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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 1545-0047

Open to Public

Department of the Treasury

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

mer	nai Hevenue		The organization may have to use a copy or this return to satisfy state re			IIIabec	
<u>A</u> _	For the 2		ndar year, or tax year beginning October 1 , 2012, and endin	g Septe	mber 30	, 20 13	
В	Check if ap	pplicable	C Name of organization Cave Research Foundation, Inc.		D Employ	er identification n	umber
	Address ch	hange	Doing Business As			31-6052842	
	Name chai	nge	Number and street (or P O box if mail is not delivered to street address) Room/sui	E Telepho	ne number		
	Initial retur	n	6304 Kaybro St.			301-725-5877	
	Terminated	d	City, town or post office, state, and ZIP code				
	Amended	return	Laurel, MD 20707-2621		G Gross r	eccipts \$	168,933
$\bar{\sqcap}$			F Name and address of principal officer	H(a) is this	4	for affiliates? Yes	
_	, .ppoao.	peneg	Charles D. Fox, 5527 Nighthawk Dr., Indianapolis IN 46254	· ·		ncluded? Yes	
	Tay avana	nt status	✓ 501(c)(3) □ 501(c) () ◀ (insert no) □ 4947(a)(1) or □ 527			a list (see instruction	
<u>-</u>	Tax-exemp			 i			,
<u>J</u>	Website:		W.cave-research.org ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format			n number ▶	
_				ion 1957	M State	of legal domicile	KY
	art I	Summ					
			escribe the organization's mission or most significant activities:				
ø			and support research, management, and interpretation of caves and karst r				
Governance	<u>o</u>	verseas	; Promote the long-term conservation of caves and karst ecosystems; Explo	ore, survey,	and docu	ment all aspect	s of the
Ĕ	<u>u</u>	ındergro	und environment; Assist government agencies with management and prote	ction of cav	es on the	ır land.	
Š	2 (Check th	is box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or disposed ${f c}$	of more tha	n 25% of	its net assets	
	3 1	Number (of voting members of the governing body (Part VI, line 1a)		. 3	1	8
Š	4 1	Number (of independent voting members of the governing body (Part VI, line 1b)		. 4		
ij	5 T	Total nun	nber of individuals employed in calendar year 2012 (Part V, line 2a)		. 5		0
Activities &			nber of volunteers (estimate if necessary)		. 6		235
ď			elated business revenue from Part VIII, column (C), line 12		. 7a		0
	1	•	lated\business taxable income from Form 990-T, line 34	• • •	. 7b		0
_		voc arrico	TOTAL ON	Prior Y		Current Y	
Revenue		Contribut	tions and grants (Part-VIII, line 1h)			-	
					22,417	-	21,592
	9 F	rogram	service revenue (Part VIII, line 2g)		96,293		117,350
Ŗ	10 li	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		52,313		29,991
	11 0	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,728		0
			enue - add ines 8 through 11 (must equal Part VIII, column (A), line 12)		192,751		168,933
	13 (Grants ai	nd similar amounts paid (Part IX, column (A), lines 1-3)		11,900		9,800
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)		0		0
ç	15 S	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		0
Expenses	16a F	Professio	onal fundraising fees (Part IX, column (A), Ilne 11e)		0		0
be	ьт	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0				
ш	17 (penses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	130,182		169,823
	4		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		142,082	1	179,623
		•	less expenses. Subtract line 18 from line 12		50,669		(10,690)
- ×	1			Beginning of C		End of Ye	
ts o	20 T	Fotal acc	sets (Part X, line 16)				
Net Assets or Fund Balances	20 1		ollities (Part X, line 26)	· · ·	1,193,455		<u>1,182,765</u>
e t	21 T		· · · · · · · · · · · · · · · · · · ·		0		0
_			ts or fund balances. Subtract line 21 from line 20		1,193,455		<u>1,182,765</u>
	art II		ture Block	_			
Ur	nder penalti	es of perju	iry, I declare that I have examined this return, including accompanying schedules and stater lete. Declaration of preparer (other than officer) is based on all information of which preparer	ments, and to	the best of a	my knowledge and	belief, it is
	1	1 Comp	the broad and the state of the	That arry know	1 /	11 - 211	
٥.		_	rawy 1) pare		211	<u>41 2019 </u>	
Sig		Sign	ature of officer	D	ate	•	
Here ROBERT B HOKE, TREASURER							
		Туре	e or print name and title				
Pa	nid	Print/Ty	pe preparer's name Preparer's signature Da	ite	Check	T if PTIN	
	eparer	.[self-em		
	eparer se Only	1	name ►	Fir	m's EIN ▶		
U	e Only		address ▶		one no		 -
Ma	y the IRS		s this return with the preparer shown above? (see instructions)			TYe	s 🗌 No
	<u> </u>			o 11282V			990 (2012)

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	Facilitate and support research, management, and interpretation of caves and karst resources in the United States and overseas,
	Promote the long-term conservation of caves and karst ecosystems; Explore, survey, and document all aspects of the underground
	environment; Assist government agencies with management and protection of caves on their land
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$126,367 including grants of \$0) (Revenue \$76,845)
	CAVE AND KARST RESEARCH, MANAGEMENT, EDUCATION, AND CARTOGRAPHY: The primary focus of the Foundation
	is assisting government land managers who are responsible for cave and karst areas. Support includes inventorying caves and
	karst features, developing management plans to protect these unique resources, performing biological and other inventories in the caves, and systematically mapping the caves. Cooperative agreements are in place with Mammoth Cave National Park,
	Carlsbad Caverns NP, Buffalo River National Scenic Riverway, Mark Twain National Forest, Lava Beds National Monument,
	Seguoia-Kings Canyon NP, and others. The Foundation has a pool of over 200 active volunteers who do most of the actual
	work under the guidance of the various land managers. Over 18,000 fours of volunteer time were donated to the Foundation in
	2012-13.
4b	(Code:) (Expenses \$ 41,548 including grants of \$ 0) (Revenue \$ 40,505)
	PUBLICATION AND DISTRIBUTION OF CAVE-RELATED BOOKS AND MAPS. The Foundations published and distributes a
	variety of cave-related technical, scientific and popular books and maps on the science, history, exploration, and management
	of caves and karst landforms. Most of the books are sold through visitor centers in national parks that contain caves
4c	(Code:) (Expenses \$ 9,800 including grants of \$ 9,800) (Revenue \$ 0)
	GRADUATE RESEARCH GRANTS: The Foundation awards a variable number of graduate-level research grants each year to
	support thesis research in fields related to cave and karst studies. There were five grants made in 2012.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ▶ 177.715

Part l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>	-	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	Checklist of Required Schedules (continued)		1	1
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	-		† `
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
240	employees? If "Yes," complete Schedule J	23	<u> </u>	✓
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			_
	to defease any tax-exempt bonds?	24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		✓
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			† <u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		V
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		V
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
00	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34		√
ooa b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		*
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

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Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			_
	Official Confidence of Contains a respondence any question in the rank of the respondence and	•	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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 account)?	4a		1
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	100		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		√
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	14a		/
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6 7a		✓ ✓ ✓
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
а b 9	the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8a 8b	✓	√
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	_	ode.)	L <u>*</u> -
-			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		√
a b	The organization's CEO, Executive Director, or top management official	15a 15b		√
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		·	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Robert B. Hoke, Treasurer_6304 Kaybro St, Laurel MD 20707 301-725-5877	of the	;	

Part VII	Compensation of Officers, Directors	, Trustees, Key Employees	Highest Compensated Employees	, and
	Independent Contractors			

Check if Schedule O contains a response to any question in this Part VII...

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization no	Tarry relate	u orga	arıız			ompe	1150	Ted any curren	it officer, directo	r, or trustee.
					C)			1		
(A)	(B)	(do n	Position (do not check more t				ากค	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any		er and		lirect	or/trus		compensation	compensation from related	amount of other
	hours for	Individual trustee or director	lns:	Officer	l ĕ	em H	Former	the	organizations	compensation
	related	Jirec	로	cer	en	hes	mei	organization	(W-2/1099-MISC)	from the
	organizations below dotted	tor all t	ona		Key employee	8 6	,	(W-2/1099-MISC)		organization and related
	line)	rust	쿹		yee	npe		•		organizations
		ee	Institutional trustee		1	Highest compensated employee				
						<u>&</u>		 		
(1) Charles D. Fox	8									
President & Director	†	1		1				0	0	0
(2) Edward Klausner	4									
Vice President & Director	†	✓		1				0	0	0
(3) John Lovaas	4								<u>-</u>	
Secretary & Director	†	1		1				0	0	o
(4) Robert B. Hoke	5			_						
Treasurer	†	1		1				0	0	О
(5) Joyce R. Hoffmaster	3									
Director	1	1			1			0	0	0
(6) George M. Crothers	3									
Director		✓						ОО	0	0
(7) Derek C. Bristol	3									
Director	<u> </u>	✓				<u>.</u>		0	0	0
(8) Kayla N. Sapkota	3									
Director		1						0	0	0
(9) Benjamin V. Miller	3									
Director		✓	_		<u></u>			0	0	0
(10)	ļ	ļ								
(44)	 		-				_			
(11)	+	ĺ					i			
(12)										
(13)						-				
(14)										
								1		

	(A) Name and title	(B) Average hours per weck (list any hours for related organizations below dotted line)	of fice Individual	unles	Pos eck s pe	rson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatio related organizatio (W-2/1099-N	n from ons	Estr amo comp fro orga and	(F) mated ount of ther ensation m the nization related nizations
(15)						-	-						
(16)													
(17)													
(18)													-
													
												.	
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio	n A				•	> > >	0 0		0		(
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed :	above	e) w	ho received m	ore than \$1	00,000	O of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	bloyee, or high	est compe	ensated	3	Yes No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual					•			•				1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	dıvıdua	d 5	1
Section	on B. Independent Contractors	<u> </u>											<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.	•										•	
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation
none													
					_		-						
				-				-					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Form **990** (2012)

Part	VIII	Statement of Revenue Check if Schedule O contains a respon	es to any quest	ion in this Part VI	Ш		
		Check if Schedule O Contains a respon	ise to any quest	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b	0				
s, (Am	С	Fundraising events 1c	0				
Giff ilar	d	Related organizations 1d	0				
ns, šimi	е	Government grants (contributions) 1e	0				
er S	f	All other contributions, gifts, grants,					
di Ş		and similar amounts not included above 1f	21,592				
onti od (g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	.	21,592			
Jue .	İ		Business Code				
Ş	2a	Cave research & management	813312	76,845	76,845	0	0
Program Service Revenue	b	Cave-related book sales income	611710	40,505	40,505	0	0
Κįς	С			0	0	0	0
Ser	d			0	0	0	0
ᇤ	e			0	0	0	0
ogr	f	All other program service revenue.		0	0	0	0
مة	g	Total. Add lines 2a-2f		117,350			
	3	Investment income (including divide					
		and other similar amounts)		29,991	29,991	0	0
	4	Income from investment of tax-exempt bor	nd proceeds ►	0	0	0	0
	5	Royalties	>	0	0	0	0
		(ı) Real -	(II) Personal				
	6a	Gross rents 0	0				
	b	Less ⁻ rental expenses 0	0				
	С	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	>	0	0	0	0
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory o	0		-		
	b	Less: cost or other basis					
]	and sales expenses . 0	0				
	С	Gain or (loss)0	0		į		
	d	Net gain or (loss)	▶	0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ 0					
her Re		of contributions reported on line 1c) See Part IV, line 18 a	0				
₹		Less: direct expenses b	0				
		Net income or (loss) from fundraising e	vents . 🕨	0		0	0
	9a	Gross income from gaming activities					
		See Part IV, line 19 a	0				
	b	Less: direct expenses b	. 0			,	
	C	Net income or (loss) from gaming activ	ıtıes ▶	0	0	0	0
	10a	Gross sales of inventory, less					
		returns and allowances a	0				
	b	Less: cost of goods sold b	. 0			ĺ	
	c	Net income or (loss) from sales of invei		0	0	0	0
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a			0	0	0	0
	b			0	. 0	0	0
	С			0	0	0	0
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions	▶	168.933	147.341	o	O

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns 🗚	ll other organization	is must complete co	lumn (A).
	Check if Schedule O contains a respon-	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		- '		
	organizations in the United States See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	9,800	9,800		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	. 0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
a	Management	0	0	0	
b	Accounting	0	0	0	<u>_</u>
c d	Lobbying	0	0	0	
e	Professional fundraising services See Part IV, line 17	0	U	U	
f	Investment management fees	0	0	0	
g	Other (If line 11g amount exceeds 10% of line 25, column			<u> </u>	<u>_</u>
9	(A) amount, list line 11g expenses on Schedule O)	o	o	o	C
12	Advertising and promotion	0	0	0	0
13	Office expenses	0	0	0	C
14	Information technology	0	0	0	C
15	Royalties	0	0	0	
16	Occupancy	34,627	34,627	0	
17	Travel	0	0	0	C
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings	0	0	0	
20	Interest	0	0	0	
21 22	Payments to affiliates	0, 27,153	0 27,153	0	0
23	Insurance	1,753	27,153	0 1,753	
24	Other expenses Itemize expenses not covered	1,755		1,755	
27	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Cave research, mapping, & management	64,586	64,586	0	
b	Publicaton & sale of cave-related materi	41,548	41,548	0	
С	Administrative expenses	155	0	155	(
d		0	0	0	
е	All other expenses	.0	0:	0	
25	Total functional expenses. Add lines 1 through 24e	179,623	177,715	1,908	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	ionoming out of a fried one isol	l			

32

33

34

· Form 990 (2012) Page 11 **Balance Sheet** Part X (B) Beginning of year End of year 1 82.519 81,694 2 150,614 2 151,115 3 3 0 0 4 4 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. n 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 0 7 0 7 0 8 20,000 17,300 9 Prepaid expenses and deferred charges . 0 9 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 855 201 Less: accumulated depreciation . . 10b b 334,409 547,945 10c 520.792 11 Investments—publicly traded securities 382,376 11 411,864 0 12 Investments – other securities. See Part IV, line 11 12 0 13 Investments—program-related. See Part IV, line 11 0 13 0 14 ol 14 0 15 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,193,455 16 1,182,765 17 Accounts payable and accrued expenses 17 0 00 18 18 0 0 19 19 0 0 20 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 0 0 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . 0 24 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 0 26 26 Total liabilities. Add lines 17 through 25 . . 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 27 560,393 10,693 28 28 633,062 1,172,072 29 Net Assets or Fund 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances

1,182,765

1,182,765

32

33

34

1,193,455

1.193.455

Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		16	68,933	
2	Total expenses (must equal Part IX, column (A), line 25)		17	79,623	
3	Revenue less expenses. Subtract line 2 from line 1		(1	0,690)	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,19	93,455	
5	Net unrealized gains (losses) on investments			0	
6	Donated services and use of facilities			0	
7	Investment expenses			0	
8	Prior period adjustments			0	
9	Other changes in net assets or fund balances (explain in Schedule O)			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))		1,18	32,765	
<u>Part</u>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O.	1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
_	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2b		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			ļ	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c			
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<u></u>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b			
		Form	990	(2012)	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2012

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization Employer identification number

Inspection

		search Foundati								31-60		2		
_	art I			rity Status (All orga						nstructio	ns.			
he				ition because it is: (Fo		-		-	•					
1				hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).				
2				170(b)(1)(A)(ii). (Attac										
3				spital service organiza										
4				on operated in conjun	ction with	a hospit	al descrit	bed in se	ction 170	D(b)(1)(A)	(iii). E	Enter t	he	
			ne, city, and state											
5			on operated for a complete of the complete of	the benefit of a collegolete Part II.)	ge or uni	versity o	wned or	operated	l by a go	vernment	al ur	nit des	cribed	ın
6				nment or government							_ 41			
7	(₹.			receives a substantia (A)(vi). (Complete Par		its suppt	ort from a	a governi	mentai ur	iit or iron	n the	gener	ai pub	ИC
8		A community	trust described II	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II.)							
9				receives: (1) more that										
				d to its exempt funct										
				nt income and unrel						n 511 ta	x) fr	om bu	siness	es
			-	fter June 30, 1975. Se					•					
10		_	_	operated exclusively		-				•				
11				d operated exclusive										
				licly supported organ									section	on
				describes the type of							_			
	_	a ∐ Type I	b 🗌 Type	• •		•	_		Type III -1					
	e ∟			that the organization										
			_	ers and other than one	e or more	publicly	supporte	ed organ	izations o	described	ın s	ection	509(a)	(1)
	_	or section 509						_						
	f	_		written determination		ine IRS 1	that it is	a Type	I, Type I	II, or Typ	e III	suppo	orting	_
		•	check this box .					•					· L	
	g	following pers		he organization accep	oted any	gift or co	ontributio	n from a	iny of the	9				
				ndirectly controls, eitl					describe	d in (ii) ar	nd _)	es No	<u> </u>
		(iiı) below,	the governing bo	ody of the supported (organızat	ion?					•	11g(ı)		
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						1	l1g(ii)		
		(iii) A 35% cor	ntrolled entity of	a person described in	ı (ı) or (ıi) a	above?				•	1	1g(III)		_
	h	Provide the fo	llowing informati	on about the support	ed organı	zation(s).					_			
- (i) Nan	ne of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Did y	ou notify	(vi)	s the	(vii) A	mount o	of moneta	ary
	0	rganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col zed in the	1	supp	ort	
				(see instructions))	90.09			oort?		S ?	ĺ			
					Yes	No	Yes	No	Yes	No]			
A)														
יר														
B)														
														_
C)											•			
									ļ					_
D)														
			<u> </u>											_
E) 														_
		-												

18

Part	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	() 2000	# \ 0000 T				
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96,907	210,162	116,326	118,708	138,942	681,045
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	96,907	210,162	116,326	118,708	138,942	681,045
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,204
6	Public support. Subtract line 5 from line 4						676,841
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	96,907	210,162	116,326	118,708	138,942	681,045
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,395	3,409	`1,663	838	502	0.007
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,393	3,409	0	0	0	8,807
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0.	0	0
11	Total support. Add lines 7 through 10		.,				689,852
12	Gross receipts from related activities, etc.	•	•		[12	294,086
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3) ► □
	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6		-		L	14	98 11 %
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organization qual box and stop here. The organization qual	zation did not d	heck the box	on line 13, and	l line 14 is 33½		
b	331/3% support test—2011. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		لنا
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "factoring and a second sec	ets the "facts-a acts-and-circu	and-circumstar	nces" test, che	ck this box an	d stop here. E	ine 14 is xplain in ipported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization)11. If the orga	"facts-and-cir	cumstances"	test, check th	is box and sto	p here.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Co oti	If the organization rails to quality	under the te	sata liated bei	ow, piease co	omplete i ait	11./	
	on A. Public Support	(-) 0000	(-) 0000	(-) 0010	(-1) 0044	(-) 0010	(6) Takal
_	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012_	(f) Total
1	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	,	 				
2	sold or services performed, or facilities						
	furnished in any activity that is related to the			İ			
_	organization's tax-exempt purpose		ļ				
3	Gross receipts from activities that are not an			1			
	unrelated trade or business under section 513						
4	Tax revenues levied for the		}	•	ĺ		
	organization's benefit and either paid				1		
_	to or expended on its behalf						
5	The value of services or facilities			1			
	furnished by a governmental unit to the						
_	organization without charge		-				
6	Total. Add lines 1 through 5						
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 \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · · · · · ·					 	-
С 8	Add lines 7a and 7b		 	-	 		
0	line 6.)						
Sacti	on B. Total Support		1		1	<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(6) 2003	(0) 2010	(4) 2011	(6) 2012	(i) Total
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,					1	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		†				
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					-	
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u></u>		<u> </u>		L
14	First five years. If the Form 990 is for the						on 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>	· · · · ·	<u> </u>	<u> </u>
	on C. Computation of Public Suppor					11	
15	Public support percentage for 2012 (line 8					15	<u>%</u>
16	Public support percentage from 2011 Sch			<u> </u>		16	<u>%</u>
	on D. Computation of Investment In	_		v line 12 col··	mn (fl)	17	0/
17	Investment income percentage for 2012 (Investment income percentage from 2011)		• • •	-		18	<u>%</u> %
18	331/3% support tests—2012. If the organ						
19a	17 is not more than 331/3%, check this box						
L	331/3% support tests—2011. If the organiz		_			-	
Ь	line 18 is not more than 331/3%, check this						
00	Private foundation. If the organization di		-			· ·	_
_20	Trate roundation if the organization of	- 1.01 UNIOUN C	. 20% 011 1110 14	, , , , , , , , , , , , , , , , , , , ,	J. 1551 11 115 DUA		

Schedule A (F	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
-		
•		
-		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2012

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Cave Research Foundation, Inc. 31-6052842 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year). 2 Aggregate grants from (during year) . . 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2012

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	following that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	programs	
b	☐ Scholarly research		е	Other	·		
С	☐ Preservation for future generations	5					
4	Provide a description of the organization XIII.	tion's collections	and expla	ain how t	hey further th	ne organization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						lar Yes No
Part	IV Escrow and Custodial Arra						
	line 9, or reported an amoun					101101011111111111111111111111111111111	o 000, 1 a ,
1a	Is the organization an agent, trustee,				or contribution	ons or other assets r	not
	included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:		
		·		Ū		/	Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amoun	nt on Form 990, P	art X, line	21? .			☐ Yes ☐ No
b	If "Yes," explain the arrangement in P						
Par	V Endowment Funds. Compl					<u> </u>	
		(a) Current year	(b) Pri	or year	(c) Two years	back (d) Three years bac	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses				 		
	Grants or scholarships				l		
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance	l		- //			
2	Provide the estimated percentage of t	ne current year er	na baianc	e (line 1g	, column (a))	neid as:	
a b	Board designated or quasi-endowmen	0/	%				
	Permanent endowment ► Temporarily restricted endowment ►	%					
Ç	The percentages in lines 2a, 2b, and 2		nn 0/2				
3a	Are there endowment funds not in the	.c should equal re		zation tha	at are held a	nd administered for t	he
-	organization by:	5 p000000000000000000000000000000000000	io organii			id dariii ilotoroa for t	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations		• •				3a(ii)
b	If "Yes" to 3a(II), are the related organi	 izations listed as r	 eaured a	n Schedi	 le B?		3b
4	Describe in Part XIII the intended uses						
Part							
	Description of property	(a) Cost or of	ther basis	(b) Cost o	r other basis ther)	(c) Accumulated depreciation	(d) Book value
1a	Land	.					· · · · · · · · · · · · · · · · · · ·
b	Buildings				855,201	334,409	520,792
c	Leasehold improvements					301,130	020,732
d	Equipment						
е	Other						-
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part)	(, column	(B), line 10(c	:))	520.792

Part VII	Investments-Other Securit	ties. See Form 990, Part X,	line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financia	al derivatives	•		
(2) Closely-	-held equity interests	·		
(3) Other				
(A)				
(B)				
(C)				 -
(D)			<u> </u>	
(E) (F)				
(G)				
(H)	•			
(I)				
	(b) must equal Form 990, Part X, col (B) line 12) >		
Part VIII			line 13	
	(a) Description of investment type	(b) Book value	(c) Method of va	luation
			Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)	 			
(5)				
(6)				·
(7)				
(8)				
(9)				****
(10) Total. (Column	(b) must equal Form 990, Part X, col (B) line 13.,) ▶		
Part IX	Other Assets. See Form 990			
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		····		
(7)				
(8)	· · · · · · ·			
<u>(9)</u> (10)				· · · · · · · · · · · · · · · · · · ·
Total. (Col	umn (b) must equal Form 990, Part	X, col (B) line 15.)		
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		
(1) Federa	Il income taxes			
(2)				
(3)				
(4)			1	
(5)			<u> </u>	
(6)			-	
(7)				
(9)			1	
(10)			1	
(11)			1	
	(b) must equal Form 990, Part X, col (B) line 25	·	1	
	SC 740) Footnote In Part XIII, provide		ganization's financial statements that	reports the organization's
	uncertain tax positions under FIN 48 (AS			

art XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
` To	otal revenue, gains, and other support per audited financial statements	1	
Ar	mounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Ne	et unrealized gains on investments	_	
b Do	onated services and use of facilities		
c Re	ecoveries of prior year grants		
d 01	ther (Describe in Part XIII.)		
e Ac	dd lines 2a through 2d	2e	
Sı	ubtract line 2e from line 1	3	
Ar	mounts included on Form 990, Part VIII, line 12, but not on line 1:		
ı In	vestment expenses not included on Form 990, Part VIII, line 7b 4a		
01	ther (Describe in Part XIII.)]	
: Ac	dd lines 4a and 4b	4c	
To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
rt XI	Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retur	'n
To	otal expenses and losses per audited financial statements	1	
Ar	mounts included on line 1 but not on Form 990, Part IX, line 25:		•
a Do	onated services and use of facilities		
) Pr	rior year adjustments]	
Ot	ther losses		
I O1	ther (Describe in Part XIII.)]	
• Ac	dd lines 2a through 2d	2e	
Sı	ubtract line 2e from line 1	3	
Ar	mounts included on Form 990, Part IX, line 25, but not on line 1:		
ln'	vestment expenses not included on Form 990, Part VIII, line 7b 4a		
Of	ther (Describe in Part XIII)]]	
: Ac	dd lines 4a and 4b	4c	
To	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
rt XII	Supplemental Information		
Ar a Ind b Of c Ac To art XII mplete	mounts included on Form 990, Part IX, line 25, but not on line 1: vestment expenses not included on Form 990, Part VIII, line 7b	5 Part IV, lin	

Schedule D (Fø		Page
Part XIII	Supplemental Information (continued)	
•		
	······	
		••••

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service)		► Attach to Form 990.	Form 990.			Inspection
Name of the organization								Employer identification number
Cave Research Foundation, Inc.	tion, Inc.							31-6052842
Part General	Information	General Information on Grants and Assistance	Assistance					
1 Does the organ	ization mainta riteria used to	Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance?	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, and
2 Describe in Pai	t IV the organi	zation's procedur	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he use of grant fur	nds in the United	States.		
Part II Grants a Part IV, II	ind Other As ine 21, for an	sistance to Go y recipient that	vernments and received more the	Organizations i Ian \$5,000. Part	n the United St Il can be duplica	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizatior Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	the organization a space is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	of organization nt	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(6)		2						
(4)								
(5)								
(9)								
(7)		:						
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total num 3 Enter total num	iber of section iber of other or	501(c)(3) and gov ganizations listed	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ions listed in the li	ne 1 table			0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	on Act Notice,	see the Instruction	is for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2012)

Schedule I (Fi	Schedule I (Form 990) (2012)	Ра
Part III	art III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	١,
	Part III can be duplicated if additional space is needed.	

ו מון זון כמון סם מתלווסמופת וו מתקווים ומו	יו פאמכה וא ווכבתכת				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance ,
1 graduate thesis research grant	1	1,000	0	n/a	n/a
2 graduate thesis research grant	-	3,000	0	n/a	n/a
3 graduate thesis research grant	-	1,500	0	e/u	n/a
4 graduate thesis research grant	1	2,800	0	n/a	n/a
5 graduate thesis research grant	-	1,500	0	n/a	n/a
9					
2					
Part IV Supplemental Information. Complete this part to information.		ovide the information	n required in Part I,	line 2, Part III, column (b	provide the information required in Part I, line 2, Part III, column (b), and any other additional
The Foundation makes annual grants for graduate-level thesis research		ın academic fields related to caves and karst. The grants are awarded	to caves and karst. Th	e grants are awarded	
based solely on the ments of the grant requests submitted by the resear	ed by the researche	chers. Grant requests are reviewed by an independent committee of	reviewed by an indepe	ndent committee of	
academic researchers working in cave and karst-related fields. Grants are normally not awarded directly to the recipient, but are sent to their	fields. Grants are n	ormally not awarded di	irectly to the recipient,	but are sent to their	
university and the university administers the grant for the researcher	ie researcher Grant	t recipients are required	d to publish the results	Grant recipients are required to publish the results of their research in a public	
document, which can be the Foundation's quarterly "CRF Newsletter" or		other publications			
	1				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Cave Research Foundation, Inc.	31-6052842
FORM 990 PART VI, LINE 8b (Committee minutes): There are no committees currently in place with the	
Foundation's Directors. If such a committee is created it will be required to keep contemporaneous mi	nutes of its meetings and
actions.	
FORM 990 PART VI, LINE 11a (review of 990): Due to delays in producing this 990, it was not reviewed	by the Foundation's
Directors prior to submission. Future 990s will be submitted to the Directors for review and comments	·
FORM 990 PART VI, LINES 12, 13, and 14 (conflict of interest, whistleblower, and document retention)	There are draft copies
of the three policy papers out for review, but they have not been approved yet. The CRF Directors only	meet once a year so
policy papers will be discussed and approved via e-mail votes prior to the next annual meeting in Nove	mber, 2014
FORM 990 PART VI LINES 15a and 15 (Determining compensation): The Foundation's officers and Dire	ctors are unpaid
volunteers and the Foundation has no employees.	
FORM 990 PART VI, LINE 19 (document availability). The Foundation's governing documents and finan	cial statements are
available at no cost to anyone who requests them. The conflict of interest policy has not been approve	ed by the Directors, but
will be posted on the Foundation's Web site, www.cave-research.org, after approval	