

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 5/1/2004, and ending 4/30/2005

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

Please use IRS label or print or type. See Specific Instructions	C Name of organization NATIONAL SPELEOLOGICAL FOUNDATION, INC.		D Employer identification number 23-7282767
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
	8031 WHITTINGTON DRIVE C/O THEODORE KAYES		(804) 272-4310
	City or town	State or country	ZIP + 4
BON AIR	VA	23235	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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

- H and I are not applicable to section 527 organizations*
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates _____
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number _____
- M** Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 31,848

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

	Description	1a	1b	1c	1d	
Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Direct public support			1,447		
	b Indirect public support					
	c Government contributions (grants)					
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)					1,447
	2 Program service revenue including government fees and contracts (from Part VII, line 93)					0
	3 Membership dues and assessments					0
	4 Interest on savings and temporary cash investments					0
	5 Dividends and interest from securities					5,434
	6 a Gross rents		6a			
	b Less: rental expenses			6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)					0
7 Other investment income (describe _____)					24,967	
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
	b Less: cost or other basis and sales expenses	0	0	8a	0	
	c Gain or (loss) (attach schedule)	0	0	8b	0	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	0	0	8c	0	
8 d Net gain or (loss) (combine line 8c, columns (A) and (B))					0	
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	a Gross revenue (not including \$ _____ 1,447 of contributions reported on line 1a)					
	b Less: direct expenses other than fundraising expenses			9a	0	
c Net income or (loss) from special events (subtract line 9b from line 9a)			9b	0		
9c Net income or (loss) from special events (subtract line 9b from line 9a)					0	
	10 a Gross sales of inventory, less returns and allowances			10a		
	b Less: cost of goods sold			10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					0
10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)					0	
11 Other revenue (from Part VII, line 103)					0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					31,848	
Expenses	13 Program services (from line 2)					8,382
	14 Management and general (from line 44, column (C))					7,987
	15 Fundraising (from line 44, column (D))					0
	16 Payments to affiliates (attach schedule)					0
	17 Total expenses (add lines 16 and 44, column (A))					16,369
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)					15,479
	19 Net assets or fund balances at beginning of year (from line 73, column (A))					291,006
	20 Other changes in net assets or fund balances (attach explanation)					-115
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)					306,370

RECEIVED
 OCT 24 2005
 IRS/OS

26

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, b AFFILIATED PAYMENTS, c OTHER, d, e, f, 44 Total functional expenses.

Joint Costs. Check [X] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

Table with 2 columns: Description, Program Service Expenses. Row 1: What is the organization's primary exempt purpose? ORGANIZED FOR SCIENTIFIC, LITERARY, OR EDUCATION. Row 2: a AWARDS FOR ACTIVITIES RELATED TO THE CONSERVATION, EXPLORATION OR STUDY OF CAVES (Grants and allocations \$) 432. Row 3: b AFFILIATED PAYMENTS (Grants and allocations \$) 7,950. Row 4: c (Grants and allocations \$). Row 5: d (Grants and allocations \$). Row 6: e Other program services (attach schedule) (Grants and allocations \$). Row 7: f Total of Program Service Expenses (should equal line 44, column (B), Program services) 8,382.

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

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45	Cash—non-interest-bearing		30,798	45	86,402
	46	Savings and temporary cash investments			46	
	47 a	47a	Accounts receivable	0		
	b	47b	Less: allowance for doubtful accounts	0	47c	0
	48 a	48a	Pledges receivable	0		
	b	48b	Less: allowance for doubtful accounts	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	51a	Other notes and loans receivable (attach schedule)	88,104		
	b	51b	Less: allowance for doubtful accounts	0	51c	88,104
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	3,225
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	55a	Investments—land, buildings, and equipment: basis	0		
	b	55b	Less: accumulated depreciation (attach schedule)	0	55c	0
56	Investments—other (attach schedule)		2,729,574	56	3,332,744	
57 a	57a	Land, buildings, and equipment: basis	0			
b	57b	Less: accumulated depreciation (attach schedule)	0	57c	0	
58	Other assets (describe <input type="checkbox"/> CASH HELD FOR OTHERS)		304,113	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)				3,163,321	59	3,510,475
Liabilities	60	Accounts payable and accrued expenses			60	4,500
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
65	Other liabilities (describe <input type="checkbox"/> FUNDS HELD FOR OTHERS)		2,872,315	65	3,199,605	
66 Total liabilities (add lines 60 through 65)				2,872,315	66	3,204,105
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		200,407	67	207,542
	68	Temporarily restricted		90,599	68	98,828
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		291,006	73	306,370	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)				3,163,321	74	3,510,475

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

a	Total revenue, gains, and other support per audited financial statements	a	31,848
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	31,848
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	31,848

a	Total expenses and losses per audited financial statements	a	16,369
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	0
c	Line a minus line b	c	16,369
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	16,369

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name ALBERT C MUELL Str 310 TIMBER RIDGE City POMPTON PLAIN ST NJ ZIP	Title TRUSTEE EMEF Hr/WK 0	0	0	0
Name ROGER MCCLUR Str 4700 AMBERWOOD City DAYTON ST OH ZIP	Title PRESIDENT Hr/WK 5	0	0	0
Name JEANNE GURNEE Str 720 FLAT RIDGE RD City GOODLETTSVILL ST TN ZIP	Title VICE PRESIDEN Hr/WK 1	0	0	0
Name DAVE LUCKINS Str 3683 OAKLEAF DR City WEST BLOOMFIE ST MI ZIP	Title SECRETARY Hr/WK 1	0	0	0
Name TED KAYES Str 8031 WHITTINGTON City RICHMOND ST VA ZIP	Title TREASURER Hr/WK 5	0	0	0
Name THEODORE SCH Str 4540 25TH RD N City ARLINGTON ST VA ZIP	Title TRUSTEE Hr/WK 0	0	0	0
Name GORDON SMITH Str 850 N SKYLINE DR City FLOYDS KNOBS ST IN ZIP	Title TRUSTEE Hr/WK 0	0	0	0
Name JOEL STEVENSO Str 1509 B B& T BLDG City ASHEVILLE ST NC ZIP	Title TRUSTEE Hr/WK 0	0	0	0
Name LAWRENCE SOU Str 108 MURDOCK RD City POMFRET CENTE ST CT ZIP	Title TRUSTEE Hr/WK 0	0	0	0
Name JANET THORNE Str 411 MARNEY DR City CORAPOLIS ST PA ZIP	Title TRUSTEE Hr/WK 0	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

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

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . 76 Yes No X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? . . . 77 Yes No X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . 78a Yes No X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . 78b Yes No N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . 79 Yes No X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . 80a Yes No X
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81 a Enter direct and indirect political expenditures. See line 81 instructions . . . 81a Yes No
b Did the organization file Form 1120-POL for this year? . . . 81b Yes No X
82 a 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 Yes No X
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) . . . 82b Yes No N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? . . . 83a Yes No X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . 83b Yes No X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? . . . 84a Yes No X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . 84b Yes No N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . 85a Yes No
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . 85b Yes No
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members . . . 85c
d Section 162(e) lobbying and political expenditures . . . 85d
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . 85e
f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . 85f 0
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . 85g
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . 85h
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . 86a
b Gross receipts, included on line 12, for public use of club facilities . . . 86b
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . 87a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . 87b
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . 88 Yes No X
89 a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A; section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . 89b Yes No X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . N/A
90 a 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, 2004 (See instructions) | 90b | 0
91 The books are in care of Name TED KAYES Telephone no. (804) 272-4310
Located at 8031 WHITTINGTON DR City RICHMOND ST VA ZIP + 4 23235
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	5,434	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	24,967	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		30,401	0
105 Total (add line 104, columns (B), (D), and (E))					30,401

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
96	INTEREST ON INVESTMENTS
99	NET GAINS REALIZED ON INVESTMENTS

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than officer) or other individual disqualified under section 179E.

Signature of officer: *Theodore D. Kayes, Jr.*

Type or print name and title: Theodore D. Kayes, Jr.

Paid Preparer's Use Only

Preparer's signature: *Margaret A. Valderas CPA*

Firm's name (or yours if self-employed), address, and ZIP + 4: Valderas and Fishel, PC
4951 Lake Brook Drive, Suite 180,

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Employer identification number

NATIONAL SPELEOLOGICAL FOUNDATION, INC.

23-7282767

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services		

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____ City _____ ST _____ Country _____
- 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.)
- 11 a 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.)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
	12

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	0
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	0
d Add Amounts from column (e) for lines 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u>	▶	26d	0
e Public support (line 26c minus line 26d total)	▶	26e	0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	0.00%

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 (2003) (2002) (2001) (2000)				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2003) (2002) (2001) (2000)				
c Add: Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	▶	27c	0	
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>	▶	27d	0	
e Public support (line 27c total minus line 27d total)	▶	27e	0	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 0	▶	27f	0	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	0.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	0.00%	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Line 1a (990) - Direct public support

1	Contributions	1	
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	1,447
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	1,447

Line 20 (990) - Other changes in net assets or fund balances

1	NET UNREALIZED LOSS	1	-115
2	-----	2	
3	-----	3	
4	-----	4	
5	-----	5	
6	-----	6	
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	-115

Line 51 (990) - Other notes

Check here if a business	Borrower's name and Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1 <input type="checkbox"/>		98,836	88,104	
2 <input type="checkbox"/>				
3 <input type="checkbox"/>				
4 <input type="checkbox"/>				
5 <input type="checkbox"/>				
6 <input type="checkbox"/>				
7 <input type="checkbox"/>				
8 <input type="checkbox"/>				
9 <input type="checkbox"/>				
10 <input type="checkbox"/>				
11 <input type="checkbox"/>				
12 <input type="checkbox"/>				
13 <input type="checkbox"/>				
14 Totals	14 0	98,836	88,104	0

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description & fair market value of consideration	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Line 56 (990) - Other Investments

Check one box to indicate how investments are listed:

Cost

End of year market value (FMV)

		Book value	Beginning	End
		FMV	FMV	FMV
1	MUTUAL FUNDS		2,729,574	3,332,744
2				0
3				0
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11	Total other investments	0	2,729,574	3,332,744

Line 58 (990) - Other assets

		Beginning	End
1	CASH HELD FOR OTHERS	304,113	
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	304,113	0

Line 65 (990) - Other liabilities

		Beginning	End
1	FUNDS HELD FOR OTHERS	2,872,315	3,199,605
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other liabilities	2,872,315	3,199,605

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization NATIONAL SPELEOLOGICAL FOUNDATION, INC.	Employer identification number 23-7282767
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 8031 WHITTINGTON DRIVE C/O THEODORE KAYES	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. BON AIR, VA 23235	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ THEODORE O. KAYES

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 12/15/2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 5/1/2004, and ending 4/30/2005.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____ 0

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Telephone No. _____ FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____

5 For calendar year _____, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____ 0

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature _____ Title _____ Date _____

Notice to Applicant—To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)
	GLEN ALLEN, VA 23060