

Form **990-EZ**

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)

OMB No 1545 1150

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2002 calendar year, or tax year beginning , 2002, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization Cave Conservancy of Hawaii	D Employer identification number 56 ; 2286339
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 7032	E Telephone number (808) 929-7539
		City or town state or country and ZIP + 4 Ocean View, HI 96737-7032	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 ▶ <http://www.caves.org/conservancy/cch>

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

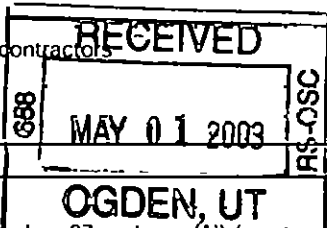
H Check ▶ if the organization is not required to attach Schedule B (Form 990 990-EZ or 990 PF)

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. ▶ \$ **50.00**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0 00	10	Grants and similar amounts paid (attach schedule)	10	0 00
2	Program service revenue including government fees and contracts	2	0 00	11	Benefits paid to or for members	11	0 00
3	Membership dues and assessments	3	50 00	12	Salaries, other compensation and employee benefits	12	0 00
4	Investment income	4	0 00	13	Professional fees and other payments to independent contractors	13	0 00
5a	Gross amount from sale of assets other than inventory	5a	0 00	14	Occupancy rent utilities, and maintenance	14	0 00
b	Less cost or other basis and sales expenses	5b	0 00	15	Printing, publications, postage, and shipping	15	0 00
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0 00	16	Other expenses (describe ▶ 0 00)	16	0 00
6	Special events and activities (attach schedule)			17	Total expenses (add lines 10 through 16)	17	0 00
a	Gross revenue (not including \$ 0 00 of contributions reported on line 1)	6a	0 00	18	Excess or (deficit) for the year (line 9 less line 17)	18	50 00
b	Less direct expenses other than fundraising expenses	6b	0 00	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	0 00
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0 00	20	Other changes in net assets or fund balances (attach explanation)	20	0 00
7a	Gross sales of inventory, less returns and allowances	7a	0 00	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	0 00
b	Less cost of goods sold	7b	0 00				
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0 00				
8	Other revenue (describe ▶ 0 00)	8	0 00				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	50 00				



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 page 39 of the instructions)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0 00	50 00
23	Land and buildings	0 00	0 00
24	Other assets (describe ▶ 0 00)	0 00	0 00
25	Total assets	0 00	50 00
26	Total liabilities (describe ▶ 0 00)	0 00	0 00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 00	50 00

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Part III Statement of Program Service Accomplishments (See page 39 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)	
What is the organization's primary exempt purpose? Cave conservation and education			
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			
28	Performed cave survey for Department of Hawaiian Homelands Mapped cave system to prevent building roads over cave passage This prevented cave collapse and preservation of cave ecosystem (Grants \$ 0)	28a	0 00
29	Sponsored graduate student to do aerial remote sensing of cave entrances to determine extent of cave system under subdivision development (Grants \$ 0)	29a	0 00
30	 (Grants \$)	30a	0 00
31	Other program services (attach schedule) (Grants \$)	31a	0 00
32	Total program service expenses (add lines 28a through 31a)	32	0 00

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions)				
(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
See attached list				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others) but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1 000 or more or 6033(e) notice reporting and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		<input checked="" type="checkbox"/>
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9		<input checked="" type="checkbox"/>
b	Gross receipts included on line 9, for public use of club facilities		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 00 section 4912 ▶ 0 00, section 4955 ▶ 0 00		<input checked="" type="checkbox"/>
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0 00		<input checked="" type="checkbox"/>
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶ 0 00		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ Hawaii		
42	The books are in care of ▶ Cindy Kay Heazlit Telephone no ▶ (408) 448-8857 Located at ▶ 5672 Bluegrass Lane San Jose, CA ZIP + 4 ▶ 95118-3513		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43		

Please [Signature] 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

Date 6/26/03

Part IV form 990-EZ for Year 2002
EIN 56-2286339

Cave Conservancy of Hawaii
PO Box 7032
Ocean View, HI 96737-7032

List of Officers

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
Don Coons RR1 Rutland, IL 61358	President/Director 5 hours	\$0 00	\$0 00	\$0 00
Mike Warner PO Box 10, Schoharie, NY 12157-0010	Vice- President/Director 3 hours	\$0 00	\$0 00	\$0 00
Ric Elhard PO Box 6313 Ocean View, HI 96737	Secretary/Director 3 hours	\$0 00	\$0 00	\$0 00
Cindy Heazlit 5672 Bluegrass Lane San Jose, CA 95118-3513	Treasurer/Director 10 hours	\$0 00	\$0 00	\$0 00
Chrissy Frotten 711 Captiva Ct Huntsville, AL 35803	Director 3 hours	\$0 00	\$0 00	\$0 00
Steve Lewis PO Box 53 Tenakee Springs, AK 99841	Director 3 hours	\$0 00	\$0 00	\$0 00
Rose Herrera PO Box 6313 Ocean View, HI 96737	Director 3 hours	\$0 00	\$0 00	\$0 00