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Department of the Treasury

# 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)

2008

OMB No 1545-1150

Open to Public Inspection

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 10/1 2008, and ending 9/30 20 Check if applicable Please C Name of organization D Employer identification number use IRS Address change Cave Research Foundation, Inc. 31 6052842 label or Name change print or E Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return type. 6304 Kaybro St. (301) 725-5877 Termination Specific City or town, state or country, and ZIP + 4 Amended return F Group Exemption Instruc-Laurel, MD 20707-2621 Application pending Number . tions. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► ☐ if the organization is **not** Website: ▶ www.cave-research.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Organization type (check only one) –  $\boxed{2}$  501(c) (3)  $\blacktriangleleft$  (Insert no)  $\boxed{2}$  4947(a)(1) or  $\boxed{2}$  527 Check 🕨 🗹 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 145,960 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 27,797 1 Contributions, gifts, grants, and similar amounts received. . . . 69,110 2 2 Program service revenue including government fees and contracts Membership dues and assessing EIVET 3 0 3 2,395 4 4 Investment income 5a Gross amount from sale of assets other than inventory 0 5a 5b Less cost or other basis and sales expenses 0 Gain or (loss) from sale of assets other than inventor (Subtract line 5b from line 5a) (attach schedule). 5c Special events and activities (compete applicable parts of Schedule G) If any amount is from gaming, check here Gross revenue (not including \$ 6a reported on line 1) 0 6b Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 46,658 Gross sales of inventory, less returns and allowances 7b 28,539 Less, cost of goods sold 18,119 7с Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe ► n/a ) Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 117,421 9 9 10 8,500 10 Grants and similar amounts paid (attach schedule) 0 11 11 Benefits paid to or for members . . . 0 12 12 Salaries, other compensation, and employee benefits 0 13 13 Professional fees and other payments to independent contractors 36,743 14 14 Occupancy, rent, utilities, and maintenance 15 4,383 15 Printing, publications, postage, and shipping Other expenses (describe > see attached statement 80,554 16 16 Total expenses. Add lines 10 through 16 130,180 17 17 -12,75918 Excess or (deficit) for the year (Subtract line 17 from line 9). 18 Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 1,224,436 19 end-of-year figure reported on prior year's return). Set 20 -25,298 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 . 21 1,186,379 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (A) Beginning of year (B) End of year (See the instructions for Part II.) 533,665 22 526,975 22 Cash, savings, and investments 650,771 23 629,404 23 Land and buildings . . Other assets (describe > Book inventory 40.000 24 30.000 24 1,224,436 25 1,186,379 25 Total assets . . . . 0 26 0 26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 21) 1,224,436 1,186,379

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat No 10642I

Form **990-EZ** (2008)

Form 990-E2 (2008)					raye a
Part III Statement of Program Service Accom					Expenses
What is the organization's primary exempt purpose? F	Promote cave research, ma	apping, and prese	ervation	(Rec	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz describe the services provided, the number of persons be	ation's exempt purposes Ir	a clear and cond	ise manner,	and	4947(a)(1) trusts, onal for others)
28 GRANTS AND FELLOWSHIPS: CRF awards seve					
support their thesis work in fields relating to cav					
		it recipients are s	elected		
by an independent panel of academic evaluators					0.500
(Grants \$ 8,500) If this amount incl	udes foreign grants, check	here	. ▶ 🗸	28a	8,500
29 PUBLICATIONS & EDUCATION: CRF produces a	quarterly newsletter docu	umenting mappin	g and		
scientific work done by CRF volunteers. We also	o produce a comprehensi	ve annual report	on CRF		
activities as well as occasional special publication	ons and maps				
(Grants \$ 0) If this amount incl	udes foreign grants, check	here	▶ □	29a	5,738
30 CAVE MAPPING, SCIENCE, AND MANAGEMENT	: CRF helps multiple state	e and Federal go	vernment		
agencies manage their cave resources for the pu					
biological studies, and developing and implemen			·		
				200	111,138
	udes foreign grants, check	nere	<u> </u>	30a	111,130
31 Other program services (attach schedule)					
<del></del>	udes foreign grants, check	here	_ ▶ └	31a	
32 Total program service expenses (add lines 28a th		<u> </u>	<u> </u>	32	125,376
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d (See the ins	structio	ons for Part IV)
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio		(e) Expense account and
(a) Name and address	devoted to position	enter -0)	employee benefit deferred compe		other allowances
R. Scott House	President, 8 hours				
1606 Luce St., Cape Girardeau MO 63701	President, 6 nours	o		0	C
Charles D. Fox		Ū			
	Vice President, 4 hours	_		0	,
5527 Nighthawk Dr., Indianapolis IN 46254		0		0	<u> </u>
Bernard W Szukalskı	Secretary, 3 hours	_			_
1224 Mira Monte Dr., Redlands CA 92373		0		0_	
Robert B. Hoke	Treasurer, 4 hours				
6304 Kaybro St., Laurel MD 20707	0			0	
John Lovaas	Director, 2 hours				
308 E Kimball Ave, Woodstock IL 60098	Director, 2 hours	0		0	C
Patricia E Seiser	Director, 2 hours				
1106 Tracy Pl., Carlsbad NM 88220	Director, 2 hours	0		0	C
Stephen C. Ormeroid			-		
	Director, 3 hours			0	,
629 W 4th St, Marysville OH 43040		0		0	
Diana R. Tomchick	Director, 3 hours	_			_
500 Kingston Dr., Irving TX 75061		0		0	
Joyce E Hoffmaster	Director, 3 hours				
7790 Frederick Pike, Dayton OH 45414	<u> </u>	0		0	0
George M Crothers	Director, 3 hours				
1825 Williamsburg Rd., Lexington KY 40504		0		0	C
Edward Klausner	Director, 3 hours				
1132 Hotz Ave., Iowa City IA 52245	Director, 3 flours	0		0	c
Trop troug to the drift in the					<u> </u>
					<u> </u>
			_		
			<u> </u>		
		-			
	<del> </del>				
	I				

Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			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	33		✓
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	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	L		,
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		ļ
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 000 0000 00000000000000000000000000	37b		- <b>/</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		Ĭ.
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	<u> </u> ,	,	,
	Closs receipts, included on line 9, for public use of club facilities	-		Ì
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 $\blacktriangleright$			
b	Section 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," complete Schedule L, Part I	40b		<b>√</b>
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		<b>✓</b>
41	List the states with which a copy of this return is filed. ▶ none			
	Located at P	) 7: 20707-	25-58 2621	77 
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>√</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
	and enter the amount of tax-exempt interest received of accided during the tax year.			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
	c	QQ	1-F7	(2000)

Par	tavi.	and complete the tables for lines 50 are		)(3) organiza	itions mu	ist answer (	questions	46–4	9
46	Did th	e organization engage in direct or indirect p	<del></del>	tivities on bel	nalf of or 11	n opposition	to	Ye	s No
		dates for public office? If "Yes," complete S					4	6	<b>√</b>
47	Did th	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II					4		<b>-</b>   ✓
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.								<b>-</b>
		e organization make any transfers to an exe	•	related organ	ızatıon?		49		<del>-                                     </del>
		s," was the related organization(s) a section					49		
		lete this table for the five highest compensate received more than \$100,000 of compensati						pioyee	·s) wno
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and averag hours per week devoted to position	1 1	mpensation	(d) Contribution employee benefit deferred compe	plans & a	(e) Expe account aer allow	and
none	9								
	<u></u>								
			<u> </u>						
<b></b> -									
 Total	numbe	er of other employees paid over \$100,000	0						
	compe	lete this table for the five highest compensa ensation from the organization. If there is no (a) Name and address of each independent contractor p	one, enter "None."			pe of service		Compens	sation
none	9				_				
					· <del></del>				
Total	numb	er of other independent contractors each re				0			
٥.		Under penalties of perions, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including a on of preparer (other than	sccompanying so n officer) is based	nedules and don all inforr	nation of which	preparer has	any kno	owledge owledge
Sign Here		Signature of officer				Date	m 20	10	
пеге	'	Robert B. Hoke, Treasurer							
	-	Type or print name and title		Date	Check if	Proporor's Is	dentifying Numb	er (See in	stri intione\
Paid Prepa	ror'e	Preparer's signature			self- employed			J. (055 III	
Use C		Firm's name (or yours of self-employed),				Phone po •	1		
May	the IDS	address, and ZIP + 4  S discuss this return with the preparer show	n ahove? See instri	ıctions		Phone no •		Yes	□ No
iviay	uie ii ye	o discuss this return with the preparer show	THE COURT OF THE PROPERTY OF T		<del></del>	<del></del>			<b>7</b> (2000)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Internal Revenue Service Employer identification number Name of the organization 31 6052842 Cave Research Foundation, Inc. Partil Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives. (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33/3 % 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). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III-Functionally integrated **b** Type II **d** Type III-Other a 🗌 Type I e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box . . \_ Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(III) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the organizations the organization supports. (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported in col (i) listed in your the organization in organization in col support organization (described on lines 1-9 governing document? (i) organized in the col (i) of your above or IRC section support? US? (see instructions)) Yes Yes No No Yes No **Total** 

Pai	Support Schedule for Org	anizations F	escribed in	Sections 170	0(b)(1)(A)(iv)	and 170(h)	(1)(A)(vi)
ı u	(Complete only if you check					ana 110(2)	( . ) ( . ) ( )
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	96,437	64,314	110,265	88,181	96,90	7 456,104
2	Tax revenues levied for the organization's						
2	benefit and either paid to or expended on						
	its behalf	0	0	0	0	-	0
3	The value of services or facilities						
	furnished by a governmental unit to the				0		
	organization without charge	0 00 407	0 04 014	110.005	00 101		0 0
4	Total. Add lines 1-3	96,437	64,314	110,265	88,181	96,90	456,104
5	The portion of total contributions by each	,	ĺ '	, ,			
	person (other than a governmental unit or publicly supported organization) included	ı	,	,	i	1	1
	on line 1 that exceeds 2% of the amount	,		-		•	7,640
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.	<u> </u>	- ,				448,464
	tion B. Total Support	- '		- 1	·		
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	96,437	64,314	110,265	88,181	96,90	7 456,104
8	Gross income from interest, dividends,		- 11 - 11				
	payments received on securities loans,						
	rents, royalties and income from similar sources	3,821	4,454	4,114	4,108	2,39	5 18,892
9	Net income from unrelated business						
•	activities, whether or not the business is						
	regularly carried on	0	0	0	0		0
10	Other income Do not include gain or						
	loss from the sale of capital assets	17,466	0	0	0		17,466
	(Explain in Part IV.)	17,400	0		<del></del>		492,462
11	Total support. Add lines 7 through 10	/				12	292,931
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for	•	,	 d third fourth	or fifth tay w		
13	organization, check this box and stop he						
Sec	tion C. Computation of Public Su		ntage				
14	Public support percentage for 2008 (line	6, column (f) dı	vided by line 11	, column (f))		14	91.1 %
15	Public support percentage from 2007 Scl	nedule A, Part I	V-A, line 26f			15	53.4 %
16a	331/4 % support test-2008. If the organi	zation did not d	check the box o	on line 13, and I	ine 14 is 331/3 9	6 or more, ch	eck this box
	and stop here. The organization qualifies	as a publicly s	supported organ	nization			▶ ☑
b	331/3 % support test-2007. If the organization					331/3 % or mor	
	box and stop here. The organization qua	•					.▶ ∐
17a	10%-facts-and-circumstances test - 20						
	more, and if the organization meets the "f						
	organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test – 2007						
	more, and if the organization meets the "f	acts-and-circum	stances" test, c	neck this box a	and stop here	Explain in Pa	TIV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

	dule A (Form 990 or 990-EZ) 2008						Page 3
	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support	·					
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ļ					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						<del> </del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						-
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b .						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	(=) 0004	(h) 0005	(-) 0006	(4) 0007	(-) 0000	(f) Total
Ga	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		<del> </del> -		<del>-</del>		<del> </del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	_					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here		nd, third, fourth ————————	n, or fifth tax y 	/ear as a secti 	on 501(c)(3)  ▶ □
Sec	tion C. Computation of Public Su					<del>, , ,</del>	
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S				(f)) 	15 16	<u>%</u> %
Sec	tion D. Computation of Investmer	nt Income P	ercentage				
17 18	Investment income percentage for 2000 Investment income percentage from 20				olumn (f)) .	17	% %
	33% % support tests—2008. If the organism not more than 33% %, check this b 33% % support tests—2007. If the organism support tests—2007.	anızatıon dıd r ox and <b>stop h</b>	ot check the b <b>ere.</b> The organi	ox on line 14, a zation qualifies	s as a publicly	supported org	anızatıon 🕨 🗌
20	line 18 is not more than 33% %, check this <b>Private foundation.</b> If the organization	s box and <b>stop</b>	here. The orga	nızatıon qualıfıe	s as a publicly	supported orga	anization 🕨 🔲
	. Treate Touridation. If the organization	aid flot cileck	a box on line	, , , , , o, , o, , , ab			0 or 990-EZ) 2008

Page	4

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
PART II, L	ine 10: This is unusual income received from an unknown source in 2004. The financial repotrts from that
year don't	explain the source of the income.

# Attachment to 2008 Form 990-EZ for the

### Cave Research Foundation EIN 31-6052842

Part I, Line 10: Grants and Allocations

Date	Recipient	Purpose	Amount
5/6/09	Andrew Frierdich	Graduate Research Fellowship	2,500
	Washington Univ., St Louis, MO 63130	_	
5/7/09	Logan Kıstler	Graduate Research Fellowship	1,500
	Penn State Univ., University Park, PA 16802		
5/7/09	Peter van Hengstum	Graduate Research Fellowship	2,500
	Dalhousie Univ., Halifax, NS Canada		
	(Note: this is a foreign grant)		
5/28/09	Katherine Knierim	Graduate Research Fellowship	2,000
	Univ. of Arkansas, Fayetteville, AR 72701		
	TOTAL		8,500

Note: The checks for the above fellowships were paid directly to the recipient's university with the exception of the grant to Hengstrum, which was paid directly to him. Grant recipients are selected by an independent panel of academic evaluators and none of the recipients were associated with any CRF officer, director, or other official in any way.

The grant made to Peter van Hengstum is a foreign grant (he is a student in Canada).

#### Part I, Line 16: Other Expenses:

	Admin	Prog. Service
Director and officer insurance	3,562	_
Treasurer bond	619	
Miscellaneous admin expenses	271	
Annual meeting	198	
Administrative postage	79	
Outside organization dues	75	
Ozarks Operations Area expenses		42,991
Eastern Operations Area expenses		23,996
International Fund expenses		3,615
Cartographic Fund expenses		3,543
Outreach event at International Congress of Speleology		706
Produce large-scale Mammoth Cave map		649
Lilburn Operations Area expenses		146
Lava Beds Operations Area expenses		104
Totals	4,804	75,750
Total Other Expenses	80,554	3 2