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# Return of Organization Exempt From Income Tax

**2001**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**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 2001 calendar year, or tax year beginning 01/01/01, 2001, and ending 12/31/01, 20

62041 \*\*\*\*\*AUTU\*\*5-DIGIT 94609

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

**C** RUCKUS SOCIETY INC  
113 CHAPMAN AVE APT 7 - 369 15th St  
OAKLAND CA 94607-2677 94612-3035

**D** Employer identification number: 81-0504390

**E** Telephone number: (510) 763-7078

**F** Accounting method:  Cash,  Accrual,  Other (specify)

**G** Web site: www.ruckus.org

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

**K** Check here  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** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 479,816

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included?  Yes  No (If "No" attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4 digit GEN: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

		1a	1b	1c	1d	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received			474,918		
	<b>a</b> Direct public support					
	<b>b</b> Indirect public support					
	<b>c</b> Government contributions (grants)					
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 325,587 noncash \$ 149,331)					474,918
	<b>2</b> Program service revenue including government fees and contracts (from Part VII line 93)					
	<b>3</b> Membership dues and assessments					
	<b>4</b> Interest on savings and temporary cash investments					4,898
	<b>5</b> Dividends and interest from securities					
	<b>6a</b> Gross rents	6a				
	<b>b</b> Less rental expenses	6b				
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c				0
<b>7</b> Other investment income (describe _____)	7					
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
	<b>b</b> Less cost or other basis and sales expenses	8a	8b			
	<b>c</b> Gain or (loss) (attach schedule)	0	8c	0		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		8d			0
	<b>9</b> Special events and activities (attach schedule)					
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
	<b>b</b> Less fundraising expenses	9b				
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c				0
	<b>10a</b> Gross sales of inventory less returns and allowances	10a				
	<b>b</b> Less cost of goods sold	10b				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				0
Net Assets	<b>11</b> Other revenue (from Part VII, line 103)					
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					479,816
	<b>13</b> Program services (from line 44, column (B))					382,034
	<b>14</b> Management and general (from line 44, column (C))					64,477
	<b>15</b> Fundraising (from line 44, column (D))					35,742
Expenses	<b>16</b> Payments to affiliates (attach schedule)					
	<b>17</b> Total expenses (add lines 16 and 44, column (A))					482,253
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)					-2,437
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))					135,798
	<b>20</b> Other changes in net assets or fund balances (attach explanation)					
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)					133,361

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (schedule)	0			
24	Benefits paid to or for members (schedule)	0			
25	Compensation of officers, directors, etc	49,450	31,823	17,627	0
26	Other salaries and wages	73,872	55,112	3,857	14,903
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	3,938	2,995	404	539
29	Payroll taxes	14,153	10,763	1,453	1,937
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	281	0	281	0
32	Legal fees	6,750	6,750	0	0
33	Supplies	31,939	28,208	3,706	25
34	Telephone	27,624	25,124	2,366	134
35	Postage and shipping	2,820	991	1,032	797
36	Occupancy	35,146	31,533	1,411	2,202
37	Equipment rental and maintenance	19,691	9,859	6,785	3,047
38	Printing and publications	9,256	2,270	274	6,712
39	Travel	101,514	89,224	9,589	2,701
40	Conferences, conventions, and meetings	5,928	4,536	1,000	392
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (schedule)		0	0	0
43	Other expenses not covered above (itemize) a	99,891	82,846	14,692	2,353
b	See Statement 1				
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	482,253	382,034	64,477	35,742

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)**

What is the organization's primary exempt purpose? <b>Environmental Protection</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a See Statement 2 (Grants and allocations \$ _____)	
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>382,034</b>

**Part IV Balance Sheets** (See Specific Instructions on page 24)

<b>Note</b>		<b>(A)</b>		<b>(B)</b>	
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>		Beginning of year		End of year	
		135,798	45	133,361	
<b>45</b>	Cash—non-interest-bearing				
<b>46</b>	Savings and temporary cash investments	0	46	0	
<b>47a</b>	Accounts receivable	0			
<b>47b</b>	Less allowance for doubtful accounts	0	47c	0	
<b>48a</b>	Pledges receivable	0			
<b>48b</b>	Less allowance for doubtful accounts	0	48c	0	
<b>49</b>	Grants receivable	0	49	0	
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50		
<b>51a</b>	Other notes and loans receivable (attach schedule)				
<b>51b</b>	Less allowance for doubtful accounts	0	51c	0	
<b>52</b>	Inventories for sale or use	0	52	0	
<b>53</b>	Prepaid expenses and deferred charges	0	53	0	
<b>54</b>	Investments—securities (schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54		
<b>55a</b>	Investments—land, buildings, and equipment basis				
<b>55b</b>	Less accumulated depreciation (attach schedule)	0	55c	0	
<b>56</b>	Investments—other (attach schedule)	0	56		
<b>57a</b>	Land, buildings, and equipment basis				
<b>57b</b>	Less accumulated depreciation (attach schedule)	0	57c	0	
<b>58</b>	Other assets (describe _____ )	0	58		
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	135,798	59	133,361	
<b>60</b>	Accounts payable and accrued expenses	0	60	0	
<b>61</b>	Grants payable	0	61	0	
<b>62</b>	Deferred revenue	0	62	0	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
<b>64b</b>	Mortgages and other notes payable (attach schedule)	0	64b	0	
<b>65</b>	Other liabilities (describe _____ )	0	65	0	
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)	0	66	0	
<b>67</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
<b>67</b>	Unrestricted	135,798	67	133,361	
<b>68</b>	Temporarily restricted	0	68	0	
<b>69</b>	Permanently restricted	0	69	0	
<b>70</b>	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
<b>70</b>	Capital stock, trust principal, or current funds		70		
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		71		
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		72		
<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	135,798	73	133,361	
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	135,798	74	133,361	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)**

a	Total revenue, gains, and other support per audited financial statements	▶	a
b	Amounts included on line a but not on line 12, Form 990		b
(1)	Net unrealized gains on investments	\$	
(2)	Donated services and use of facilities	\$	
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify)		
		\$	
	Add amounts on lines (1) through (4)	▶	b
c	Line a minus line b	▶	c
d	Amounts included on line 12, Form 990 but not on line a		d
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)		
		\$	
	Add amounts on lines (1) and (2)	▶	d
e	Total revenue per line 12, Form 990 (line c plus line d)	▶	e

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	▶	a
b	Amounts included on line a but not on line 17, Form 990		b
(1)	Donated services and use of facilities	\$	
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify)		
		\$	
	Add amounts on lines (1) through (4)	▶	b
c	Line a minus line b	▶	c
d	Amounts included on line 17, Form 990 but not on line a		d
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)		
		\$	
	Add amounts on lines (1) and (2)	▶	d
e	Total expenses per line 17, Form 990 (line c plus line d)	▶	e

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributors to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 3				

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 27

Part VI Other Information (See Specific Instructions on page 27)		Yes	No	N/A
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity		<input checked="" type="checkbox"/>	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes See Statement 4	<input checked="" type="checkbox"/>		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," statement		<input checked="" type="checkbox"/>	
80a	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?		<input checked="" type="checkbox"/>	
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions			0
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>	
b	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)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
85	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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
d	Section 162(e) lobbying and political expenditures			85d
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			85e
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			85f
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			85h
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			86a
b	Gross receipts, included on line 12, for public use of club facilities			86b
87	501(c)(12) orgs Enter a Gross income from members or shareholders			87a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			87b
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		<input checked="" type="checkbox"/>	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0, section 4955 <input type="checkbox"/> 0			
b	501(c)(3) and 501(c)(4) orgs 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 a statement explaining each transaction		<input checked="" type="checkbox"/>	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> MT			
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)			90b 4
91	The books are in care of <input type="checkbox"/> John Sellers Telephone no <input type="checkbox"/> ( ) 510-763-7078 Located at <input type="checkbox"/> 369 15th Street, Oakland, CA ZIP + 4 <input type="checkbox"/> 94612			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	4,898	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		4,898	0
<b>105</b> Total (add line 104, columns (B), (D) and (E))				4,898	4,898

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 5

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: John Sellers Date: 8/6/2002

Signature of officer: John Sellers, Executive Director/CEO Date: 8/6/2002

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed) address and ZIP + 4	EIN	Phone no ( )	



**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

**Supplementary Information—(See separate instructions.)**

OMB No 1545 0047

**2001**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**The Ruckus Society**

Employer identification number

**81 0504390**

**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 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 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** (See page 2 of the instructions)

	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 ▶ \$ _____ (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.		✓
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities?		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	✓	
<b>e</b> Transfer of any part of its income or assets?		✓
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		✓
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		✓
<b>Note:</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.		

**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.)	497,153	382,205	125,249	186,778	1,191,385
<b>16</b> Membership fees received	0	0	0	0	0
<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	0	0	0	0	0
<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	4,241	2,601	1,191	549	8,582
<b>19</b> Net income from unrelated business activities not included in line 18	0	0	0	0	0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0	0	0	0	0
<b>23</b> Total of lines 15 through 22	501,394	384,806	126,440	187,327	1,199,967
<b>24</b> Line 23 minus line 17	501,394	384,806	126,440	187,327	1,199,967
<b>25</b> Enter 1% of line 23	5,014	3,848	1,264	1,873	
<b>26 Organizations described on lines 10 or 11</b>	<p><b>a</b> Enter 2% of amount in column (e) line 24</p> <p><b>b</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. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p><b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a</p> <p>26b</p> <p>26c</p> <p>26d</p> <p>26e</p> <p>26f %</p>
<b>27 Organizations described on line 12</b>	<p><b>a</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year:</p> <p>(2000) ..... <b>278,355</b> (1999) ..... <b>221,131</b> (1998) ..... <b>45,000</b> (1997) ..... <b>80,000</b></p> <p><b>b</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.) <b>Do not file this list with your return.</b> 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:</p> <p>(2000) ..... <b>0</b> (1999) ..... <b>36,500</b> (1998) ..... <b>4,100</b> (1997) ..... <b>0</b></p> <p><b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c <b>1,191,385</b></p> <p>27d <b>665,086</b></p> <p>27e <b>526,299</b></p> <p>27f <b>1,199,967</b></p> <p>27g <b>44 %</b></p> <p>27h <b>1 %</b></p>
<b>28 Unusual Grants</b>	<p>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. <b>Do not file this list with your return.</b> Do not include these grants in line 15.</p>				

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No" please explain (If you need more space, attach a separate statement )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues brochures announcements, and other written communications to the public dealing with student admissions programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

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

**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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (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
- e** Publications or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	<b>0</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



# Donations of \$5000 and over

Schedule B

Form 990

Part I Non-Cash Property

Not Open for Public Inspection

The Ruckus Society

81-0504390

Date	Name	Amount	Type of Contribution
11/14/2001		5,000 00	Individual
07/27/2001		100,000 00	Individual
06/12/2001		5,000 00	Individual
01/04/2001		5,000 00	Individual
01/04/2001		5,000 00	
8/29/2001		5,000 00	Individual
09/15/2001		5,000 00	Individual
5/25/2002		10,000 00	Individual
12/19/2001		25,000 00	Individual
12/3/2001		5,000 00	Individual
02/28/2001		5,000 00	Individual
06/12/2001		15,000 00	Individual
01/18/2001		5,300 00	Individual
5/25 and 6/1		5,000 00	Individual
05/09/2001		20 000 00	Individual
05/16/2001		149,330 68	Non-Cash

## Donations of \$5000 and over

<u>Date</u>	<u>Name</u>	<u>Amount</u>	<u>Type of Contribution</u>
12/19/200		5,100 00	Individual
		nc 10	
06/01/200		6,000 00	Individual
04/04/200		16 000 00	Individual
01/09/200		5,000 00	Individual
10/26/200		5,000 00	Individual

Schedule B  
Form 990

Not Open for Public Inspection

The Ruckus Society  
81-0504390

Part II Non-Cash Property

<u>Date</u>	<u>Name</u>	<u>Amount</u>
05/16/2001		109,764 00
05/16/2001		39,567 00





Statement 1  
Form 990  
Page 2  
Part II  
Question 43

The Ruckus Society  
81-0504390

Attachment listing other expenses for Part II

Description	Total	Pgm Services	Mgt and General	Fundraising
Food	\$18,968 00	\$18,566 00	\$402 00	\$0 00
Gear/Equipment (expendable)	\$19,235 00	\$17,059 00	\$2,176 00	\$0 00
Insurance	\$6,607 00	\$0 00	\$6,607 00	\$0 00
Professional Fees (other)	\$55,081 00	\$47,221 00	\$5,507 00	\$2,353 00
<b>Total</b>	<b>\$99,891 00</b>	<b>\$82,846 00</b>	<b>\$14,692 00</b>	<b>\$2,353 00</b>

Statement 2  
Form 990  
Page 2  
Part III  
Question

The Ruckus Society  
81-0504390

**Program Services**

<b>Achievement</b>	<b>Pgm Svc Exp.</b>
Provided Trainings for hundreds of students in the philosophy and use of non-violent direct action towards greater effectiveness in environmental protection	\$382,034 00
<b>Grants and Allocations:</b> \$0 00	
<b>Total</b>	<b>\$382,034 00</b>

Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Hrs	Comp	Benefits	Expenses
Tzeporah Berman 369 15th Street Oakland, CA 94612	Board Member	1	\$0 00	\$0 00	\$0 00
Mananne Manilov 369 15th Street Oakland, CA 94612	President	2	\$0 00	\$0 00	\$0 00
Sebia Hawkins 369 15th Street Oakland, CA 94612	Board Member	1	\$0 00	\$0 00	\$0 00
James Roof 369 15th Street Oakland, CA 94612	Chairman	5	\$15,000 00	\$0 00	\$0 00
John Sellers 369 15th Street Oakland, CA 94612	Executive Director/CEO	40	\$34,999 91	\$0 00	\$0 00
Dune Lankard 369 15th Street Oakland CA 94612	Board Member	1	\$0 00	\$0 00	\$0 00
Anita Roddick 369 15th Street Oakland, CA 94612	Board Member	1	\$0 00	\$0 00	\$0 00
Joe Hickey 369 15th Street Oakland, CA 94612	Board Member	1	\$0 00	\$0 00	\$0 00
Karen Mahon 369 15th Street Oakland, CA 94612	Board Member	1	\$0 00	\$0 00	\$0 00
Sue Danne 369 15th Street Oakland, CA 94612	Secretary	1	\$0 00	\$0 00	\$0 00
Michael Sowle 369 15th Street Oakland, CA 94612	Treasurer	1	\$2,700 00	\$0 00	\$0 00

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**Document Changes**

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Article IV Board of Directors

4 02 NUMBER, TENURE AND QUALIFICATION The number of directors of the corporation shall not exceed seven (7) Each director shall hold office until the subsequent annual meeting and until his/her successor shall have been selected and qualified

**MOTION**

Sebia Hawkins, Director, moved to amend Bylaw 4 02 to read "The number of directors of the corporation shall consist of between three (3) and eleven (11) members Each director shall hold office until the subsequent annual meeting and until his/ her successor shall have been selected and qualified "

James Roof, Board Chair, Seconded

Motion adopted unanimously by the Directors and Officers of The Ruckus Society Inc on the 27<sup>th</sup> day off February, 2001

Signed,



Sue Danne  
Secretary of the Board

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

OMB No. 1515-1700

▶ 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 990E.

**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 8738 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 <i>The Ruckes Society</i>	Employer identification number <i>81-0504390</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>369 15th St.</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Oakland, CA 94612</i>	

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 (3-month, for 990-T corporation) extension of time until *4/15*, 200*2* to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 200*2* or  
 ▶  tax year beginning \_\_\_\_\_, 20*02*, and ending \_\_\_\_\_, 20*02*.

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 ▶ *M. J. ...* Title ▶ *Treasurer* Date ▶ *4/5/02*

For Paperwork Reduction Act Notice, see instruction

Gen. No. 27918D

Form **8868** (12-2000)

