </u>
ь	10 m	34b_		ĺ

Schedule A (Form 990 or 990-EZ) 2001

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(¢) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
60 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b. Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d. Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- 1 Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Railies, demonstrations, seminars, conventions, speeches, tectures, or any other means
- i Total lobbying expenditures (Add lines c through h)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	Х	v,
	X	
	X	
	X	
	X	
L	X	
	Х	
	Х	
		0.

123141 12 29 01

FORM 990 PAGE 2

990

## TOTAL 990 PAGE 2 DEPR 3,190. 0. 3,190. 0. 553.		Description	Date Acquired	Method	Life	No on	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - ITC 179 Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation	
PAGE 2 DEPR 011502200DES.00 19B 2,190. 0. 3,190. 0. 0. 553	4EQUIPMENT	MENT	011599	200DB	00°5	17	1,000.		•	1,000.		<u>:</u>	115	
990 PAGE 2 DEPR 0. 0. 3,190. 0. 553	PROJE		0,11502	200DB		19B				2,190.		,	-	
	* TOTAL	990 PAGE 2					3,190.		0	3,190.	0	0	553	4 - 7
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	\$ \$ \$ \$,	- ,								,			-
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		- 1		_							, (-1

FORM 990		STATEMENT	1			
	(A)		(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL		SERVICES	AND GENERAL	FUNDRAISI	NG
OFFICE EXPENSE	99)5.	<u> </u>	995.		
BATTLE REENACTMENTS	12,87		12,875			
TAXES	1,00		407	1,009.		
TOURS)7.)0.	407	300.		
INSURANCE ADVERTISING	8,44		8,443			
DUES		9.	0,443	509.		
MISCELLANEOUS		50.	50			
PROGRAM EXPENSES -		-				
WESTERN PA						
CONSERVANCY	539,23	88.	539,238	•		
OTHER INVESTMENT	- 4	ıe				
EXPENSE		15.		545.		
BANK FEES	1,20			1,208.		
TOTAL TO FM 990, LN 43	565,57	79. === ===	561,013	4,566.		
FORM 990	OTH	IER FUN	DS		STATEMENT	2
DESCRIPTION				(A) BEGINNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND			-	640,243.	95,516.	
TOTAL INCLUDED ON FORM 9	640,243.	95,516.				
TORM 000 PERDOGIAN	rov on aggr			TATELEGEMENT	CONTRACTOR OF THE STATE OF THE	
FORM 990 DEPRECIAT:	LON OF ASSE	TS NOT	HELD FOR	INVESTMENT	STATEMENT	3
DESCRIPTION			T OR BASIS	ACCUMULATED DEPRECIATION	BOOK VALU	E
EQUIPMENT PROJECTOR			1,000. 2,190.	115. 438.	8	85. 52.
TOTAL TO FORM 990, PART	IV, LN 57		3,190.	553.	2,637.	

(Rev March 2002) 4 Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return

990

OMB No 1545-0172

Attachment Sequence No. 67

Name(s) shown on return

► See separate instructions

Business or activity to which this form relates Identifying number

	•							
BUS	SHY RUN BATTLEFIELD	HERITAGE	SOCIET	Y FOR	M 990 F	AGE 2		25-1436160
	t Election To Expense Certain Tangible						art V before	vou complete Part I
	Maximum amount. See instructions for a				<u>,</u>		1	24,000.
	Total cost of section 179 property placed	-		3303			2	
	Threshold cost of section 179 property blaced						3	\$200,000
	Reduction in limitation. Subtract line 3 fro						4	
							5	
	Oollar limitation for tax year. Subtract line 4 from line 1 (a) Description of prop		-U- II marned ning	b) Cost (busing		(c) Electe	d cost	
6	(a) Description of prop			(2) 0031 (000111	,,,	(4)		
								
	<u> </u>							
		<u> </u>						
_								•
								}
	usted property. Enter amount from line 2				_		 -	
	otal elected cost of section 179 propert	•	ın column (c)	, lines 6 and	7		8	
	fentative deduction. Enter the smaller of						9	
	Carryover of disallowed deduction from l						10	
	Business income limitation. Enter the sm						11	
	Section 179 expense deduction. Add line						12	
	Carryover of disallowed deduction to 200				▶ 13			· · · · · · · · · · · · · · · · · · ·
Note	Do not use Part II or Part III below for I	isted property li	nstead, use Pa	art V		_		
Pa	rt II Special Depreciation Allowance	and Other Dep	reciation (Do	not include	listed proper	<u>ty)</u>		
14 s	Special depreciation allowance for certain property (oti	her than listed proper	y) acquired after S	eptember 10 20	O1 (see instruction	1 5)	14	
15 F	Property subject to section 168(f)(1) elec	tion (see instruc	tions)				15	<u> </u>
16 (Other depreciation (including ACRS) (see	instructions)		_			16	
Pa	rt III MACRS Depreciation (Do not in	nclude listed pro	perty) (See in	istructions)				
	<u> </u>			tion A				115
17 1	MACRS deductions for assets placed in	service in tax ye	ars beginning	before 2001	I		17	115.
18 I	f you are electing under section 168(i)(4)	to group any as	sets placed II	n service dur	ing the tax	. –	_	
	year into one or more general asset acco	ounts, check her	е		·	<u>▶</u>	<u> </u>	<u></u>
	Section B - Assets F	laced in Servic			Jsing the Ge	neral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3 year property						0000	
þ	5 year property			<u>2,190.</u>	5 YRS.	HY_	200DB	438.
С	7 year property							
d	10 year property							
0	15 year property							
f	20 year property						<u> </u>	<u> </u>
9	25 year property		<u> </u>		25 yrs		S/L	
_	Desidential routel presents	1			27 5 yrs	MM	S/L	
h	Residential rental property	/			27 5 yrs	MM	S/L	
	No accordant of and accordant	1			39 yrs	MM	S/L_	
	Nonresidential real property	/				MM_	S/L	
	Section C - Assets Pla	aced in Service	During 2001	Tax Year Us	sing the Alter	rnative Depre	ciation Sys	stem
20a	Class life						S/L	
ь	12 year	<u> </u>			12 yrs		S/L	
_¢	40 year	/			40 yrs	MM	S/L	
	rt IV Summary (See instructions)							
21	Listed property. Enter amount from line t	28					21	
	Total Add amounts from line 12, lines 1							
ļ	Enter here and on the appropriate lines o	of your return Pa	artnerships ar	d S corpora	tions - <u>see ins</u>	tr	22	553.
23	For assets shown above and placed in s	ervice during the	e current year	, enter the				2 3 4 4 6 3
1	portion of the basis attributable to section	on 263A costs			23			
11625	HA For Paperwork Reduction	Act Notice, see	separate ins	tructions			Form	4562 (2001) (Rev 3-2002)

-or	m 4 <u>5</u> 62 (2001) (Rev 3 2														age 2
Pε	art V Listed Proper			rtain ot	her vehic	des, cell	ular tele _l	phone	s, certain	compute	rs, and	property	used fo	r enterta	ınment.
	recreation, on a Note For any	vehicle for w	hich you are u	sing the	standar	d mileag	e rate o	r dedu-	cting leas	e expens	е, сотр	lete on	ly 24a, 2	24b, colu	mns (a)
	through (c) of	Section A, all	of Section B,	and Sec	ction C if	applical	ble								
Sec	tion A - Depreciation a	nd Other In	formation (Ca	ution 3	See instr	uctions	for limits	for pa	ssenger a	utomobil	es)				
24a	Do you have evidence to :	support the bu	siness/investme	nt use ci	aimed?	<u> </u>	es L	No	24b if 'Y	es," is th	e evidei	nce writt	en? L	Yes L	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment	ot	(d) Cost or ther basis	/bus	(e) is for depre iness/inve- use only	stment	(f) Recovery period	Meti Conve		Depre	h) ciation iction	Elec section	ted n 179
_		<u> </u>	use percentag				.		_		1			CO:	
	Special depreciation all				d after S	eptembe	er 10, 20	ω1,			٠,				
_	and used more than 50 Property used more that							_			25			<u> </u>	
	Property used more tha	III 30 % III a C							_ 						
				6											
_				6				_		<u> </u>					
7	Description of EON and		·				•		L						
	Property used 50% or I	ess in a quaii	-	6						S/L		i			
		<u> </u>		6	-	-				S/L					
-				6		- -				S/L					
2Ω	Add amounts in column	/h) lines 25			e and or	line 21	nage 1			I S/L	28				
	Add amounts in column		-				page				_20	J	29		
	Add arrigants in colonia	1 (1), 11110 20 1			B - Infor		on lise	of Val	uclas						
٦			_							or related	l nereon				
JON f vo	nplete this section for ve ou provided vehicles to y	enicies usea vour employe	by a sole prop	netor, p er the a	earrner, c uestions	r other In Secti	on C to:	an o zo see if v	owner, ou meet	an excep	tion to	i completii	na this s	ection fo	r
-	se vehicles	your ciripioye	,00, 11101 0.11011	J. 4.10 4		0001.		. ,	,						
_							 b)	Г	(c)	(c	n	10	e)	(f)	
۰.	Total business (investment	milas drivas d	uring the	l . '	(a) hicle	-	nicl e	١ ,	'ehicle	Veh	-	Veh		Vehi	
	Total business/investment		anng are	<u>ve</u> i	IIILIB	V 61	IICI a	-	CITICIO	VOII		***	1010	70111	010
	year (do not include com		. th			-						 			
	Total commuting miles	-	•			-				_		 			
32	Total other personal (no	oncommuting	ı) miles]			
22	driven	a thaar					_			-					
	Total miles driven durin Add lines 30 through 32					ļ				ĺ				1	
	Was the vehicle availab		ol una	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	ile ioi person	ai use	163	110	163	1.0_	1.03	110	1.05		1.00			
	Was the vehicle used p	rimanly by a	more		-		·	_							
33	than 5% owner or relate		Inore							1 1					
26	Is another vehicle availa	•	an al	<u> </u>	<u> </u>										
30	use?	able for perso	na										Į		
	036:	Castina C	- Questions f	ar Ema	Javara M	Vhe Pro	ude Vel	uolos :	for Lice b	y Thour E	molove		1		
۸	swer these questions to												re not m	ore than	5%
	ners or related persons	Getermine ii	you meet all e.	vcebuo	11 10 00111	ibieting (Section	5 (0. 1	Citioles de	30 0 0 7 0 1 1	ipio) cc	5 11110 0		010 111011	• / •
	Do you maintain a writte	en policy stat	tement that or	ohibite :	all carso	nal use r	of vehicle	es inc	ludina co	mmutina	hv vou	r		Yes	No
31	employees?	cii policy sta	tement that pr	OHIDII	m perso	na 030 (of vertice	C3, 1110	iddii ig oo	mmumg,	ψ, jou	•		133	1.00
20	Do you maintain a writte	en colley eta	tement that or	obibite	namonal	use of v	ahicles	excer	t commu	tina hv v	OUT				
	employees? See instru										-			1	
	Do you treat all use of v					13, 01100	1013, 01	1 70 01	111010 0111	1010					
	Do you treat all use of videous provide more th	•				Informat	ion from	VOUE	emnlovee	s about				<u> </u>	ļ
	the use of the vehicles,					VIIIId		. ,	on proyec	3 45001				1	
	Do you meet the require					monetra	ition use	.?							
+ 1	Note if your answer to	37, 38, 39 <i>4</i>	40. or 41 is "Ye	es." do i	not com	olete Se	ction B f	or the	covered v	ehicles					
-	art VI Amortization	3., 00, 00,		, 501									-		
	(a)			(b)	T	(c)		-	(d)		(e)	T		(f)	
	Description of	of costs		amortization begins	1	Amortizal amoun	ol e t	İ	Code section		Amoniza period or per	nod	Ar to	noruzation r this year	
42	Amortization of costs th	nat begins di			ar							, 1			

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	Amortization for this year	
2 Amortization of costs that begins duri	ng your 2001 tax year					
			<u> </u>			
13 Amortization of costs that began before	re your 2001 tax year			43		
44 Total Add amounts in column (f) Sec	instructions for where to	o report		44		

Form **4562** (2001) (Rev 3-2002)