COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

1. Na	me:
2. Ad	dress:
3. Em	aail Address:
4. Pho	one Number:
	* * * *
For W	itnesses Representing Organizations:
1.	Name: Peter Youngbaer
2.	Name of Organization(s) You are Representing at the Hearing: National Speleological Society
3.	Business Address: 2813 Cave Avenue Huntsville, AL, 35810-4431
4.	Business Email Address: [Information redacted for privacy]
5.	Business Phone Number: Main Office: (256) 852-1300

[Information redacted for privacy]

For Individuals:

Name/OrganizationPeter Youngbaer for the National Speleological Society (NSS)
Title/Date of HearingJune 24, 2011
a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. National Cave Rescue Commission Level One Certificate
b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. N.A.
c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing. N.A.
d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract. N.A.
e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. N.A.
f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. I have been the appointed WNS Liaison for the NSS since April of 2008. In that role, I maintain a web page for conveying information about WNS at www.caves.org/WNS . I also administer the Society's WNS research grant program know as our WNS Rapid Response Fund. I travel and speak widely on the subject of WNS,

and have participated in all the annual WNS meetings to date: Albany, Austin, Pittsburgh, and Little Rock. I

am a member of the North American Society for Bat Research and have attended the last four annual conferences to meet with and hear the presentations of those doing direct research on WNS.

Name/OrganizationPeter	Youngbaer	for	the	National	Speleological	Society	(NSS
)								
Title/Date of Hearing	_June 24, 2011							

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Strictly volunteer. White Nose Syndrome Liaison for the NSS since April, 2008. Vice President, Northeastern Cave Conservancy. Immediate Past President, Vermont Cavers Association. Fellow and Certificate of Merit awards from the NSS for work on WNS.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Sponsorships of the International Congress on Speleology, Kerrville, Texas, 2009: U.S. Geological Survey - \$5,000; Bureau of Land Management - \$5,000; U.S. Fish and Wildlife Service - \$2,500. The National Park Service also gave in-kind services, such as free entry to caves, value unknown.

- i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

 N.A.
- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

 N.A.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Sent as attachments. NSS Fiscal Year is April 1 through March 31.

Form **990**

Department of the Treasury

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)

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

OMB No 1545-0047 2009

Open to Public

	revenue						-	Inspection
			ndar yea	r, or tax year beginning 04- C Name of organization	01-2009 and ending 03-31-201	0	D Employer i	dentification number
	eck if ap Iress cha		lease se IRS	National Speleological Society	inc		E4-60268	267
		la	abel or	Doing Business As			54-60268 E Telephone	
	ne char	ty	rint or ype. See				(256) 852	2-1300
Init	ıal retur		pecific nstruc-		x if mail is not delivered to street addre	ss) Room/suite	, ,	ts \$ 2,090,524
Ter	minated		ions.	2813 Cave Avenue			G 01033 10001	ω ψ 2,030,32 τ
_ Am	ended r	eturn		City or town, state or country,	and ZIP + 4		1	
Г _{Арр}	lication	pending		Huntsville, AL 35810				
			F Nan	ne and address of principal	officer	H(a) Ic th	■ ıs a group retı	irn for
			A PERI	FRANTZ			is a group reco ates?	⊤Yes ▼No
				ENGLEWOOD AVENUE ATOS, CA 950324621				
			L05 G	1100,00 000024021		1 -	II affiliates incl	
	x-exem	pt status [501(c)) (3) ◀ (insert no))(1) or		o," attach a lis up exemption i	st (see instructions)
					,,,,	H(C) GIOC	ap exemption i	idilibei F
	ebsite	:► CAVE	SORG			<u> </u>		
		janization 🔽	Corporat	ion Trust Association Ot	her 🟲	L Year of fo	rmation	M State of legal domicile AL
Pa	rt I	Summa	ary					
	1	•		e organization's mission or	-		VEC	
e.		ADVANC.	ING THE	STUDY, CONSERVATION	, EXPLORATION, AND KNOWL	EDGE OF CA	VES	
Governance								
Ě								
Š	2	Check this	s box ►	_ if the organization discont	inued its operations or disposed	of more than	25% of its ne	t assets
	3	Number of	f voting r	nembers of the governing bo	ody (Part VI, line 1a)			3 13
න් රේ					governing body (Part VI, line 11			4 17
Activities &				nployees (Part V , line 2a)		,		5
₹				lunteers (estimate if neces				6 500
ဍ					Part VIII, column (C), line 12			7a (
				ness taxable income from F		•		7b
				THE STANDARD TO THE STANDARD T		Dric	or Year	Current Year
	8	Contribu	tions and	d grants (Part VIII, line 1h)		Pile	674,796	431,127
9	9						· · · · · · · · · · · · · · · · · · ·	
ē	-			revenue (Part VIII, line 2g)		113,647 72,050	851,564 742,315	
Revent	10				nes 3, 4, and 7d)			,
	11				5, 6d, 8c, 9c, 10c, and 11e) equal Part VIII, column (A), lin	_	75,987	65,518
	12			- ,	equal Part VIII, Column (A), mi	=	936,480	2,090,524
	13				lumn (A), lines 1-3)		51,080	62,086
	14	Benefits	paid to o	r for members (Part IX, col	ımn (A), lıne 4)			0
	15	Salaries,	otherco	ompensation, employee ben	efits (Part IX, column (A), lines 5	5 –		
Expenses		10)					105,573	111,527
ই	16a	Profession	onal fund	raising fees (Part IX, colum	n (A), line 11e)			0
ੜੀ	ь	Total fundr	aising exp	enses (Part IX, column (D), line 2	5) ▶ 0			
	17	Otherex	penses ((Part IX, column (A), lines 1	1a-11d, 11f-24f)		1,616,040	1,361,955
	18	Total exp	penses A	Add lines 13-17 (must equ	al Part IX, column (A), line 25)		1,772,693	1,535,568
	19	<u>Rev</u> enue	less exp	penses Subtract line 18 fro	m line 12		-836,213	554,956
<u>ም</u>					<u> </u>		g of Current	End of Year
Not Assets or Fund Balances						`	rear	
85. 8.	20			t X, line 16)			4,550,504	
골	21	Total liab	bilities (F	Part X, line 26)			612,199	89,521
	22				from line 20		3,938,305	4,493,361
Pai	t II	Signat	ture Blo	ock				
					ned this return, including accompanying of preparer (other than officer) is base			
					or preparer (other than officer) to base			
Sign	ı	*****				2010-	-12-02	
Here	2	Signatu	re of office	er		Date	· · · · · ·	
		A Pen F	rantz Secr	etary-Treasurer				
		Type or	r print nam	e and title				
		Preparer's	k .		1	Check If		ntıfyıng number
Paid		signature		ALL L HUNT		self- empolyed 🕨 🦳	(see instruction	
		Firm's nam	r ne (or vou	rs L RANDALL L HUNT LLC		emporyeu r	+	
Use		ıf self-emp	oloyed),	•			EIN Þ	
200	~ 111 <i>y</i>	address, a	nd ZIP + 4	119 S COURT STREET STE			Dhana	(256) 767,0000
				FLORENCE, AL 35630			Prione no 🕨	(256) 767-9808
Mayt	he IRS	S discuss	this retu	rn with the preparer shown a	bove? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE NSS IS DEDUCATED TO THE SCIENTIFIC STUDY OF CAVES AND KARST, PROTECTING CAVES THROUGH CONSERVATIEDUCATION, AND PROMOTING RESPONSIBLE CAVE EXPLORATION/CAVER FELLOWSHIP

) (Expenses \$ ONS, SEMINARS, CAVE RESCUE TR) (Expenses \$ NAL HQ, LIBRARY, ISSUES GRANTS services (Describe in Sche 230,322 incli	90,438 including grants of \$) (Revenue \$ 61,986) (Revenue \$)
ONS, SEMINARS, CAVE RESCUE TR	AINING, CAVE RESTORATION, 90,438 including grants of \$)
ONS, SEMINARS, CAVE RESCUE TR	AINING, CAVE RESTORATION, 90,438 including grants of \$)
ONS, SEMINARS, CAVE RESCUE TR	AINING, CAVE RESTORATION,)
, , , ,	, , , , , , , , , , , , , , , , , , , ,) (Revenue \$)
) (Expenses \$	810,444 including grants of \$) (Revenue \$)
ATIONS DISTRIBUTED FREE TO ME	MBERS INCLUDING JOURNALS,		
, , , ,) (Revenue \$)
((3) and 501(c)(4) organization (3) thers, the total expenses, and (4) (Expenses \$	(3) and 501(c)(4) organizations and section 4947(a)(1) trusts ar thers, the total expenses, and revenue, if any, for each program s	

art TV	Chack	list of	Deguired	Schedules
	CHECK	IIISL UI	reuun eu	Julieuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Complian
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Νo
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
la	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		No
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νo
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
	Organizations that may receive deductible contributions under section 170(c).			
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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		Νο
-	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49662	0-		NI ~
	Did the organization make any taxable distributions under section 4966?	9a 9b		No No
0	Section 501(c)(7) organizations. Enter	90		INU
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b]		

2813 CAVE AVE HUNTSVILLE, AL 35810

(256) 852-1300

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a b	Enter the number of voting members of the governing body 1a 17 Enter the number of voting members that are independent 1b 17			
2	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		Νο
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
4.0		10	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νo
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	STEPHANIE SEARLES			

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did r		sate any	/ curi	rent	or fo	rmer c	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forn	n 990 (2009)			Page				
1b	Total							
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.							
			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No				
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization. Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			No					
	ection B. Independent Contractors							
1								
			(C Compe	•				
NON								
		_						
		$-\!-\!$						

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕨

Form **990** (2009)

Form 9	•	•						Page 9
Part \	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u>\$</u> \$	1a	Federated cam	paigns 1a					
듄듯	ь	Membership du	es 1b	323,209				
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents 1 c					
# <u>#</u> #	d	Related organiz	ations 1d					
<u>ي</u> <u>ال</u> ي	e	Government grants	s (contributions) 1e					
tion S	f	All other contribution	ons, gifts, grants, and 1f	107,918				İ
έξ	g		butions included in					
풀풀								
ပိုင်း	h	Total. Add lines	s 1a-1f	· · · •	431,127			
<u> </u>				Business Code				
Tie.	2a	CONVENTION		611,710	798,540			798,540
Program Service Revenue	b	CAVE RESCUE TRA	IN	611,710	40,870			40,870
92	c	ADVERTISING		900,099	12,154			12,154
<u>₹</u>	d							
Ē	e							
Š Š	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a – 2f		851,564			
	3		ome (including dividen		,			
		and other simila	ar amounts)	. ▶	742,315			742,315
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	d	Gain or (loss)	s)	b -				
	8a	Gross income f						
evenue.		events (not inc \$3	luding ,867 reported on line 1c)					
<u></u>			а	3,867				
Ě	Ь		penses b	6,796	-2,929			-2,929
0	c 9a		loss) from fundraising	events F	-2,323			-2,929
Other Revenue	34	See Part IV, lin	rom gaming activities le 19 a					
	b		penses b					
	10a	Gross sales of returns and allo		vities				
			а	114,523				
	b		oods sold b	74,908	39,615			39,615
	С	Net income or (loss) from sales of inve	Business Code	39,015			29,615
	11a	OTHER	Nevellue	900,099	28,832			28,832
	ь	OTHER		,	,			
	, c							
	d	All other reven	ue					+
	e	Total. Add lines		·				
			- ·	· · · · • [28,832			
	12	Total revenue.	See Instructions .	►	2,090,524			1,659,397

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, b, 9b, 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 U.S. See Part IV, line 21	38,381	38,381							
2	Grants and other assistance to individuals in the									
	U S See Part IV, line 22	23,705	23,705							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	99,875	52,934	46,941						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,206	2,229	1,977						
9	Other employee benefits									
10	Payroll taxes	7,446	3,946	3,500						
11	Fees for services (non-employees)									
а	Management									
b	Legal									
c	Accounting									
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	763,173	763,173							
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	12,711		12,711						
23	Insurance									
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	CAVE RESCUE TRAINING	32,918	32,918							
b	BOOKSTORE AND LIBRAR	90,438	90,438							
c	PRINTING/PUBLICATION	243,239	243,239							
d	OTHER	92,476	58,466	34,010						
е	TRANSFER OF PROPERTY	127,000	127,000							
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	1,535,568	1,436,429	99,139						
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			621,587	1	150,499
	2	Savings and temporary cash investments			44,574	2	60,601
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			27,756	4	29,365
	5	Receivables from current and former officers, directors, trustees	, key	employees, and			
		highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		4958(f)(1)) and			
		Schedule L				6	
ste	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			202,160	8	213,386
⋖	9	Prepaid expenses and deferred charges			130,817	9	42,715
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,021,452			
	ь	Less accumulated depreciation	10b	106,820	1,041,748	10c	914,632
	11	Investments—publicly traded securities			2,481,862	11	3,171,684
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,550,504	16	4,582,882		
	17	Accounts payable and accrued expenses .			13,855	17	13,906
	18	Grants payable		18			
	19	Deferred revenue	598,344	19	75,615		
	20	Tax-exempt bond liabilities		20			
Şəļ	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
E.Ì		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			612,199	26	89,521
Ş		Organizations that follow SFAS 117, check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	lete lii	nes 27			
92(through 29, and lines 33 and 34.					
ılar	27	Unrestricted net assets			2,153,730		2,566,264
ä	28	Temporarily restricted net assets			1,011,096		1,282,718
Fund Balance	29	Permanently restricted net assets	_	_	773,479	29	644,379
		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
2	30	lines 30 through 34. Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.				31	
55	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances	iius		3,938,305	33	4,493,361
Net							
l	34	Total liabilities and net assets/fund balances			4,550,504	34	4,582,882

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis			
3a	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization National Speleological Society Inc

	•	54-6026867											
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instruct	ions										
he c	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)											
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).											
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	iii). Ente	r the									
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iv). (Complete Part II)	describe	- d ın									
6	\vdash	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Γ̈́	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)											
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	▽	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than its support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	n 331/3%	of	5 S								
0	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).											
.1	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d		a)(3).	Check								
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)											
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sup check this box	porting o	rganız	ation,								
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?											
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No								
		and (III) below, the governing body of the the supported organization?	11g(i)										
		(ii) a family member of a person described in (i) above?	11g(ii)										
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)										

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e ion in ted in erning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		,	instructions))	Yes	No	Yes	No	Yes	No
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

S	ection A. Public Support			,				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	137,525						137,525
2	grants ") Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	137,525						137,525
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)							
6	Public Support. Subtract line 5 from							137,525
_	line 4				1			137,323
	ection B. Total Support endar year (or fiscal year beginning				ı ı			
Car	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	209	(f) Total
7	A mounts from line 4	137,525						137,525
8	Gross income from interest,							
	dividends, payments received on	57,997						57,997
	securities loans, rents, royalties and income from similar	3.,551						3,,33.
	sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly							
	carried on							
10	Other income (Explain in Part							_
	IV) Do not include gain or loss							
11	from the sale of capital assets Total support (Add lines 7							105 533
	through 10)							195,522
12	Gross receipts from related activiti	es, etc (See instr	uctions)			12		
13	First Five Years If the Form 990 is the check this box and stop here	for the organizatio	n's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3	3) organı	zation, ▶
	eneek this box and stop here							
	ection C. Computation of Pub							
14	Public Support Percentage for 2009	9 (line 6 column (f) divided by line	11 column (f))		14		70 34 %
15	Public Support Percentage for 2008					15		
16a	33 1/3% support test—2009. If the				line 14 is 33 1/3%	or more	, check	this box ► ✓
ь	and stop here. The organization qua 33 1/3% support test—2008. If the	•	• • • •		5a. and line 15 is	33 1/3%	or more.	. ,
	box and stop here. The organization	-			•	·	,	▶ ┌
17a	10%-facts-and-circumstances test-	_						
	is 10% or more, and if the organization mee							rtad
	organization	is the lacts allu	Circumstances	test The Organiz	ation quannes as	a publici	, suppoi	►
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ							.,
	Explain in Part IV how the organization	tion meets the "fa	cis and circums	tances test Inc	e organization qua	nnes as a	a publicly	y ▶□
18	Private Foundation If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a c	or 17b, check this	box and	see	•
	instructions							▶ ┌

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

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support		_				
Cale	ndar year (or fiscal year beginnii in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do i include any "unusual grants")	not 412,168	425,319	593,028	674,796	431,127	2,536,438
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished any activity that is related to the organization's tax-exempt purpose	n 780,189	454,632	366,379	190,634	917,082	2,708,916
3	Gross receipts from activities th are not an unrelated trade or	nat					
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilitie furnished by a governmental unit the organization without charge						
6	Total. Add lines 1 through 5	1,192,357	879,951	959,407	865,430	1,348,209	5,245,354
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts included on lines 2 and received from other than disqualified persons that exceed the greater of \$5,000 or 1% of tamount on line 13 for the year	1					
С	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						5,245,354
	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	g (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	1,192,357	879,951	959,407	865,430	1,348,209	5,245,354
10a	Gross income from interest, dividends, payments received or securities loans, rents, royalties and income from similar sources		92,575	78,194	71,050	79,883	379,699
Ь	Unrelated business taxable income (less section 511 taxes from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	57,997	92,575	78,194	71,050	79,883	379,699
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)			175,527		662,432	837,959
13	Total support (Add lines 9, 10c, 11 and 12)	1,250,354	972,526	1,213,128	936,480	2,090,524	6,463,012
14	First Five Years If the Form 990 check this box and stop here	is for the organization	n's first, second,	thırd, fourth, or f	ıfth tax year as a	501(c)(3) organ	ization,
Se	ction C. Computation of P	ublic Support Pe	rcentage				
15	Public Support Percentage for 20	009 (line 8 column (f) divided by line :	13 column (f))		15	81 16 %
16	Public support percentage from 2	2008 Schedule A, Pa	rt III, line 15			16	93 07 %
Se	ction D. Computation of I	nvestment Inco	ne Percentag				
17	Investment income percentage f				(f))	17	5 87 %
18	Investment income percentage f	·				18	6 93 %
	33 1/3% support tests—2009. If				line 15 is more		
170	more than 33 1/3%, check this b					a.ii 55 1/5/0 alic	e 1 / 15 110t

33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. 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

	Explanation
Part III LINE 12 - INVESTMENT INCOME	

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493337001010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

	me of the organization Ional Speleological Society Inc		Emp	oloyer identification number	
Mat	ional speleological society Inc		54-6	6026867	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		ınds	or Accounts. Complete if	the
		(a) Donor advised funds	((b) Funds and other accounts	
L	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	-	or advı	Yes	No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		-		No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Forn	n 990, Part IV, line 7.	
L 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertifie	rically importantly land area d historic structure onservation	
				Held at the End of the Year	r
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	he organization during	
	the taxable year ►				
ı	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lling of	f violations, and Yes	No
5	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year ►	
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	g the year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tıon	☐ Yes ☐	No
•	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial nents	staten	ments that describes	
a r	Complete of the organization answered		or Otl	her Similar Assets.	
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	h ın fu		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir		•	
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	•	r finan	ncial gain, provide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Art	t, His	tori	<u>cal Tre</u>	<u>easur</u>	es, or O	the	r Similar <i>A</i>	SSE	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	hat are	a significa	ant u	se of its colle	ctioi	n	
а	✓ Public exhibition		d	Γ	Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	▼ Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	in hov	w the	y further	r the or	ganızatıon	's ex	empt purpose	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Γ	Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Y	es" to Form	990),	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions or	other ass	ets i	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng t	able		Г		A	moı	ınt	
c	Beginning balance							1c				
d	Additions during the year						ľ	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?				_			Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	wer	ed "Yes	" to F	orm 990,	Par	t IV, line 10)		
		(a)Current Year	(b) Prior	Year	(c)Two	Years Back	(d)	Three Years Bacl	((e	Four Ye	ears Back
1a	Beginning of year balance	326,409										
Ь	Contributions	10,155										
С.	Investment earnings or losses	98,109						-				
d	Grants or scholarships	33,022										
е	Other expenditures for facilities and programs	33,022										
f	Administrative expenses											
g	End of year balance	401,651										
2	Provide the estimated percentage of the yea	r end balance held	as		•					•		
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment - %	•										
c	Term endowment ► 100 000 % %											
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon	that	are held	and ad	lmınıstere	d for	the			
	organization by								_		Yes	No
	(i) unrelated organizations							•		a(i)	Yes	
L	(ii) related organizations	no lieted no require				•		•	· · · -	a(ii) 3b	Yes	
4	Describe in Part XIV the intended uses of th	•						•		JU		
	rt VI Investments—Land, Building					90. Pai	rt X. line	10.				
	Description of investment			(a	a) Cost or	other	(b)Cost or obasis (oth	other	(c) Accumulat		(d) Bo	ok value
1a	Land			+		551,487						651,487
ь	Buildings					362,067			100	,022		262,045
	Leasehold improvements					-						<u> </u>
d	Equipment					7,898			6	,798		1,100
	Other											

914,632

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	(a) Makkad af unlunkan
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	
Total (Column (h) should equal Form 990, Part Y, col (R) line 12.)	b	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, (a) Desc	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Desc	line 15.	
Part IX Other Assets. See Form 990, Part X, (a) Described in the second	line 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) lim Part X Other Liabilities. See Form 990, Part	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	line 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,090,524
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,535,568
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	554,956
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	554,956
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retur	
1	Total revenue, gains, and other support per audited financial statements	1	2,172,228
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 81,704		
e	Add lines 2a through 2d	2e	81,704
3	Subtract line 2e from line 1	3	2,090,524
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,090,524
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	
1	Total expenses and losses per audited financial statements	1	1,490,172
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	81,704
3	Subtract line 2e from line 1	3	1,408,468
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	127,000
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,535,468
Pai	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
		PART XII & XIII LINE 2D - INVENTORY COST OF GOOD SOLD - 74,908 &
		FUNDRAISING EXPENSE - 6,796
		PART XIII LINE 4B - TRANSFER OF PROPERTY TO U S FISH & WILDLIFE
		SERVICE AT 127,000
		PART III LINE 1A - THE SOCIETY'S COLLECTIONS ARE MADE UP OF PUBLICA-
		TIONS, ARTIFACTS OF HISTORICAL SIGNIFICANCE, SCIENTIFIC SPECIMENS,
		AND ART OFJECTS THAT ARE HELD FOR EDUCATIONAL, PUBLIC EXHIBITION,
		RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES EACH OF THE ITEMS IS
		CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR
		EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY
		THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM
		THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS

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DLN: 93493337001010

OMB No 1545-0047

Open to Public Inspect ion

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990.

Hospitals

► See separate instructions.

Employer identification number Name of the organization National Speleological Society Inc 54-6026867 Charity Care and Certain Other Community Benefits at Cost Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a 1a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 150% 100% Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care 300% T 350% 200% If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? 4 Does the organization budget amounts for free or discounted care provided under its charity care policy? 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted Νo 5c Does the organization prepare an annual community benefit report? 6a Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of activities or served benefit expense revenue expense total expense **Means-Tested Government** programs (optional) **Programs** (optional) Charity care at cost (from Worksheets 1 and 2) Unreimbursed Medicaid (from Worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs . _ . _ . Other Benefits e Community health improvement services and community benefit operations (from (Worksheet 4) . . . Health professions education (from Worksheet 5) . . Subsidized health services (from Worksheet 6) . .

Research (from Worksheet 7) Cash and in-kind contributions to community groups (from Worksheet 8) **Total** Other Benefits . . k Total. Add lines 7d and 71

	rt II Community Buildi	ng Activitie	s Complete t	his table if the o	organizati	on con	ducted any commur	nity b		age. G
	activities.	_	•		_		•	•		
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense		rect offset evenue	ting (e) Net communit building expense		(f) Pero total ex	
1	Physical improvements and housing	(орцопат)								
2	Economic development									
	·									
3	Community support							+		
4	Environmental improvements									
5	Leadership development and training for community members									
6	Coalition building									
7	Community health improvement advocacy									
8	Workforce development									
9	Other									
0	Total	o o Colleg	tion Dunctic							
ŒП	t IIII Bad Debt, Medicar	e, & Collec	tion Practice	es						
ect	ion A. Bad Debt Expense								Yes	No
L	Does the organization report b	•	se ın accordan	ce with Heathcare	Financial	Manage	ment Association	•		
<u>.</u>	Statement No 15? Enter the amount of the organi		eht evnense (at	t cost)				1		
	Enter the estimated amount of				• •					
	attributable to patients eligible					3				
ŀ	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	ng methodolog	jy used in deter	mining the amour			•			
ect	ion B. Medicare									
	Enter total revenue received fi	rom Medicare	(including DSH	and IME)		5				
	Enter Medicare allowable cost	s of care relat	ing to payments	s on line 5		6				
,	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the co	to which any sosting method	shortfall reporte ology or source	ed in line 7 should used to determin	be treated e the amou					
	Cost accounting system	l co	st to charge ra	tio I	O ther					
ect	ion C. Collection Practices									
a	Does the organization have a		•					9a		
)b Par	If "Yes," does the organization patients who are known to quater it iv Management Com	lify for charity	care or financia	al assistance? De				9b		
					(c) Organiz	ation's	(d) Officers, directors,	(6) Physic	ians'
	(a) Name of entity	(E	 Description of pr activity of entity 		profit % oi ownershi	r stock	trustees, or key employees' profit % or stock ownership%	pro	fit % or wnershi	stock
_										
							1			
0										
1										
2										
3										
4							-			

Part V	Facility Information									
	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

Sc	hedule H (Form 990) 2009	Page 4
P	art VI Supplemental Information	
Со	implete this part to provide the following information	
1	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III,	
	line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions	
_		
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_		
_		
2	Needs assessment. Describe how the organization assesses the health care needs of the communities it serves	
_		
_		
3	Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization.	
	charity care policy	ation 5
_		
_		
_		
_		
4	Community information. Describe the community the organization serves, taking into account the geographic area and demograph constituents it serves	nic
_		
_		
_		
5	Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the the communities the organization serves	health of
	the communities the organization serves	
_		
6	Provide any other information important to describing how the organization's hospitals or other health care facilities further its exe	empt
	purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)	
_		
7	If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in	
	promoting the health of the communites served	
_		
_		
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report	

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DLN: 93493337001010

OMB No 1545-0047

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

Schedule I

(Form 990)

Department of the Treasury

BUCKNELL UNIVERSIT

LEWISBURG, PA 17837 BOSTON UNIVERSITYONE

BOSTON, MA 02215

MARTS HALL

SILBER WAY

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

WNS RESRCH

WNS RESRCH

internal Revenue Service							Inspection
Name of the organization						Employer identific	ation number
National Speleological Society	Inc					54-6026867	
Part I General Inform	nation on Grants	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants o	rassistance?					√ Yes
Form 990, Part I	V, line 21 for any re	Governments and ecipient that received) if additional space i	more than \$5,000.	Check this box if n	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA NATURAL H217 GOVERNOR ST RICHMOND, VA 23219	546004497		7,500		FM∨		WNS RESRCH
ARKANSAS STATE UNI 2105 E AGGIE RD STATE UNIV,AR 72467	716000556		5,800		FMV		WNS RESRCH

13,390

11,591

•	Linter total number of section 301(c)(3) and government organization	7115
	Enter total number of other organizations	

IFM V

FMV

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
CONSERVATION, EXPLORATION, &	31	23,705		FMV	
RESEARCH					
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Identifier Return Reference Explanation								
		GRANTEES ARE REQUIRED TO PROVIDE REGULAR REPORTS ON THEIR ACTIVITIES, FINANCES,							
		AND TO WRITE ARTICLES FOR PUBLICATIONS EACH GRANT IS ADMINISTERED BY A							
		SPECIFIC COMMITTEE CHAIR WHO IS RESPONSIBLE FOR REVIEWING THESE REPORTS AND							

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DLN: 93493337001010

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nat	ional Speleological Society Inc	54-6026867			
Pa	rt I Questions Regarding Compensation				
	-			Yes	Νo
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenisement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	•			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		Νο
ь	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		N o
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in				
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow the	rebuttable presumption procedure described in Regulations	1	l	

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Determine the mid	(D) Northwell	(E) Tatal of a dumana	(F) Commonstant
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493337001010

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization
National Speleological Society Inc

Employer identification number

54-6026867

ldentifier	Return Reference	Explanation
		PART VILINE 6 - THE SOCIETY HAS APPROXIMATELY 11,000 WHO HAVE NO
		FINANCIAL INTEREST OR OWNERSHIP
		PART VILINE 7A - MEMBERS ELECT THE DIRECTORS, WHO IN TURN APPOINT THE
		OFFICERS THE DIRECTORS AND OFFICERS CONSTITUTE THE BOARD OF GOVERNORS
		PART VILINE 11A - THE SECRETARY TREASURER REVIEWS THE RETURN BEFORE
		PERMISSION IS GRANTED TO SUBMIT THE RETURN TO THE IRS
		PART VILINE 12C - THE SOCIETY HAS NUMEROUS ACTS AND POLICIES THE
		EXECUTIVE COMMITTEE INVESTIGATES POTENTIAL CONFLICTS AND MAKES

ldentifier	Return Reference	Explanation
		RECOMMENDATIONS TO THE BOARD

PART VI LINE 15 - THE OPERATIONS VP REVIEWS AND SETS COMPENSATION THE BOARD APPROVES COMPENSATION AS PART OF THE BUDGET THE OVP AND BOARD ARE INDEPENDENT PART VI LINE 19 - WRITTEN UPON REQUEST PART III LINE 4 - MEMBER SERVICES, FINE ARTS SALON, AWARDS, TRANSFER OF PROPERTY, AND OTHER PART IV LINE 11 - SEE SCHEDULE D FOR DETAILS

ldentifier	Return Reference	Explanation
		PART VII - THE NSS'S BOARD OF GOVERNORS CONSISTS OF 12 ELECTED

DIRECTORS AND 5 APPOINTED OFFICERS, ALL 17 OF WHOM VOTE

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

Cat No 51056K

Schedule O (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493337001010

OMB No 1545-0172

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Sequence No 67

Department of the Treasury See separate instructions. Attach to your tax return. Internal Revenue Service Name(s) shown on return **Identifying number** Business or activity to which this form relates

National Speleological Society Inc 54-6026867 NSS PROPERTY **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount See the instructions for a higher limit for certain businesses . \$ 125,000 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 12,711 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property **e** 15-year property **f** 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs MM S/L property ΜМ 27 5 yrs S/L 39 yrs S/L i Nonresidential real property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 12,711

and on the appropriate lines of your return Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24a Do you have evider	nce to support t	the business/investm	ent use o	claime	d? ┌ Yes	Гио			24b II	f "Yes,"	is the ev	/ idence	written?	Гүе	sГn	<u>o</u>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment C use percentage	(d) ost or oth basis	ner	Basis for (busines			(f) Recove penod	'	(g) Method/ Convention		(h Depred dedu	iation/		(i) Electe section cost	ed 179
5 Special depreciation allo	•		aced in se	ervice	during the	tax year	and u	sed mo	re tha	an 25						
6 Property used more	•	•	ness IIs	<u> </u>						25	<u> </u>					
or roperty used more	11411 50 70 1	%	1000 40													
		%							+		_			-		
7 Property used 50%	orlessina		s use													
		%							S/L							
		%							S/L S/L					-		
8 Add amounts in co	olumn (h), lın	ies 25 through 27	Enter	here	and on lir	ne 21,	oage	1		2	8					
9 Add amounts in co	olumn (ı), lını	e 26 Enterhere a	nd on lı	ne 7,	page 1					. –			29			
					mation											
omplete this section you provided vehicles to														se vehic	les	
30 Total business/inv	•	•			a)	T)		(с		T .	d)		=)		(f)
year (do not inclu		•	.ne	Vehi	ıcle 1	Vehi	cle 2	<u> </u>	ehic ehic	le 3	Vehi	cle 4	Vehi	cle 5	Veh	ıcle
31 Total commuting i	milas drivan	during the year						+								
32 Total commuting i		- ,	,,													
33 Total miles driven	•		-													
through 32 .																
34 Was the vehicle a	vailable for p	ersonal use	<u>\</u>	ſes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	N
during off-duty ho																\bot
35 Was the vehicle us owner or related p		by a more than 5	-													
36 Is another vehicle		r personal use?	. —													\top
Section	on C—Que	stions for Em	ploye	rs W	ho Pro	vide \	/ehi	cles	for	Use b	y The	eir Eı	nploy	ees	<u> </u>	
nswer these question % owners or related		•	except	ion to	complet	tıng Se	ction	B for	vehic	cles us	ed by e	mploy	ees wh	o are	not mo	re th
7 Do you maintain a employees?	•	•	prohibit •	ts all	personal	use of	vehic	cles, ı	ncluc	ling coi	mmutır	ng, by	your •	Y	'es	No
38 Do you maintain a	written polic	y statement that	prohibit	ts per	rsonal us	e of ve	nicles	s, exc	ept c	ommut	ıng, by	your				
employees? See t	he instructio	ns for vehicles us	ed by c	orpor	ate office	ers, dire	ector	s, or 1	.% o	r more	owners	•				
9 Do you treat all us	e of vehicles	s by employees as	persor	nal us	e? .							•				
10 Do you provide movehicles, and retain		•	mploye	es, o	btaın ınfo	rmatio	n fror	n you	remp	loyees	about	the us	e of th	e		
,									•			•	•	-		—
11 Do you meet the re													• •	-		
Note: If your answ Part VI Amorti	· · · · · · · · · · · · · · · · · · ·	, 39, 40, or 41 is	res,	ao no	t comple	te Sect	ion B	for tr	ie co	verea v	enicie	S				
Zart VI Amorti.		(b)								(6	<u>-</u>)					
(a) Description of c	osts	Date amortization begins	А	mort amo	ızable		C	(d) Code ection		A mort	zation od or			(f) rtızatı hıs ye		
12 A mortization of co	sts that bea		009 tax	year	(see inst	truction	ns)					<u>I</u>				
				,	(- 30 1110	1	- /									
13 A mortization of co	sts that beg	an before your 20	09 tax	year							43					
M Total Add amount	ts in column	(f) See the instru	ictions f	for wh	ere to re	nort					44					

Software ID: Software Version:

EIN: 54-6026867

Name: National Speleological Society Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	A verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
G BIRKHIMER PRESIDENT	20			X				0	0	0
LEE FLOREA EXECUTIVE VP	20			X				0	0	0
PERI FRANTZ SECR/TREASURER	30			X				0	0	0
RAY KEELER ADMIN VP	20			X				0	0	0
WM SHREWSBURY OPERATIONS VP	20			X				0	0	0
JOHN L COLE DIRECTOR	5	Х						0	0	0
BILL LIEBMAN DIRECTOR	5	Х						0	0	0
WM GARY BUSH DIRECTOR	5	Х						0	0	0
DEBRA YOUNG DIRECTOR	5	Х						0	0	0
JENNIFER FOOTE DIRECTOR	5	Х						0	0	0
MARK JOOP DIRECTOR	5	Х						0	0	0
SCOTT PARVIN DIRECTOR	5	X						0	0	0
RANDY PAYLOR DIRECTOR	5	Х						0	0	0
LINDA DEVINE DIRECTOR	5	Х						0	0	0
TED KAYES DIRECTOR	5	X						0	0	0
CAROL TIDERMAN DIRECTOR	5	X						0	0	0
KEITH WHEELAND DIRECTOR	5	X			_		_	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CAVE RESCUE TRAINING	32,918	32,918		
BOOKSTORE AND LIBRAR	90,438	90,438		
PRINTING/PUBLICATION	243,239	243,239		
OTHER	92,476	58,466	34,010	
TRANSFER OF PROPERTY	127,000	127,000		

Department of the Treasury Internal Revenue Service

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)

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

2008

OMB No 1545-0047

A Fo	or the 2	2008 ca	lendar yea	r, or tax year beginning 04-	01-2008 and ending 03-31-200	19			
B Ch	eck ıf a	pplicable	Please	C Name of organization National Speleological Society	Inc		D Employer i	dentification number	
┌ Ad	dress ch	ange	use IRS		iii C		54-60268		
Г №	me char	nge	label or print or	Doing Business As			E Telephone	number	
┌ Ini	tıal retur	rn	type. See Specific	Number and street (as D.O. he	x if mail is not delivered to street addre	ass) Deem /suite	(256) 852	2-1300	
_	mınatıo		Instruc- tions.	2813 Cave Avenue	x II maii is not delivered to street addre	ess) Room/suite	G Gross rece	ipts \$ 1,005,682	
☐ An	nended r	return		City or town, state or country,	and ZIP + 4	1			
Гар	plication	pending		Huntsville, AL 35810					
			F Nan	ne and address of Principal	Officer	W->			
				FRANTZ		affilia	s a group retu tes?	rn for	
				ENGLEWOOD AVENUE ATOS,CA 950324621					
T Ta	ıx-exem	pt status)(3) 4 (insert no)	a)(1) or \square 527	1 ' '	l affiliates inclu	·	
				, (3) 4 (1136.11 110) 1317.(1	327		o," attach a li: p Exemption N	st See instructions)	
) W	eb site	e: F CA	VES ORG			H(C) 5154	p Exemption i	tumber P	
K Typ	e of org	janization	▽ Corporat	cion trust association oth	ner ►	L Year of Fo	mation	M State of legal domicile	
		C							
Ра	rt I			e organization's mission or	most significant activities				
				_	I, EXPLORATION, AND KNOWL	EDGE OF CA	VES		
ತ್ತ		ADVAN	ICING THE	STODY, CONSERVATION	I, EXPLORATION, AND KNOWL	EDGE OF CA	VES		
区									
Governance	2	Check t	his box	ıf the organization discontir	nued its operations or disposed (of more than 2	5% of its asse	ets	
ŝ			,		ody (Part VI, line 1a)			17	
			-		governing body (Part VI, line 1			17	
<u>କ</u>				nployees (Part V, line 2a)			. 5		
Activities &				olunteers (estimate if neces			6		
Ş.				·	Part VIII, line 12, column (C)	_	7a		
-		-		iness taxable income from F		•	7 b		
						Pric	r Year	Current Year	
	8	Contri	butions and	d grants (Part VIII, line 1h)			593,028		
활	9						366,379	,	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines					78,194	72,050	
걆	11						175,527	75,987	
	12								
		12)					1,213,128	936,480	
	13			ar amounts paid (Part IX, co			17,461	51,080	
	14		•	or for members (Part IX, col					
92	15	Salarıe 10)	es, other co	ompensation, employee ben	efits (Part IX, column (A), lines	5 –	98,793	105,573	
DS 6	16a	•	sional fund	raising fees (Part IX, colum	un (A) line 11e)		681,847	0	
Expenses	ь			penses, Part IX, column (D), line			001,047		
Д	17	•		penses, Paπ IX, column (D), line (Part IX, column (A), lines 1	·			1,616,040	
	18				al Part IX, line 25, column (A))		798,101	1,616,040	
	19			penses Subtract line 18 fro			415,027	-836,213	
₹ 00	+	Keven	de less exp	Jenses Subtract fine 10 no	III IIIIe 12	Reginni	ng of Year	End of Year	
900 e	20	Total	assate (Da	rt X, line 16)		Degiiilli	4,881,204	4,550,504	
Net Assets or Fund Balances	21			Part X, line 26)			106,686	612,199	
3 E			-		1. franciska 20		· · · · · · · · · · · · · · · · · · ·		
	22			d balances Subtract line 2	1 from line 20		4,774,518	3,938,305	
Pa	rt II		ature Blo		ned this return, including accompanying	schedules and s	tatements and t	o the hest of my knowledge	
					n of preparer (other than officer) is base				
Plea		****				2010-	-01-09		
Sig:		Signa	ature of office	er		Date			
пет	е			RETARY/TREASURER					
		Туре	or print nam	ne and title	<u> </u>				
		Preparer				Check If self-	Preparer's PTI	N (See Gen Inst)	
Paid		signature	• •			empolyed •			
•	arer's		ame (or your	s RANDALL L HUNT LLC		· ·	ETNI &		
Use	Only		nployed), and ZIP + 4	119 S COURT STREET			EIN Þ		
		 		FLORENCE, AL 35630			Phone no 🕨	(256) 767-9808	
May	the IR:	S discus	s this retu		above? (See instructions)			✓ Yes	

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organ CAVE CONSERVATION AC					
2	the prior Form 990	or 990-EZ?		rvices during the year whi	ich were not listed on	res ✓ No
		iese new services on Scl				
3	services?			t changes in how it conduct	ets any program	Yes 🗸 No
_		iese changes on Schedu				
4	Section 501(c)(3) a		d 4947(a)(1) t	rusts are required to repo	gest program services by exp rt the amount of grants and a	
4a	(Code) (Expenses \$	284,886	ıncludıng grants of \$) (Revenue \$)
	PERIODIC PUBLICATION	NS DISTRIBUTED FREE TO ME	MBERS INCLUDI	NG		
4b	(Code) (Expenses \$	100,592	ıncludıng grants of \$) (Revenue \$)
	HOLD CONVENTIONS, S	SEMINARS CAVE RESCUE TRA	INING,			
4c	(Code) (Expenses \$	99,948	ıncludıng grants of \$) (Revenue \$)
-10	,) (Expenses \$ HQ, LIBRARY, ISSUES GRANTS	,	including grants of \$) (vereine à	,
		·				
4d	Other program ser	vices (Describe in Sche	odule O N			
Tu	(Expenses \$		uding grants o	f\$ 51,080)) (Revenue \$)
<u> </u>	Total program serv			7 Must equal Part IX lin		,

art IV	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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		Νο

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		V	
-	gaming (gambling) winnings to prize winners?	 i	 I	1c	Yes	
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	5			
b	If at least one is reported in 2a, did the organization file all required federal employr Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a		N o
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	• • edule i	0	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		Νο
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 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited			Νο
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		No
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h		No
8	required?	nd se	ction 509(a)(3)	/ '''		110
Ū	supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		No
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
_	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person	٠.		9b		N o
10	Section 501(c)(7) organizations. Enter	ــمــ	1			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b				
Б	facilities	100				
11	Section 501(c)(12) organizations Enter	_	_			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governina	Body and	Management

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 17			
b	Enter the number of voting members that are independent 11 15			
2	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		Νο
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N o
		TOD		וויט

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

SSEARLES 2813 CAVE AVE HUNTSVILLE, AL 35810 (256) 852-1300

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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 the organization did not compensate any officer, director, trustee or key employee (C) Position (check all that apply) (F) (E) (D) Estimated Highest compensated employee (B) Reportable Individual Trustee or Director Institutional Trustee Reportable amount of other Š Average compensation (A) compensation compensation from related hours Former Name and Title from the from the employee per organizations organization (Worganization and (W-2/1099week 2/1099MISC) related MISC) organizations

Form **990** (2008)

Part VII Continued

(A) Name and Title	(B) Average hours per week	on at Institutional Trustee	appl	y) ලි	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total		 		۲.	<u> </u>	<u></u>			

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	2		No
_				110
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Name and business address	Description of services	Compensation
3. Total number of independent contractors (including these in 1) who recoved more than \$\pi\$	100 000 in compansation	

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
				. Star Nevellue	Exempt	Business	Excluded from
					Function Revenue	Revenue	Tax under IRC
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
\$ \$	ь	Membership dues					
윤듯		1b					
SE .	С	Fundraising events					
Contributions, gifts, grants and other similar amounts	d	1c Related organizations1d					
2,2		Government grants (contributions) 1e					
ons sin	e		255 442				
重量	f	All other contributions, gifts, grants, and similar amounts not included above	355,442				
記さ		1f					
필	g	Noncash contributions included in lines 1a-1f \$265,000					
ं ल	h	Total (Add lines 1a-1f)		674,796			
			▶				
<u>a</u>	2-	CONVENTIONS	Business Code	24 524			0.4 50.4
n e	2a	CONVENTIONS	611,710	81,691			81,691
<u>\$</u>	b	CAVE RESCUE TRAINING	611,710	17,547			17,547
랋	С	ADVERTISING	900,099	14,409			14,409
ž	d						
Σ.	e						
ia i	f	All other program service revenue					
Program Serwce Revenue							
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	dends, interest				
		other similar amounts)	· · · · · · · · · · · · · · · · · · ·	72,050			72,050
			▶				
	4	Income from investment of tax-exempt bo	ond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental					
	c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
		 					
	8a	Gross income from fundraising events (not including					
		\$ 5,069					
Ē		of contributions reported on line					
<u>a</u>		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ě		\$15,000	5,069				
Other Revenue	ь	Less direct expensesb	6,731				
Ě	c	Net income or (loss) from fundraisi	·	-1,662			-1,662
0	0-		· •				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	a l					
		Less direct expensesb	stivities				
	C	Net income or (loss) from gaming a	retivities -				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	_	a	108,378				
	Ь	Less cost of goods sold b	61,471	46.007			46.007
	С	Net income or (loss) from sales of	· · · · · · · · · · · · · · · · · · ·	46,907			46,907
		Miscellaneous Revenue	Business Code	30 74-			30 745
	11a	OTHER	900,099	30,742			30,742
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					+
			\$ 30,742				
	12	Total Revenue. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	936,480			261,684
		8c, 9c, 10c, and 11e	. ▶				

Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, 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 U.S. See Part IV, line 21	20,133	20,133		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,947	30,947		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	93,921	49,778		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,206	2,230	1,976	
9	Other employee benefits				
10	Payroll taxes	7,446	3,946	3,500	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	74,073	74,073		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,568		6,568	_
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CAVE RESCUE TRAINING	17,318	17,318		
b	BOOKSTORE AND LIBRAR	99,948	99,948		
c	PRINTING/PUBLICATION	284,886	284,886		
d	CAVE MANAGEMENT	9,201	9,201		
e	INVESTMENT LOSSES	1,078,099		1,078,099	
f	All other expenses	45,947	1,117	44,830	
25	Total functional expenses. Add lines 1 through 24f	1,772,693	593,577	1,179,116	0
26	Joint Costs. Check from if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			_,	<u> </u>

Dart Y	Ralance	Sheet

			(A)		(B)
	1	Cash—non-interest-bearing	Beginning of year 206.548		End of year 621,587
	2	Savings and temporary cash investments	91,072	H	44,574
	3	Pledges and grants receivable, net	91,072	3	44,574
	4	Accounts receivable, net	27,692		27.756
	5	Receivables from current and former officers, directors, trustees, key employees or	27,002	-	27,730
		other related parties Complete Part II of Schedule L		5	_
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	201,451	8	202,160
÷	9	Prepaid expenses and deferred charges	26,375	9	130,817
Assets	10a	Land, buildings, and equipment cost basis 10a 1,286,8	47		
	ь	Less accumulated depreciation Complete Part VI of			
		Schedule D	99 780,017	10c	1,041,748
	11	Investments—publicly traded securities	3,548,049	11	2,481,862
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D.		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		15	
	1.6	D	4,881,204		4,550,504
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	8,241	17	13,855
	18	Accounts payable and accrued expenses .	0,241	18	15,655
	19	Grants payable	98,445		598,344
	20	Deferred revenue	90,443	20	390,344
\mathcal{L}	21			21	
≝	22	Escrow account liability Complete Part IV of Schedule D			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		1	
		persons Complete Part II of Schedule L		22	_
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	_
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	106,686	26	612,199
S do S		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	2,643,901	27	2,153,730
8	28	Temporarily restricted net assets	1,475,188	28	1,011,096
됟	29	Permanently restricted net assets	655,429	29	773,479
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
S O.	30	Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	4,774,518		3,938,305
Z	34	Total liabilities and net assets/fund balances	4,881,204		4,550,504
	ı 				· · · · · · · · · · · · · · · · · · ·
Pa	rt XI	Financial Statements and Reporting			

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	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		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public
Inspection

Natio	nal Spel	eological Societ	y Inc									
									-602686			
	rt I			harity Status (to be co					Instruct	ions)		
	organı:			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section :	170(Ь)(1)((A)(i).			
2	<u> </u>			t ion 170(b)(1)(A)(ii). (Attac								
3		A hospital	or a cooperativ	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the)
			name, city, and									
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	d by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).										
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its :	support fro	m a gove	rnmental u	ınıt or fron	n the gene	eral pub	lıc
		described i	n Sect ion 170(l))(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)					
9	<u>~</u>	An organiza	ation that norm	ally receives (1) more than	331/3%	of its supp	ort from c	ontributior	ıs, membe	rship fees	s, and gi	oss
		receipts fro	m activities re	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331,	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	ıncome (less sectio	on 511 tax	x) from bu	sınesse	s
		acquired by	the organization	on after June 30, 1975 See	Section 5	609(a)(2).	(Complet	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509((a)(4). (Se	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	efit of, to p	erform the	functions	of, or to o	arry out t	he purp	oses of
				orted organizations describe						Section 5	09(a)(3). Check
				type of supporting organiza					_	Гтуре		.
_	_	·	· ·			- Function		_	d			
е	ı	•		rtify that the organization is agers and other than one or			•				•	
		section 50		agers and other than one or	тоге рав	nely suppl	orteu orga	inzacions .	acsembed	III Section	1303(4	/(1/01
f		If the organ	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportin	ng orgar	iizatio <u>n,</u>
		check this						6.1				Г
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the)			
				r indirectly controls, either a	alone or to	ogether wi	th person:	s describe	d ın (ıı)		Yes	S No
				ng body of the the supported		_	•		. ,	11g		No
			· -	erson described in (i) above	_					11g(No
			•	ty of a person described in (hove?				11g(No
h				nation about the organizatio			supports			[5	/	
			3			•						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) 1	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
	Supp	orted		(described on lines 1-9	organiz	ation in	the orga	nızatıon	organiz	ation in	sup	port?
	Organ	nization		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	sup	port?	In the	US?		
					Yes	No	Yes	No	Yes	No	1	
					1 65	140	162	140	1 65	No	+	
										 	+	
						+	-			-	+	
										-	+	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box or	n line 5, 7, or	8 of Part I.)				
	ıblic Support				_	_		
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	144,506	137,525					282,031
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	144,506	137,525					282,031
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							282,031
	4							202,031
	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	144,506	57,997			1		282,031
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	51,492	57,997					109,489
9	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss							
	from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							391,520
12	Gross receipts from related activities, etc	(See instruction:	s)			12		
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	organızatıon's fır	st, second, third	l, fourth, or fiftl	ntax year as a 5	501(c)([3)	▶□
C	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14	1	72.03 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		
	a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
17a	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac	If the organizatio	n did not check	a box on line 1				iow the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organizatio	n did not check	a box on line 1	l 3, 16a, 16b, or	17a aı	nd line 15	
18	the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organizatio	n qualifies as a	a publicly suppo	rted or	ganızatıor	n ▶ 厂
	instructions							▶ □

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check	ced the box or	line 9 of Part	1.)			
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	428,862	412,168	425,319	593,028	674,796	2,534,173
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	408,018	780,189	454,632	366,379	190,634	2,199,852
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1-5	836,880	1,192,357	879,951	959,407	865,430	4,734,025
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts 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	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						4,734,025
	line 6)						
	tal Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	836,880	1,192,357	879,951	959,407	865,430	4,734,025
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,492	57,997	92,575	78,194	72,050	352,308
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
С	Add lines 10a and 10b	51,492	57,997	92,575	78,194	72,050	352,308
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss						
12	from the sale of capital assets (Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and 12))1(2)(2)	5,086,333
14	First Five Years If the Form 990 is for the o check this box and stop here		st, secona, tnira	, rourth, or fifth t	ax year as a su	organiz	ation, ►
	mputation of Public Support Perce						
15	Public Support Percentage for 2008 (line 8	column (f) dıvıd	ed by line 13 co	lumn (f))		15	93 07 %
16	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 27g			16	93 90 %
Co	mputation of Investment Income	Percentage					_
17	Investment Income Percentage for 2008 (li		f) divided by line	= 13 column (f))		17	6 93 %
18	Investment Income Percentage from 2007	Schedule A . Par	t IV-A. line 27h			18	6 10 %
	33 1/3% Tests - 2008. If the organization di				ora than 22 1/2		0 10 %
TAG	17 is not more than 33 1/3%, check this bo						n ▶ ▽

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10;
	Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization National Speleological Society Inc 54-6026867 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 Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II 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 pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section

the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, 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

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- 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 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) 2008

Part	Organizations Maintaining Co	llections of Art, F	<u>listo</u>	ric	<u>cal Treasu</u>	res, or Othe	er Similar Ass	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of	f the f	ollo	owing that are	a significant i	use of its collect	on	
а	▼ Public exhibition	C	d [_	Loan or exch	nange program:	S		
ь	Scholarly research	•	. Г	-	Other				
С	✓ Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain I	how th	ne v	further the o	rganization's e	xempt purpose ii	1	
•	Part XIV	one care and capitain		,	141111111111111111111111111111111111111	· gamzation o	жетре рагросс п	•	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to		,				mılar T	_ Yes	□ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar	Arrangements. Co	mple	ete	if the orga				,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedia	ary for	rco	ontributions o	r other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	ete the following table							
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	1?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	•							
Par	t V Endowment Funds. Complete								
			(b)Prid	or Y	ear (c)Two	Years Back (d)Three Years Back	(e) Four Y	'ears Back
1a	Beginning of year balance	462,531							
b	Contributions	16,203							
С	Investment earnings or losses	-128,612							
d	Grants or scholarships								
e	Other expenditures for facilities and programs	22,700							
f	Administrative expenses	1,013							
q	End of year balance	326,409							
2	Provide the estimated percentage of the year	r end balance held as							
a	Board designated or quasi-endowment								
Ь	Permanent endowment								
	400.000								
c 3a	Term endowment ► 100 000 % Are there endowment funds not in the posse	ssion of the organization	n tha	t a	re held and a	dministered foi	r the		
-	organization by	solon of the organization)		To Hold dild d			Yes	No
	(i) unrelated organizations						3a(i) Yes	
	(ii) related organizations						3a(i	i) Yes	
b	If "Yes" to 3a(11), are the related organization	·					3b		
4	Describe in Part XIV the intended uses of th								
Par	t VI Investments—Land, Building	s, and Equipment.	. See	F	orm 990, Pa	irt X, line 10.	i	1	
	Description of investment		ı) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
	and				765,892				765,892
1a L							1		,
	Buildings				362,067		88,411		<u> </u>
b E					362,067		88,411		<u> </u>
b E	Buildings				362,067 7,898		88,411 5,698		273,656
b E c L d E	Buildings	· · · · · · · · · · · · · · · · · · ·							273,656

Part VII	Investments—Other Securities. See	Form 990, Part X, line 1	12.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation -year market value
Financial d	derivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12)			
Dart VIII	Investments—Program Polated So	o Form 000 Part V Juno	12	
rait VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		-year market value
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 13) 🕨			
Part IX				
	(a) Descri	ption		(b) Book value
Total (Cali	umn (h) chould equal Form 000. Park V. cal (B) line	15)		
	omn (b) should equal Form 990, Part X, col.(B) line Other Liabilities. See Form 990, Part X		<u></u>	
PartA	(a) Description of Liability	(b) A mount		
Federal In	come Taxes	(-,	1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
-			1	
			1	
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 25) μ		1	
	<u> </u>	1	_	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	936,480
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,772,693
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-836,213
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-836,213
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial		1,004,682
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	68,202
3	Subtract line 2e from line 1	3	936,480
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	936,480
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn
1	Total expenses and losses per audited financial statements	1	1,840,895
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 68,202		
e	Add lines 2a through 2d	2e	68,202
3	Subtract line 2e from line 1	3	1,772,693
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,772,693
Pai	rt XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XIV , I	ines 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
		INVENTORY COST OF GOODS SOLD - 61,471
		FUNDRAISING EXPENSES - 6,731
		INTERNATIONAL EXPLORATION AND CAVE CONSERVANCY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493014006060

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization National Speleological Society Inc **Employer identification number**

54-6026867

Pa	art I Charity Care and	d Certain O	ther Com	munity Benefits a	t Cost (Optional for	r 2008)			
								Yes	No
1a	Does the organization have a	charity care	policy? If "N	lo," skip to question 6a			1a		
b	b If "Yes," is it a written policy?								
2	If the organization has multip care policy to the various ho		ındıcate whic	ch of the following best	describes application	of the charity			
	A pplied uniformly to all h			Applied uniformly	y to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applies	to the largest number	of the			
а	Does the organization use Fe income individuals? If "Yes,'				· · · · · · · · · · · · · · · · · · ·		3a		
	Г 100%	Γ 2	00%	Other	%_				
b	Does the organization use FF	G to determin	ne eligibility	for providing <i>discounte</i>	d care to low income ii	ndıvıduals? If			
	"Yes," indicate which of the f						3b		
	Γ _{200%} Γ _{250%}	_	F	- 350% Г 400	_	04	35		
	I 200% I 250%	1 300	1% I	350% I 400	0% I Other_	%			
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ıde ın the description v	hether the organization				
4	Does the organization's polic	y provide free	ordiscount	ed care to the "medica	lly indigent"?		4		
5a	Does the organization budge	t amounts for	free or disco	unted care provided ur	nder its charity care po	olicy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted a	mount?		5b		
c	If "Yes" to line 5b, as a resu care to a patient who was elig	_		-	-		5c		No
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b		
	Complete the following table worksheets with the Schedul		ksheets prov	vided in the Schedule F	I instructions Do not	submit these			
7	Charity Care and Certain (ther Commu	nity Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex	
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a)								
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)									
d	Total Charity Care and Means-Tested Programs .								
Other Benefits e Community health improvement services and community benefit operations (from (worksheet 4)									
f	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
h	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8) Total Other Benefits								
-	Total (line 7d and 71)						-		

Pa	rt II Community Building activities) (Optional		es (Comple	ete this table if the	organizat	ion cond	ducted any comm	unity	buildir	ng
	activities) (Optional	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		ect offsettin	g (e) Net commu building expen		(f) Per total ex	
1	Physical improvements and housing									
2	Economic development									
3	Community support									
4										
5	Environmental improvements Leadership development and training for community members									
<u>-6</u>	Coalition building									
7	Community health improvement advocacy									
8	Workforce development									
9	Other									
_	Total rt IIII Bad Debt, Medicar	·a & Colle	ction Prac	tices (Ontional for	- 2008)					
1 4	Dad Debt, Nedlear	c, a conc	ction i rac	idees (optional for	2000)					
Sect	ion A. Bad Debt Expense								Yes	No
1	Does the organization report by Statement No. 15?		nse in accor	dance with Heathcare	Financial	Managem	ent Association	1		
2	Enter the amount of the organ		debt expense	e (at cost)		2				
3	Enter the estimated amount o	f the organiza	tion's bad de	ebt expense (at cost)		3		1		
	attributable to patients eligible		_					1		
4	Provide in Part VI the text of the In addition, describe the costing for including other bad debt are	ing methodolo	gy used in d	etermining the amoun						
Sect	ion B. Medicare		•							
5	Enter total revenue received f	rom Mecicare	(including D	SH and IME)		5				
6	Enter Medicare allowable cost	s of care rela	ting to paym	ents on line 5		6				
7	Enter line 5 less line 6—surp	•	•			7				
8	Describe in Part VI the extent the costing methodology or so following methods was used									
	Cost accounting system	Γc	ost to charge	e ratio T	O ther					
Sect	ion C. Collection Practices									
9a	Does the organization have a		=					9a		
9b	If "Yes," does the organization patients who are known to quart IV Management Com	llify for charit	y care or fina	incial assistance? De	scribe in P			9b		
1 4	Hanagement com		u Joint VC	ireares (optional in	7 2000)		(d) Officers,			
							directors	, , ,		
	(a) Name of entity	(on of primary	(c) Orgar profit %		trustees, or key employees' profit		hysici : % or :	
	,		activity o	or entity	owners	hip %	%	1 '	ners hıp	
							or stock ownership%			
1										
<u> </u>										
3										
4										
5										
6										
7										
8										
9										
10								L		
11										
12										
13										
14										

Part V	Facility Information (Required for 2008))								
	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

P	art VI	Supplemental Information (Optional for 2008)
Со	mplete this	s part to provide the following information
1	Provide tl	ne description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs As	sessment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		ducation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's are policy
_		
4		t y Information. Describe the community the organization serves, taking into account the geographic area and demographic nts it serves
_		
5		ty Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health nmunities the organization serves
_		
6		ny other information important to describing how the organization's hospitals or other health care facilities further its exempt by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
7		anization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in 3 the health of the communites served
_		
_		
8	Ifapplica	ble, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Internal Revenue Service Name of the organization DLN: 93493014006060

OMB No 1545-0047

Employer identification number

Governments and Individuals in the U.S. Department of the Treasury

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

Grants and Other Assistance to Organizations,

Open to Public Inspection

National Speleological Society I	Inc						
						54-6026867	
Part I General Inform 1 Does the organization main the selection criteria used 2 Describe in Part IV the organization.	intain records to su I to award the grant	s or assistance?	of the grants or assista				F Yes □
Form 990, Part I Part IV and Sche	V, line 21 for any edule I-1 if additi	y recipient that rece onal space is	ived more than \$5,00	00. Check this box i	es. Complete if the of no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITYONE SILBER WAY BOSTON, MA 02215	04-2103547		20,133		FMV		WHITE NOSE
2 Enter total number of sect				_			1
organizations					<u></u>	<u></u> . •	<u>-</u>
For Paperwork Peduction Act Noti	ce see the Instruction	one for Form 990		Cat No. 50055B	<u> </u>	Sci	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
CONSERVATION & RESEARCH	43	30,947		FMV	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
		GRANTEES ARE REQUIRED TO PROVIDE REGULAR REPORTS ON THEIR ACTIVITIES, FINANCES,
		AND TO WRITE ARTICLES FOR PUBLICATIONS EACH GRANT IS ADMINISTERED BY A
		SPECIFIC COMMITTEE CHAIR WHO IS RESPONSIBLE FOR REVIEWING THESE REPORTS

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Part I Questions Regarding Compensation

As Filed Data -

DLN: 93493014006060

OMB No 1545-0047

2008

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public **Inspection**

Name of the organization National Speleological Society Inc **Employer identification number**

54-6026867

				Yes	Νο
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pi				
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written provision of all the expenses described above? If "No," c		1b		No
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire	· · · · · · · · · · · · · · · · · · ·	2		No
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that ap				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part \	VII, Section A, line 1a			
а	Receive a severance payment or change of control payme	ent?	4a		Νo
b	Participate in, or receive payment from, a supplemental n	onqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete	te lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	La, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	La, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," descr	· · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, paid o subject to the initial contract exception described in Reg in Part III				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(i)							
(ii))						
(i)							
(ii)							
(i)							
(ii))						
(i)							
(ii)							
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization National Speleological Society Inc

Employer identification number

54-6026867

Pa	rt I Types of Property				34-0020007			
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	аррпсавіе		19				
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
4-	contribution (other)			225.250	ADDDATCAL			
	Real estate—Residential .	X	1	225,250	APPRAISAL			
	Real estate — Commercial		1	20.750	ADDDATCAL			
	Real estate—Other Collectibles	X	1	39,750	APPRAISAL			
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
30a	During the year, did the organiza						Yes	No
	least three years from the date of			not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangeme					24	V	
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a		No
ь	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	ı) ıs			
	checked, describe in Part II							

Part II Supplemental Infor 32b, and 33. Also com	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation			
	Notarii Notari				

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As Filed Data -

DLN: 93493014006060

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
National Speleological Society Inc

54-6026867

ldentifier	Return Reference	Explanation
		PART VILINE 6 - THE SOCIETY HAS A MEMBERSHIP LISTING WITH NO FINANCIAL

ldentifier	Return Reference	Explanation
		INTEREST OR OWNERSHIP

Identifier	Return Reference	Explanation
		PART VILINE 7A - THE BOARD OF GOVERNORS AND OTHER ARE ELECTED TO THEIR

ldentifier	Return Reference	Explanation
		POSITIONS

ldentifier	Return Reference	Explanation
		PART VILINE 10 - THE SECRETARY TREASURER REVIEWS THE RETURN BEFORE

ldentifier	Return Reference	Explanation
		PERMISSION GRANTED TO SUBMIT THE RETURN TO THE INTERNAL REVENUE SERVICE

ldentifier	Return Reference	Explanation
		PART III LINE 4 - MEMBER SERVICES, FINE ARTS SALON, AWARDS, AND OTHER

Identifier	Return Reference	Explanation
		PART VILINE 15 - OPERATIONS VICE PRESIDENT REVIEW AND SET COMPENSATION

ldentifier	Return Reference	Explanation					
		BOARD APPROVES COMPENSATION AS PART OF THE BUDGET THE OVP AND BOARD					

ldentifier	Return Reference Explanation	
		ARE INDEPENDENT

ldentifier	Return Reference	Explanation				
		PART VILINE 12c - THE SOCIETY HAS NUMEROUS ACTS AND POLICIES				

ldentifier	Return Reference	Explanation
	COMPLIANCE MONITORING AND ENFORCEMENT ARE DONE AS NECESSARY TO DETER	

ldentifier	Return Reference	Explanation	
	CONFLICT OF INTEREST		

ldentifier	Return Reference	Explanation				
		PART VILINE 19 - WRITTEN UPON REQUEST				

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

Cat No 51056K

Schedule O (Form 990) 2008

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DLN: 93493014006060

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

		>	See separate instructions	s. 🕨 Attach	to your tax ret	urn.		Attachment Sequence No. 67
Name(s) sho	wn on return		Business or a	ctivity to which	this form relat	es Ide	nt if y in	g number
National Spe		ciety Inc		,			,	3
			NSS PROPER			54-	60268	67
Part I		•	Certain Property Un isted property, comple			nlata Dart I		
1 Maximum			s for a higher limit for cert			nete rait i.	1	\$ 250,000
			ced in service (see instru				2	Ψ 230,000
			y before reduction in limit		uctions)		3	\$ 800,000
			from line 2 If zero or les		detions, .		4	Ψ 000,000
			line 4 from line 1 If zero	•	· · · · · · · · · · · · · · · · · · ·	ılına	-	
	y, see instruc	•					5	
	77						1	
	(a) D	escription of pro	nerty	(b) Cost	(business use	(c) Elected	Lost	
	(4) 5				only)	(0) 210000		
6								
7 Listed pre	narty Enter	the amount from	line 20		. 7			₽
			erty Add amounts in colu	ımn (s) lınas 6			8	
			of line 5 or line 8	illili (c), illies o	allu / .		9	
			n line 13 of your 2007 For	· · · · ·			10	
•			business income (not less than		e instructions)		11	
			ines 9 and 10, but do not			<u> </u>	12	
			009 Add lines 9 and 10,		. 13			
			<i>below for listed proper</i> Allowance and Othe	·		include listed i	ropert	v) (See instructions)
		_	lified property (other than	_				y) (See mistractions)
	(see instructi				, , ,		14	
15 Property	subject to se	ctıon 168(f)(1) e	election				15	
16 Other dep	oreciation (inc	cluding ACRS)					16	
Part III	MACRS De	preciation (I	Do not include listed p		ee instruction	s.)		
47 MA CDC -				ction A			1	4.520
		•	n service in tax years beg	-			17	4,520
•	_		ssets placed in service	e auring the t	ax year into	_		
		ints, check hei	Service During 200	Ne Tay Year		Sonoral Dor	rocia	tion System
Secti	IOII D—ASS		(c) Basis for	o lax leal		deliciai Dep	JI ECIA	ition System
(a) Class	ıfıcatıon of	(b) Month and	depreciation	(d) Recovery				(g)Depreciation
	erty	year placed in	(business/investment	period	(e) Convention	on (f) Meth	od	deduction
		service	use only—see instructions)					
19a 3-year pi	roperty		,					
b 5-year p	roperty							
c 7 - year pr	roperty							
d 10-year	•							
e 15-year								
f 20-year g 25-year				25 yrs		S/L		
h Resident				27 5 yrs	ММ	S/L		
property	iai rentai			27 5 yrs	мм	S/L		
i Nonreside	ential real	2008-12	225,250	39 yrs	мм	S/L		2,048
property					мм	S/L		
	Sect io	n C—Assets Plac	ced in Service During 2008	3 Tax Year Using	g the Alternati	ive Depreciatio	n Syst	em
20a Class life	2	4				S/L		
b 12-year		-		12 yrs		S/L		
c 40-year	Summer	V (Soo instru	tions)	40 yrs	MM	S/L		
Part IV		y (See instruction (See instruction)	•				21	
•			= 20	and 20 in colu-	an (a) and line	21 Enter here		
		•	curn Partnerships and Sc				22	6,568
		•	service during the curren	t year, enter the			•	
portion of	the basis att	ributable to sec	tion 263A costs		23			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No No Yes No Yes No No Yes Yes Yes Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f) See the instructions for where to report

44

Form 990

Department of the Treasury

Internal Revenue Service

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)

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

2007
Open to Public
Inspection

OMB No 1545-0047

Α	For the 2007 calendar year, or tax year beginning		007, and ending		MAR 31,2008				
В	Check if applicable Please C Name of organization, number and street,	ZIP code D Emp	loyer i	dentification number					
	Address change label or	i lase ii/O							
П	Name change print or NATIONAL SPELEOLOGIC	AL SOCIETY,	INC E Tele	ohone	number				
П	type Initial return See		l	256	5-852 - 1300				
П	Termination Specific 2813 CAVE AVENUE		F Acct	g. met	hod: Cash X Accrual				
П	Amended return tions HUNTSVILLE AL 35810		□∘	ther (s	pecify) ▶				
П	Application pending Section 501(c)(3) organizations and 4947(a) charitable trusts must attach a completed S	(1) nonexempt	H and I are not ap	plicabl	e to section 527 organizations				
_	charitable trusts must attach a completed S (Form 990 or 990-EZ).	ichedule A	H(a) Is this a group re	etum for	affiliates? Yes 🛛 Yes 🛛 No				
G	Website: ▶ CAVES.ORG		H(b) If "Yes," enter no	umber of	affiliates •				
J	Organization type (check only one) ► X 501(c)(3) ◀ (insert no)	4947(a)(1) or 527	H(C) Are all affiliates	included?	Yes No				
K	Check here ▶ If the organization is not a 509(a)(3) supporting of	organizationand its	(If "No," attach a		·				
	gross receipts are normally not more than \$25,000 A return is not rec	quired, but if the	organization cov		'				
	organization chooses to file a return, be sure to file a complete return		I Group Exem	ption N	lumber ▶				
			M Check ▶	ıf th	e organization is not required				
L	Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12	1,284,335.	to attach Sch	B (Fo	orm 990, 990-EZ, or 990-PF)				
F	Part I Revenue, Expenses, and Changes in Net As	sets or Fund Ba	lances (See the	e instru	ictions)				
	1 Contributions, gifts, grants, and similar amounts received								
	a Contributions to donor advised funds	1a							
	b Direct public support (not included on line 1a)	1b	280,316.						
	c Indirect public support (not included on line 1a)								
	d Government contributions (grants) (not included on line 1a)	1d							
	e Total (add lines 1a through 1d) (cash \$ 280, 316.	noncash \$)	1e	280,316.				
	3 Membership dues and assessments	3	244,010. 312,712.						
	4 Interest on savings and temporary cash investments .	4	2,086.						
	5 Dividends and interest from securities	5	76,108.						
	6 a Gross rents	6a							
	b Less rental expenses	6b							
	c Net rental income or (loss) Subtract line 6b from line 6a			6c					
e)	7					
Revenue	8 a Gross amount from sales of assets other (A) Secu								
Rev	than inventory 207,		(
	b Less cost or other basis & sales expenses	8b		İ					
	c Gain or (loss) (attach schedule)								
				8 d	207,175.				
	9 Special events and activities (attach schedule) If any amount		here ▶						
	a Gross revenue (not including \$								
	contributions reported on line 1b)	9a	5,313.						
	b Less direct expenses other than fundraising expenses	· · · · · · · · · · · · · · · · · · ·							
	c Net income or (loss) from special events. Subtract line 9b from			9c	5,313.				
	10 a Gross sales of inventory, less returns and allowances.	10a	122,379.						
	b Less cost of goods sold	10b	71,207.						
	c Gross profit or (loss) from sales of inventory (attach schedule)	· · · — — —		_10q	51,172.				
	11 Other revenue (from Part VII, line 103)		ECEIVED	11	34,236.				
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and		COLIVED	12	1,213,128.				
_	13 Program services (from line 44, column (B))			18	699,670.				
S	14 Management and general (from line 44, column (C))	4.13	10V 1 8 2008	160	96,241.				
Expenses	15 Fundraising (from line 44, column (D))	1 1	·-·	15	5,610.				
Ž	16 Payments to affiliates (attach schedule).		GDEN, UT	16	-,				
ш	17 Total expenses. Add lines 16 and 44, column (A)		1000114, 04	17	798,101.				
y,				18	415,027.				
set	19 Net assets or fund balances at beginning of year (from line 73	Column (A))		19	4,359,491.				
Net Assets	20 Other changes in net assets or fund balances (attach explana			20	1,000,101.				
Net	21 Net assets or fund balances at end of year Combine lines 18			21	4,774,518.				
	121 1101 assets of fund balances at end of year Combine lines to	, , unu <u> </u>	·• • • •		-,				

Part II Statement of Functional Expenses

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

<u>-</u>	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I			services	and general	
22a	Grants paid from donor advised funds (attach schedule)		-			
	(cash \$)	li				
	If this amount includes foreign grants, check here▶	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$)	,				
	If this amount includes foreign grants, check here	22b	17461.	17461.		
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key					
	employees, etc listed in Part V-A	25a				
b	Compensation of former officers, directors, key			:		
	employees, etc listed in Part V-B	25b				
С	Compensation and other distributions, not included					
	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in section					
••	4958(c)(3)(B)	25c			· · · · · · · · · · · · · · · · · · ·	
26	Salaries and wages of employees not included on		00220	46767.	41470	
27	lines 25a, b, and c	26	88239.	40/0/.	41472.	
27	Pension plan contributions not included on lines	27	3600.	1908.	1692.	
28	25a, b, and c	27	3000.	1900.	1092.	
29	Employee benefits not included on lines 25a - 27 Payroll taxes	29	6954.	3686.	3268.	
30	Professional fundraising fees	30	0554.	3000.	3200.	
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34		_		 -
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	300184.	300184.		
39	Travel	39		,		
40	Conferences, conventions, and meetings	40	175687.	175687.		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42		3420.		
43	Other expenses not covered above (itemize)					
а	CAVE RESCUE TRAINING	43a	30242.	30242.		
b	BOOKSTORE AND LIBRARY	43b	89774.	89774.		
С	OTHER	43c	85960.	30541.	49809.	5610.
d		43d				
е		43e				
f		43f			· · · · · · · · · · · · · · · · · · ·	
g		43g				
44	Total functional expenses. Add lines 22a through					
	43g (Organizations completing columns					
	(B) - (D), carry these totals to lines 13 - 15)	44	798101.	699670.	96241.	5610.
	Costs. Check ► ☐ If you are following SOP 98-2					
	ny joint costs from a combined educational campaign ar	nd fund	•			Yes 🗵 No
	s," enter (i) the aggregate amount of these joint costs\$			amount allocated to		
(iii) th	ne amount allocated to Management and general \$, and (iv) th	ne amount allocated	to Fundraising \$	
						Form 990 (2007)

Form **990** (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)	
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a part	
How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore	please make
sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments	T ==
What is the organization's primary exempt purpose? CAVE CONSERVATION ACTIVITIES	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients	(Required for 501(c)(3)
served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and	and (4) orgs , and 4947(a)(1) trusts, but
4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	optional for others)
a PERIODIC PUBLICATIONS DISTRIBUTED FREE TO MEMBERS INCLUDING	
JOURNALS, MAGAZINES, MANUALS, AND ANNUAL COMPILATION OF CAVE	
ACTIVITIES	
	200101
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	300184.
b HOLD CONVENTIONS, SEMINARS CAVE RESCUE TRAINING,	
RESTORATION, CONSERVATION, CAVE MANAGEMENT, ETC	
	015100
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	215100.
c MAINTAINS NATIONAL HQ, LIBRARY, ETC	
	166025
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	166925.
d ISSUES GRANTS, AWARDS, ETC TO VARIOUS SPELEOLOGICAL	
ORGANIZATIONS	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	17461.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	699670.

Not	e: V	Where required, attached schedules and amounts wit	hin the	description	(A)	j	(B)
	c	olumn should be for end-of-year amounts only			Beginning of year		End of year
	45	Cash - non-interest-bearing			153,120.	45	206,548.
	46	Savings and temporary cash investments			168,916.	46	91,072.
	47a	Accounts receivable	47a	27,692.			
	b	Less allowance for doubtful accounts	47b		14,257.	47c	27,692.
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts .	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, direct					
		employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as def					
		and persons described in section 4958(c)(3)(B) (atta	ach sc	hedule)		50b	
	51 a	Other notes and loans receivable (attach					
		schedule)	51a	-			
য	b	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use	•		186,674.	52	201,451.
ď	53	Prepaid expenses and deferred charges .	٠.		17,826.	53	26,375.
	ı	,, ,	!	Cost X FMV	3,155,491.	54a	3,548,049.
	l	Investments - other securities (attach schedule).	'	► ☐ Cost ☐ FMV		54b	
	55 a	Investments - land, buildings, and	J 1				
	١.	equipment basis	55a				
	þ	Less accumulated depreciation (attach				j	
		schedule)	55b		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	55c	
		Investments - other (attach schedule)	 .			56	
		Land, buildings, and equipment basis	57a	867,557.			
	D	Less accumulated depreciation (attach	57b	07 540	740 705	57c	780,017.
		schedule)		87,540.	748,725.	5/0	780,017.
	58	Other assets, including program-related investment	S	,		58	
	59	(describe ►	wah 5	,	4,445,009.	59	4,881,204.
	60	Accounts payable and accrued expenses			10,413.	60	8,241.
	61	Grants payable			10/113.	61	0,211.
	62	Deferred revenue		•	75,105.	62	98,445.
S	63	Loans from officers, directors, trustees, and key em	 Inloves	· •s (attach	, 3, 1001	 	307.131_
ilities		schedule)	pioyo	,o (aao.,		63	
Liabi	64a	Tax-exempt bond liabilities (attach schedule)				64a	
_	1	Mortgages and other notes payable (attach schedu	le)			64b	
	65	Other liabilities (describe ▶	,)		65	
		•					
	66	Total liabilities. Add lines 60 through 65			85,518.	66	106,686.
	Org	anizations that follow SFAS 117, check here	► 🛛	and complete lines 67			
	ļ	through 69 and lines 73 and 74					
es	67	Unrestricted			2,535,967.	67	2,643,901.
auc	68	Temporarily restricted		•	1,168,095.	68	1,475,188.
Bal	69	Permanently restricted			655,429.	69	655,429.
Net Assets or Fund Balances	Org	anizations that do not follow SFAS 117, check he	re .	.▶ and complete			
5		lines 70 through 74					
ō	70	Capital stock, trust principal, or current funds				70	
set	71	Paid-in or capital surplus, or land, building, and equ	•			71	
AS	72	Retained earnings, endowment, accumulated incor				72	
Net	73	Total net assets or fund balances. Add lines 67 th	_				
_		70 through 72 (Column (A) must equal line 19 and				73	4,774,518.
	74	Total liabilities and net assets/fund balances.Ad	4,445,009.	74	4,881,204.		

Form 990 (2007)

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A)	(B)	(C)	(D) Contributions to	(E)	
Name and address	Title and average hours per week devoted to position	Compensation (If not paid, enter -0)	employee benefit plans & deferred comp plans	Expense account and other allowances	
SEE STMT					
				,	
	\dashv				
			-		
				Form 990 (2007)	

orm	<u>990 (2007) NATIONAL SPEI</u>	EOLOGICAL SOCIE	ry, inc	54-6	02686	<u>/ Ра</u>	age 6
Par	V-A Current Officers, Dir	ectors, Trustees, and Ke	y Employees (ca	ontinued)		Yes	No
75a	Enter the total number of officers, direct	ctors, and trustees permitted to v	rote on organization busi	ness at board			
	meetings			▶ 17	_		
b	Are any officers, directors, trustees, or	key employees listed in Form 99	90, Part V-A, or highest c	ompensated employees			
	listed in Schedule A, Part I, or highest	compensated professional and c	other independent contra	ctors listed in Schedule A,			
	Part II-A or II-B, related to each other t	hrough family or business relation	onships? If "Yes," attach	a statement that identifies			
	the individuals and explains the relation	nship(s)			. 75b		Х
С	Do any officers, directors, trustees, or	key employees listed in Form 99	0, Part V-A, or highest co	ompensated employees list	ted	•	
	in Schedule A, Part I, or highest comp						
	or II-B, receive compensation from any						
	tion? See the instructions for the defin	_		_	1 1	}	Х
	If "Yes," attach a statement that includ				, ,,,,,	,	
	Does the organization have a written of				. 75d	x	
Date		ectors, Trustees, and Ke		Passived Compans			
Гаі		ectors, Trustees, and Re	y Employees mat	Received Compens	ation		
	or Other Benefits						
	· · ·	or, trustee, or key employee rece				-	
	list that person below and	enter the amount of compensate					
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to	(E) Expe		
	(-,	(-, -	(if not paid,	employee benefit plans	and other	allowa	ances
	· · · · · · · · · · · · · · · · · · ·		enter -0-)	& deferred comp plans			
NON	IE	<u> </u>					
	_			,			
		7.					
		-					
							
		-					
		-					
		_{					
						_	
]					
							-
		1					
Pa	rt VI Other Information	(See the instructions)				Yes	No
76	Did the organization make a change i	·	ducting activities?			,	,
, 0	If "Yes," attach a detailed statement o		adding donaines.		76	1	x
77	•	•	ut not roported to the IDC	 			X
77	Were any changes made in the organ	• •	ut not reported to the IRS) '	77		<u> </u>
	If "Yes," attach a conformed copy of the	•					v
78a	Did the organization have unrelated b	•	-	covered by this return? .		<u> </u>	X
b	If "Yes," has it filed a tax return on For	<u> </u>			78b		-
79	Was there a liquidation, dissolution, to	ermination, or substantial contrac	ction during the year? If "	Yes," attach a statement .	79	ļ	X
80a	Is the organization related (other than	by association with a statewide	or nationwide organization	on) through common			
	membership, governing bodies, truste	es, officers, etc , to any other ex	empt or nonexempt orga	inization?	80a	Х	
	If "Yes," enter the name of the organiz	ation ► NATION	AL SPELEOLOG	ICAL			
b							
b	FOUNDATION, INC	and	check whether it is X	exempt or nonexempt	ρτ [
b 81a	FOUNDATION, INC Enter direct and indirect political expe			81a	ot]
		nditures (See line 81 instruction		—	. 81 b		X

Form	990 (2007) NATIONAL SPELEOLOGICAL SOCIETY, INC 54-602	686	7 Pa	age 7
	other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			
	substantially less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II (See instructions in Part III)			ı
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		<u></u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			İ
	waiver for proxy tax owed for the prior year			
С	Dues, assessments, and similar amounts from members		'	
đ	Section 162(e) lobbying and political expenditures		1	1
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices]		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			1
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		1
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			ŀ
þ	Gross receipts, included on line 12, for public use of club facilities		Ì	
87	501(c)(12) orgs Enter a 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)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning		1	
	of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911▶, section 4912 ▶, section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	ļ		İ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		ſ	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	ļ	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	. 89f		X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization		ı	1
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<u></u>	X
90a	List the states with which a copy of this return is filed			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)			4
91a		5-85	52-1	.300
	Located at ► 2813 CAVE AVENUE, HUNTSVILLE, AL ZIP+4► 35810			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	-
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b	<u></u>	X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial			
	Accounts			100
		Form	990	(2007)

Part VI Other Information (cont						es N
At any time during the calendar year, di		ion maintain an office	outside of the United	d States?	91c	
If "Yes," enter the name of the foreign of		 				
Section 4947(a)(1) nonexempt charitab						•
and enter the amount of tax-exempt into				▶ 92		
art VII Analysis of Income-Pro			· ·	han 510 512 as 514		
te: Enter gross amounts unless	(A)	business income	 	tion 512, 513, or 514	(E)	.vomn
nerwise indicated	Business	(B) Amount	(C) Exclusion code	(D) Amount	Related or e	
3 Program service revenue a CONVENTION	code	Aniount	0.7	184,118.		
b CAVE RESCUE TRAIN			03	45,269.		
c ADVERTISING			12	14,623.	-	-
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government						
agencies						
4 Membership dues and assessments .					312,	712
Interest on savings and temporary						
cash investments			14	2,086.		
Dividends and interest from securities			14	76,108.		
7 Net rental income or (loss) from						
real estate						
a debt-financed property						
b not debt-financed property						
Net rental income or (loss) from						
personal property						
Other investment income.Gain or (loss) from sales of assets						
other than inventory			18	207,175.		
Net income or (loss) from special events	loss) from special events . 01 5, 313			5,313.	-	
2 Gross profit or (loss) from sales of inventory			51,172.			
3 Other revenue a OTHER			03	34,236.		
b						
С						
d						
e						
4 Subtotal (add columns (B), (D), & (E))				620,100.	312,	
5 Total (add line 104, columns (B), (D), a	nd (E)) .			▶	932 ,	812
te: Line 105 plus line 1e, Part I, should eq						
art VIII Relationship of Activit						
ine No. Explain how each activity for w				ted importantly to the a	ccomplishmen	of th
organization's exempt purpose				VIE CONCEDIA	mron /mp	7. T. N
4 DUES ARE USED TO	KEEP M	FMDEK2 INTO	JRMED OF CA	AVE CONSERVA	II I ON / I R	AIN
						-
art IX Information Regarding	axable Su	bsidiaries and D	isregarded Enti	ties (See the instruct	tions)	
(A) Name, address, and EIN of corporation,	(B)		(C) of activities	(D)	(E)	
partnership, or disregarded entity	Percentá ownershi		or activities	Total income	End-òf-y asse	
		%				
		%				
		%				
		%				
art X Information Regarding					the instructions	<u>)</u>
(a) Did the organization, during the yr , red						\vdash
(b) Did the organization, during the year, p	ay premiums,	directly or indirectly, o	n a personal benefit	contract?	Yes	X
Note: If "Yes" to (b), file Form 8870 and Fo					 -	

Please Sign Here	best of my knowledge a	 	•		r than officer) is based	•
	A PERI FRA Type or print name	ANTZ	SECR	ETARY/TR		
Paid	Preparer's signature	rdall J. Kui	Date 11/06/2008	Check if self employed ▶	Preparer's SSN or PTI	•
Preparer's	Firm's name (or yours	RANDALL L HUN'	T LLC			
Use Only	ıf self-employed),	119 S COURT S'	TREET		EIN ▶26-0609	202
	address, and ZIP + 4	FLORENCE AL 3	5630		Phone no ▶ 256-	767-9808

Form 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

2007

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ **Employer identification number**

NATIONAL SPELEOLOGICAL SOCIETY, INC 54-6026867 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See the instructions List each one If there are none, enter "None") (d) Contributions to employee benefit plans & deferred compensation (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation (e) Expense account and other allowances than \$50,000 per week devoted to position NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services ... For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2 a		Х
b	Lending of money or other extension of credit?	2b		Х
С	Furnishing of goods, services, or facilities?	2 c		х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е	Transfer of any part of its income or assets?	2 e		х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4 a		Х
b	Did the organization make any taxable distributions under section 4966?	4b		
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		_	

Schedule A (Form 990 or 990-EZ) 2007 NATIONAL SPELEOLOGICAL SOCIETY, INC 54-6026867 Page 3

Part IV Reason for Non-Private Foundation Status (See the instructions)

I certify that the organization is not a private foundation because it is (Please check onlyONE applicable box)

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7		A hospital or a cooperative hospit	al service organization	on Section 170(b)(1)(A)(III)							
8		A federal, state, or local government	ent or governmental (unit Section 170(b)(1)(A)(v)							
9		A medical research organization of and state ▶	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii Enter the hospital's name, city, ind state ▶								
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)									
11a		•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
l1b		A community trust Section 170(b)(1)(A)(vı) (Also com	plete the Support Schedule in Part	t IV-A)						
12		receipts from activities related to support from gross investment incorganization after June 30, 1975 An organization that is not contro	its charitable, etc., full come and unrelated b See section 509(a)(2 lied by any disqualifie to Check the box that	33 1/3% of its support from contribunctions - subject to certain exceptions such as taxable income (less sect 2) (Also complete the support School persons (other than foundation redescribes the type of supporting of the supporting of supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the supporting of the support of the	ons, an (2) no i tion 511 tax) fro edule in Part I\ managers) and rganization	more than 33 om businesse /-A)	: 1/3% of its s acquired by the				
		Provide the fol	(b)	about the supported organizatio (c)	ons (See the ins		(e)				
Na	ame(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	organizat in the su organizatio ning doc	on's gover- uments?	Amount of support				
					Yes	No					
				······································							
			1		1						
				-			· · ·				
							-				
Tota	ni .					. •					

An organization organized and operated to test for public safety Section 509(a)(4) (See the instructions)

Schedule A (Form 990 or 990-EZ) 2007

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Schedule A (Form 990 or 990-EZ) 2007 NATIONAL SPELEOLOGICAL SOCIETY, INC Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12)Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2006 (b) 2005 (c) 2004(d) 2003 (e) Total 15 Gifts, grants, and contributions receiv ed (Do not include unusual grants 137525 144506 245010 127065 654106 See line 28) 1177247 284346 320004 298254 274643 16 Membership fees received. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 454632 780189 408018 636894 2279733 chantable, etc., purpose Gross income from interest, dividends, amounts received from payments on secunties loans (section 512(a)(5)), rents, royalties, income from simila sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 92757 57997 51492 65021 267267 organization after June 30,1975 Net income from unrelated business activities not included ın line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . The value of services or facilities fumished to the organization by a governmental unit without charge. arge Do not include the value of services or facilities generally furnished to the public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 972708 23 Total of lines 15 through 22 1250354 888362 1266929 4378353 518076 470165 480344 630035 2098620 24 Line 23 minus line 17 9727 12504 8884 12669 25 Enter 1% of line 23. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts \triangleright 26b c Total support for section 509(a)(1) test. Enter line 24, column (e) \triangleright 26c d Add Amounts from column (e) for lines 19 26d e Public support (line 26c minus line 26d total) 26e % f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year (2006)(2003)(2005)(2004)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than thdarger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003)654106 16 c Add Amounts from column (e) for lines 27c 4111086 d Add Line 27a total and line 27b total 27d 4111086 e Public support (line 27c total minus line 27d total) 27e 4378353 f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . ▶ 27f

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

27g

93.90 %

6.10 %

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

	art VI-A			es by Electing Publi					0020007 Fage 0
	art VI-A			es by Electing Publi an eligible organization tha		e the ii	istructions)	
Chec	ck ▶ a		anization belongs to a			vou che	cked``a" a	nd "limited o	ontrol" provisions apply
Cile	CR P d		Limits on Lobby	ring Expenditures ans amounts paid or incur		you che	(a Affiliate tot	a) d group	(b) To be completed for all electing organizations
36	Total lobbying	•	<u>·</u>	ic opinion (grassroots lobb		36		410	o.gamzadono
	-		· ·	gislative body (direct lobby	:	37	-	<u>.</u>	
	•		tures (add lines 36 and	• • • •	g,	38			
	•		expenditures	•	•	39			
	-		expenditures (add line			40			
	•		. ,	unt from the following table		"			
	If the amoun			The lobbying nontaxable					
	Not over \$50			20% of the amount on line	\neg				
		•	over \$1,000,000.	\$100,000 plus 15% of the excess of					
			ot over \$1,500,000.	\$175,000 plus 10% of the excess of	L	41			
			ot over \$17,000,000	\$225,000 plus 5% of the excess ov					
(Over \$17,000	0,000 .		\$1,000,000					
42 (Grassroots n	ontaxable	amount (enter 25% o	f line 41)	– .	42			
43	Subtract line	42 from lii	ne 36 Enter -0- if line	42 is more than line 36		43			
44	Subtract line	41 from lii	ne 38 Enter -0- if line	41 is more than line 38 .		44			
	Caution: If th	nere is an a	amount on either line	43 or line 44, you must file	Form 4720				
			4-Yea	r Averaging Period	Under Section	501(h)		
		(Some or	ganizations that made	e a section 501(h) election	do not have to com	plete a	l of the five	columns be	low
				See the instructions for	lines 45 through 50)			
				Lobbying Evne	ndituros During 4 \	V	ososina D	-iod	
				Lobbying Expe	nditures During 4-	rear Av	reraging Pe	erioa	
	endar year (r beginning	·	(a) 2007	(b) 2006	(c) 2005		-	d) 04	(e) Total
45	Lobbying								
	nontaxable a								
46	Lobbying cei amount (150 of line 45(e))	ling %							1
47	Total lobbyin	g							
	expenditures								
48	Grassroots								
	nontaxable a	mount							
43	Grassroots c amount (150 of line 48(e))	ı% [
50	Grassroots lo	obbying							
	expenditures	·							
Р	art VI-B	Lobb	ying Activity by	Nonelecting Public	Charities	•	-	·	
		(For re	eporting only by organ	izations that did not compl	ete Part VI-A) (See	the inst	ructions)		
Duri	ng the year,	did the org	ganization attempt to i	nfluence national, state or	local legislation, inc	luding	any	Yes No	Amount
atte	mpt to influer	nce public	opinion on a legislativ	e matter or referendum, th	rough the use of			res No	Amount
а	Volunteers	. .						X	
b	Paid staff	or manage	ement (Include compe	nsation in expenses report	ted on lines through	n h.)		X	_
С	Media adv	ertisemen	ts					X	
d	Mailings to	members	s, legislators, or the pu	ıblıc				X	
е	Publication	ns, or publ	ished or broadcast sta	atements				X	
f	Grants to	other orga	nizations for lobbying	purposes	•			X	
g	Direct conf	tact with le	gislators, their staffs,	government officials, or a	legislative body.			X	
h	Rallies, de	monstratio	ons, seminars, conven	itions, speeches, lectures,	or any other means	3	-	X	
i	Total lobby	yıng expen	iditures (Add linesc th	rough h.)		-			
	If "Vac" to	any of the	above also attach a	statement civing a detailed	I description of the I	obbying	activities		

Schedule A (Form 990 or 990-EZ) 2007

Schedule A (Form 990 or 990-EZ) 2007 NATIONAL SPELEOLOGICAL SOCIETY, Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting organization to a noncharitable exempt organization of No Х 51a(i) (i) Cash . Х (iii) Other assets Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization . . . Х Х (ii) Purchases of assets from a noncharitable exempt organization . b(ii) (iii) Rental of facilities, equipment, or other assets b(iii) Х (iv) Reimbursement arrangements Х (v) Loans or loan guarantees X (vi) Performance of services or membership or fundraising solicitations ... b(vi) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no Amount involved Name of noncharitable exempt organization Description of transfers, transactions, & sharing arrangements 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in ▶ Yes section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (b) (c) (a) Name of organization Description of relationship Type of organization

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Gain or Loss from Sales of Assets Other than Inventory 990: Page 8, Line 100; 990-EZ: Page 1, Line 5; 990PF: Page 11, Line 8 **US 990** 2007 Accumulated Description Date Acquired Sales Price Date Sold Cost/Basis Selling Expense Depreciation 12/31/200712/31/2007 NUMEROUS 207,175. 207,175.

54-6026867

US 990	Gross Profit on 990: Page 8, Line 102; 990-EZ: Pag	Sales of Inventory <u>ge 1, Line 7; 990-PF</u>	: Page 11, Line 10	2007
		Gross Sales	Cost of	Gross
-	Description	Less Returns	Goods Sold	Profit 170
BOOKSTOR	RE SALES	122,379. 122,379.	71,207. 71,207.	51,172. 51,172.
		122,3,3.	, 1, 20, 1	01/1/2.
İ		1		

54-6026867

US 990 990	2007			
Class of Activity	Donee's Name and Address	Relationship	Amount	
XPLORATION/OTHER	VARIOUS SPELEOLOGIAL ASSO	NONE	17,461. 17,461.	

Land, Buildings and Equipment
IS 990 990: Page 4, Line 57; 990-PF: Page 2, Line 14

US 990	990: Page 4, Line	<u>57; 990-PF: Page 2, L</u>	2007		
			Accumulated		
	Description	Cost / Basis	Depreciation	Book Value	
OFFICE EQUIPMEN'	Г	4,598.	4,598.		
CAVE PRESERVES		690,142.		690,142	
AND		36,000.		36,000	
BUILDING & IMPRO	OVEMENTS	136,817.	82,942.	53,875	
		867,557.	87,540.	780,017	
		i			
		ļ			

List of Officers, Directors, Trustees and Key Employees US 990 990: Page 5, Part V; 990EZ: Page 2 Part IV; 990-PF: Page 6, Part VIII				2007	
		Title/Average Hours Per		Amount for Employee Benefit	Expense Accoun and
Name an	d Address	Week Devoted to Position	Amount Paid	Plan	and Other Allowance
ILLIAM TOZER	515 W BURGUNDY		- 0 -	- D -	- 0 -
DMIN VP	1051 SOLAR ROA	l l	Ī	1	
	2807 HOGAN CT		1		
HERYL JONES	1865 OLD MEADO		ļ		
PERI FRANTZ	16345 ENGLEWOO	SECR/TREAS 3	ł		\
AMES LEWIS		DIRECTOR 3			
ARY MOSS	7713 SHREVE RD	DIRECTOR 3			
	4510 BAY HILL	DIRECTOR 3			
OHN CLARK JR	800 SHADES CRE	DIRECTOR 3			
INDA DEVINE	13329 DEERBROO	DIRECTOR 3			
EE FLOREA	1230 HARRISON	DIRECTOR 3			\ \
ED KAYES	8031 WHITTINGT	DIRECTOR 3		1 1	ļ ļ
OHN COLE	1196 MILLCREEK	DIRECTOR 3	1		
ILL LIEBMAN		DIRECTOR 3	1	1 1	
KEVIN SMITH	206 SHERRY LYN	l I	1		
M GARY BUSH	8238 WOODSTREA	DIRECTOR 3			
EBRA YOUNG	551 HOMESTEAD		<u> </u>		

Form **8868**

(Rev April 2007) Department of the Treasury

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

OMB No 1545-1709

Internal Revenue	Service	File a Separate application for each fetum		
If you are	e filing for a	Automatic 3-Month Extension, complete only Part land check this box	▶ 🛚	
 If you are 	e filing for a	Additional (not automatic) 3-Month Extension, complete only Part II(on page 2 of this form)		
Do not com	plete Part I	unless you have already been granted an automatic 3-month extension on a previously filed Form 88	68	
Part I	Automatic	3-Month Extension of Time.Only submit original (no copies needed)		
Saction 501/	(c) corporati	ons required to file Form 990-T & requesting an automatic 6-month extension - check this box and con	oploto Bort Lophy	
		icluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension		
to file income	•		or time	
		,). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to	file one of the returns	
		or section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electr		
	•	natic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or		
		it the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing		
		ck on e-file for Charities and Nonprofits		
Type or	ľ		yer identification number	
print			6026867	
File by the due date for	Number,	street, and room or suite no If a P O box, see instructions		
filing your return See	2813	CAVE AVENUE		
instructions	1 -	or post office, state, and ZIP code For a foreign address, see instructions		
	<u> </u>	SVILLE AL 35810		
		be filed (file a separate application for each return)		
X Form		Form 990-T (corporation)		
⊢ I	990-BL	Form 990-T (sec 401(a) or 408(a) trust)		
├ ─-{	990-EZ	Form 990-T (trust other than above)		
☐ Form	990-PF	☐ Form 1041-A ☐ Form 88	' U	
• The boo	ke are in the	e care of ▶ STEPHANIE SEARLES		
		256-852-1300 FAX No ►		
•		oes not have an office or place of business in the United States, check this box	▶ □	
	_		the whole group,	
check this b		it is for part of the group, check this box and attach a list with the names and EINs of all mem		
will cover	Ш			
	t an automa	tic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time u	ntıl	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NOV 15 , 20 08 , to file the exempt organization return for the organization named above		
organiza	ation's returi			
	calendar ye			
▶ 🛛	tax year beg	inning APR 01,2007, and ending	MAR 31,20 08	
			·	
2 If this ta	x year is for	less than 12 months, check reason 📗 Initial return 📗 Final return 🔲 Change in account	ing period	
3a If this ar	oplication is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable		
credits See instructions 3a \$				
_		for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include	1-1-1-	
		ayment allowed as a credit	3b \$	
		ract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon		
		ing EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$	
Caution. If y	ou are goin	g to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO f	or payment instructions	
For Privacy	Act and Pa	nerwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2007)	