

Return of Organization Exempt From Income Tax

2003

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 2003 calendar year, or tax year beginning , 2003, and ending , 20

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

C Name of organization
Cave Conservancy of Hawali Incorporated

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 7032

City or town, state or country, and ZIP + 4
Ocean View, HI 96737-7032

D Employer identification number
56 : 2286339

E Telephone number
(808) 929-7539

F Accounting method: Cash Accrual
 Other (specify) ▶

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

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

G Website: ▶ <http://www.caves.org/conservancy/cch>

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.

I Group Exemption Number ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **41216.27**

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 page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	36003.15		
	b Indirect public support	1b	0		
	c Government contributions (grants)	1c	0		
	d Total (add lines 1a through 1c) (cash \$ 34953.55 noncash \$ 1049.50)	1d			36003.15
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1530.00
	3 Membership dues and assessments	3			2125.00
	4 Interest on savings and temporary cash investments	4			86.62
	5 Dividends and interest from securities	5			0.00
	6a Gross rents	6a	0		
	b Less: rental expenses	6b	0		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0.00
	7 Other investment income (describe ▶ none)	7			0.00
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	0		
	(B) Other	8a	0		
	Less: cost or other basis and sales expenses	8b	0		
	Gain or (loss) (attach schedule)	8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			0.00	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a	0		
	b Less: direct expenses other than fundraising expenses	9b	0		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0.00
10a Gross sales of inventory, less returns and allowances	10a	1471.50			
	b Less: cost of goods sold	10b	736.56		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			734.94
11 Other revenue (from Part VII, line 103)	11			0.00	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			40479.71	
Expenses	13 Program services (from line 44, column (B))	13			1679.99
	14 Management and general (from line 44, column (C))	14			575.68
	15 Fundraising (from line 44, column (D))	15			213.30
	16 Payments to affiliates (attach schedule)	16			0.00
	17 Total expenses (add lines 13 and 14, column (A))	17			2468.97
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			38010.74
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			50.00
20 Other changes in net assets or fund balances (attach explanation)	20			0.00	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			38060.74	

SCANNED MAR 15 '04

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 page 22 of the instructions.)

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 \$ <u>0</u> noncash \$ <u>0</u>)	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	0	0	0	0
26	Other salaries and wages	0	0	0	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	0	0	0	0
33	Supplies	73.01	0	73.01	0
34	Telephone	0	0	0	0
35	Postage and shipping	89.60	0	89.60	0
36	Occupancy	0	0	0	0
37	Equipment rental and maintenance	0	0	0	0
38	Printing and publications	0	0	0	0
39	Travel	0	0	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize) a IRS fee	350.00	0	350.00	0
	b closing costs	1512.85	1512.85	0	0
	c land management	164.64	164.64	0	0
	d bank fees	65.57	2.50	63.07	0
	e promotional items and expense	213.30	0	0	213.30
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	2468.97	1679.99	575.68	213.30

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? Cave Conservation	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a Purchase of Ole's Puka Cave, Lot 63 of Kipuka Kanohina Cave, and the start of purchase for "the refuge" for Kipuka Kanohina Cave - Caves were protected	
(Grants and allocations \$ _____)	1679.99
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1679.99

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	0	45	151.34	
	46 Savings and temporary cash investments	50	46	23147.86	
	47a Accounts receivable	47a 0	/	/	
	b Less: allowance for doubtful accounts	47b 0			47c
	48a Pledges receivable	48a 0	/	/	
	b Less: allowance for doubtful accounts	48b 0			48c
	49 Grants receivable	0	49	0	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0	
	51a Other notes and loans receivable (attach schedule).	51a 0	/	/	
	b Less: allowance for doubtful accounts	51b 0			51c
	52 Inventories for sale or use	0	52	624.69	
	53 Prepaid expenses and deferred charges	0	53	0	
	54 Investments—securities (attach schedule).	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55a Investments—land, buildings, and equipment: basis	55a 0	/	/	
	b Less accumulated depreciation (attach schedule).	55b 0			55c
56 Investments—other (attach schedule)	0	56	0		
57a Land, buildings, and equipment: basis	57a 17000.00	/	/		
b Less: accumulated depreciation (attach schedule).	57b 0			57c	17000.00
58 Other assets (describe ▶ <u>undeposited funds</u>)	0	58	295.00		
59 Total assets (add lines 45 through 58) (must equal line 74)	50	59	41218.89		
Liabilities	60 Accounts payable and accrued expenses	0	60	143.01	
	61 Grants payable	0	61	0	
	62 Deferred revenue	0	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).	0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0	
	b Mortgages and other notes payable (attach schedule)	0	64b	3000.00	
	65 Other liabilities (describe ▶ <u>reimbursements owed</u>)	0	65	15.14	
66 Total liabilities (add lines 60 through 65)	0	66	3158.15		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		/		
	67 Unrestricted	50	67	8383.59	
	68 Temporarily restricted	0	68	29677.15	
	69 Permanently restricted	0	69	0	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.		/		
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).	50	73	38060.74		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	50	74	41218.89		

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 page 27 of the instructions.)

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

a Total revenue, gains, and other support per audited financial statements . . . ▶	a	N/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	

a Total expenses and losses per audited financial statements . . . ▶	a	N/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 page 27 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) Contributors to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Don Coons RR1 Rutland IL 61358	President/Director / 3	0	0	0
Mike Warner PO Box 10 Schoharie, NY 12157-0010	Vice Pres/Director / 3	0	0	0
Ric Elhard PO Box 6313 Ocean View, HI 96737-6313	Secretary/Director / 1	0	0	0
Cindy Heazlit 5672 Bluegrass Lane San Jose, CA 95118-3513	Treasurer/Director / 15	0	0	0
Rose Herrera PO Box 6313 Ocean View, HI 96737-6313	Director / 1	0	0	0
Chrissy Frotten 711 Captiva Ct. Huntsville, AL 35803	Director / 0	0	0	0
Steve Lewis PO Box 53 Tenakee Springs, AK 99841	Director / 2	0	0	0
Fred Stone PO Box 1430 Kurtistown, HI 96760	Director / 2	0	0	0

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 page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 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? 80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a Enter direct and indirect political expenditures See line 81 instructions 81b Did the organization file Form 1120-POL for this year? 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? 82b 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? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b 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 88 89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955 89a 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. 89b c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter Amount of tax on line 89c, above, reimbursed by the organization. 90a List the states with which a copy of this return is filed Hawaii 90b 0 b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 91 The books are in care of Cindy K. Heazlit Telephone no (408) 448-8857 Located at 5672 Bluegrass Lane San Jose, CA ZIP + 4 95118-3513 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue:					
a Cave Survey					1530.00
b _____					0
c _____					0
d _____					0
e _____					0
f Medicare/Medicaid payments					0
g Fees and contracts from government agencies					0
94 Membership dues and assessments					2125.00
95 Interest on savings and temporary cash investments					86.62
96 Dividends and interest from securities					0
97 Net rental income or (loss) from real estate:					
a debt-financed property					0
b not debt-financed property					0
98 Net rental income or (loss) from personal property					0
99 Other investment income					0
100 Gain or (loss) from sales of assets other than inventory					0
101 Net income or (loss) from special events					0
102 Gross profit or (loss) from sales of inventory					734.94
103 Other revenue: a _____					0
b _____					0
c _____					0
d _____					0
e _____					0
104 Subtotal (add columns (B), (D), and (E))					4476.56
105 Total (add line 104, columns (B), (D), and (E)).					4476.56

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 page 34 of the instructions.)

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)
93a	Cave survey located underlying cave passage. Redirected construction of roads/homes off of passage areas preventing collapse of land/cave. Rest is funding.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

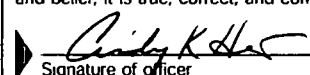
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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  Signature of officer 103/03/04
Date

Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
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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

2003

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

Cave Conservancy of Hawaii

Employer identification number

56 : 2286339

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
N/A				
.....				
.....				
.....				
.....				

Total number of other employees paid over \$50,000 ▶



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
N/A		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services ▶



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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	✓

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	0				0
16 Membership fees received	50.00				50.00
17 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
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0				0
19 Net income from unrelated business activities not included in line 18	0				0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0				0
21 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
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0				0
23 Total of lines 15 through 22.	50.00				50.00
24 Line 23 minus line 17.	50.00				50.00
25 Enter 1% of line 23	0.50				0.50

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . ▶	26a	
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶	26c	
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e Public support (line 26c minus line 26d total) ▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

(2002) 50.00 (2001) _____ (2000) _____ (1999) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2002) 0.00 (2001) _____ (2000) _____ (1999) _____

c Add. Amounts from column (e) for lines: 15 <u>0</u> 16 <u>50.00</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u> ▶	27c	50.00
d Add Line 27a total <u>50.00</u> and line 27b total <u>0.00</u> ▶	27d	50.00
e Public support (line 27c total minus line 27d total). ▶	27e	0.00
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . . ▶	27f	50.00
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . ▶	27g	0 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶	27h	0 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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
29 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?	<input type="checkbox"/>	<input type="checkbox"/>
30 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?	<input type="checkbox"/>	<input type="checkbox"/>
31 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.)	<input type="checkbox"/>	<input type="checkbox"/>
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	<input type="checkbox"/>	<input type="checkbox"/>
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<input type="checkbox"/>	<input type="checkbox"/>
34a Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
35 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	<input type="checkbox"/>	<input type="checkbox"/>

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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:	Yes	No	Amount
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.)			0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of.		
	(i) Cash	51a(i)	✓
	(ii) Other assets	a(ii)	✓
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	✓
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	✓
	(iii) Rental of facilities, equipment, or other assets	b(iii)	✓
	(iv) Reimbursement arrangements	b(iv)	✓
	(v) Loans or loan guarantees	b(v)	✓
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	✓

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship



Cave Conservancy of Hawaii
EIN: 56-2286339
Form 990 (2003) Schedule Attachment

Part IV line 64b Mortgages and other notes payable

<u>Mortgage</u>	<u>Rate</u>	<u>Balance</u>	<u>Lender</u>
Lot 63 – Kipuka Kanohina Cave Preserve	0%	\$3000.00	Amy Cox
Total		\$3000.00	

Donee Information Return
 (Sale, Exchange, or Other Disposition of Donated Property)

OMB No 1545-0908

▶ See instructions on back.

Give a Copy to Donor

**Please
Print
or
Type**

Name of charitable organization (donee)
Cave Conservancy of Hawaii

Employer identification number
56 : 2286339

Address (number, street, and room or suite no)
PO Box 7032

City or town, state, and ZIP code
Ocean View, HI 96737-7032

Part I Information on ORIGINAL DONOR and DONEE Receiving the Property

1a Name(s) of the original donor of the property
Fred Stone

1b Identifying number
058-32-7658

Note: Complete lines 2a-2d only if you gave this property to another charitable organization (successor donee).

2a Name of charitable organization

2b Employer identification number

2c Address (number, street, and room or suite no)

2d City or town, state, and ZIP code

Note: If you are the original donee, skip Part II and go to Part III now.

Part II Information on PREVIOUS DONEES—Complete this part only if you were not the first donee to receive the property.
 If you were the second donee, leave lines 4a-4d blank. If you were a third or later donee, complete lines 3a-4d. On lines 4a-4d, give information on the preceding donee (the one who gave you the property)

3a Name of original donee

3b Employer identification number

3c Address (number, street, and room or suite no)

3d City or town, state, and ZIP code

4a Name of preceding donee

4b Employer identification number

4c Address (number, street, and room or suite no)

4d City or town, state, and ZIP code

Part III Information on DONATED PROPERTY—If you are the original donee, leave column (c) blank

(a) Description of donated property sold, exchanged, or otherwise disposed of (if you need more space, attach a separate statement)	(b) Date you received the item(s)	(c) Date the first donee received the item(s)	(d) Date item(s) sold, exchanged, or otherwise disposed of	(e) Amount received upon disposition	
Several Rare Speleodigests and other caving books (partial sale of items at disposition - rest still in inventory)	July 5 2003		August 2003	\$809	50