

2003

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2003 calendar year, or tax year beginning January 1, 2003, and ending December 31, 2003

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: Western Cave Conservancy
Number and street: 213 Elm St.
City or town, state or country, and ZIP + 4: Santa Cruz, CA 95060-4314

D Employer identification number: 27 0031889
E Telephone number: (831) 421-0485
F Group Exemption Number

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

G Accounting method: Accrual

I Website: http://www.westerncaves.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c)(3)

K Check 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets or fund balances.

For Paperwork Reduction Act Notice, see the separate instructions.

<b>Part III Statement of Program Service Accomplishments</b> (See page 41 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>Protect caves through aquisition and education</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<b>Negotiated to purchase land containing Rippled Cave, in Amador County, California. Sale not yet concluded. Purchasing cave would preserve public access to this important training and recreation cave, and allow scientific studv.</b> (Grants \$ )	<b>28a</b>	<b>0</b>
<b>29</b>	<b>Negotiated to purchase land containing Marble Mountain Quarry Cave, in Josephine County, Oregon. Sale not yet concluded. Purchasing cave would preserve public access to this, the second longest limestone cave in Oregon, and allow managed conservation.</b> (Grants \$ )	<b>29a</b>	<b>0</b>
<b>30</b>	----- ----- ----- (Grants \$ )	<b>30a</b>	
<b>31</b>	<b>Other program services (attach schedule)</b> (Grants \$ )	<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 41 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
<b>Please see attachment.</b>				
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<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
<b>35</b>	<i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i>		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax require ments?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<input checked="" type="checkbox"/>
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	<b>0</b>	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b>		
<b>39</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <b>0</b> ; section 4912 ▶ <b>0</b> ; section 4955 ▶ <b>0</b>		
<b>b</b>	<b>501(c)(3) and (4) organizations.</b> 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 an explanation.		<input checked="" type="checkbox"/>
<b>c</b>	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		<b>0</b>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>California</b>		
<b>42</b>	The books are in care of ▶ <b>Robert C. Haye</b> Telephone no. ▶ <b>( 831 ) 421-0485</b>		
	Located at ▶ <b>213 Elm St., Santa Cruz, CA</b> ZIP + 4 ▶ <b>95060-4314</b>		
<b>43</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: **Robert C. Haye, Treasurer** Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_



## Attachments for Form 990-EZ

### Form 990-EZ, Part I, Line 6

Conservancy held a single special event in 2003: a gala fundraising dinner at the 2003 National Speleological Society convention in Porterville, CA. Reasonably priced tickets were sold for \$7.00 (adult), \$5.00 (youth); these prices included tax, so the actual revenue reported from ticket sales is approximately \$6.53 per ticket (221 adult tickets sold) and \$4.66 per ticket (5 youth tickets sold).

Gross receipts:	\$1466.00
Contributions included:	0.00
Gross revenue:	1466.00
Direct expenses:	948.24
Net income:	517.76

### Form 990-EZ, Part IV: Officers, Directors, Trustees, and Key Employees

Name and Address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Expense account and other allowances
Rolf L. Aalbu, PhD 18 Sea Lion Court Sacramento, CA 95831	Vice Pres / Director 2 hrs/week	-0-	-0-
Joel D. Despain Hcr 89 Box 211 Three Rivers, CA 93271	Director 1 hr/week	-0-	-0-
Donald Dunn 6337 Dorchester Ct. Carmichael, CA 95608	Director 5 hrs/week	-0-	-0-
Robert C. Haye 213 Elm Street Santa Cruz, CA 95060	Treasurer / Director 5 hrs/week	-0-	-0-
Jerald J. Johnson, PhD P.O. Box 230 Newcastle, CA 95658	Director 2 hrs/week	-0-	-0-
Bruce W. Rogers 37899 Los Arboles Dr. Fremont CA, 94536	Director 2 hrs/week	-0-	-0-
Marianne L. Russo P.O. Box 230 Newcastle, CA 95658	President / Director 5 hrs/week	-0-	-0-
Daniel S. Snyder 213 Elm Street Santa Cruz, CA 95060	Secretary 5 hrs/week	-0-	-0-

Form 990, Schedule A, Part III, Line 2(d): Furnishing of Goods, Services, or Facilities

The organization's office is located at the home of Robert Haye, a Director. No rent was charged.