

Return of Organization Exempt From Income Tax

2000

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

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 2000 calendar year, OR tax year period beginning 08/01, 2000, and ending 07/31/2001

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amend return. C Name of organization: WORLD BIRD SANCTUARY. D Employer identification number: 43-1184675. E Telephone number: (636) 938-6193. F Check if application pending.

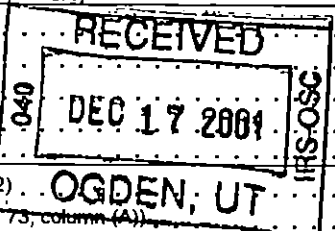
G Organization type (check only one): X 501(c) ( 03 ) (insert no) 527 OR 4947 (a)(1). Note: (H and I are not applicable to section 527 orgs) H(a) Is this a group return for affiliates? Yes No X No.

J Accounting method: Cash X Accrual Other (specify). K Check here if the organization's gross receipts are normally not more than \$25,000. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED JAN 07 02



**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 Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 68,000.		34,000.	34,000.
26 Other salaries and wages	26 835,649.	740,976.	28,368.	66,305.
27 Pension plan contributions	27 14,256.	8,916.	3,400.	1,940.
28 Other employee benefits	28 103,878.	66,091.	32,884.	4,903.
29 Payroll taxes	29 72,142.	59,808.	4,654.	7,680.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 31,237.	26,177.	3,950.	1,110.
34 Telephone	34 21,903.	13,721.	7,234.	948.
35 Postage and shipping	35 15,789.	9,671.	4,420.	1,698.
36 Occupancy	36 89,244.	89,244.		
37 Equipment rental and maintenance	37 9,028.	9,028.		
38 Printing and publications	38 24,072.	7,520.	2,198.	14,354.
39 Travel	39 62,516.	41,389.	13,317.	7,810.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 96,103.	81,832.	13,728.	543.
43 Other expenses (itemize): a STMT 6	43a 221,713.	146,722.	65,396.	9,595.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 1,665,530.	1,301,095.	213,549.	150,886.

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (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 Specific Instructions on page 23.)**

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>TYSON RESEARCH FACILITY-BREED NATIVE AND EXOTIC SPECIES OF RAPTORS, REHABILITATE SPECIES AND MAINTAIN FACILITIES</u>  (Grants and allocations \$ _____)	147,367.
b <u>ZOO PROGRAMS-PROVIDE EDUCATION PROGRAMS FOR ZOOLOGICAL INSTITUTIONS AND THEME PARKS THROUGHOUT THE UNITED STATES</u>  (Grants and allocations \$ _____)	596,881.
c <u>VECTOR CONTROL-PROVIDE TO VARIOUS COMPANIES A SERVICE OF HUMANELY REMOVING POTENTIALLY DISEASE-CARRYING PIGEONS FROM WORK FACILITIES</u>  (Grants and allocations \$ _____)	9,783.
d <u>EDUCATIONAL PROGRAMS-PROVIDE A VARIETY OF EDUCATIONAL PROGRAMS AT LONE ELK STATE PARK, CLARKSVILLE EAGLE CENTER, CASTLEWOOD STATE PARK, AND AREA SCHOOLS</u>  (Grants and allocations \$ _____)	253,049.
e Other program services (attach schedule) STMT 8 (Grants and allocations \$ _____)	294,015.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,301,095.

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

			(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash - non-interest-bearing	555.	45	555.
	46	Savings and temporary cash investments	686,561.	46	386,781.
	47a	Accounts receivable	201,728.		
		b Less: allowance for doubtful accounts	2,000.		
			109,393.	47c	199,728.
	48a	Pledges receivable	25,000.		
		b Less: allowance for doubtful accounts			
				48c	25,000.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
		b Less: allowance for doubtful accounts			
				51c	
	52	Inventories for sale or use	26,260.	52	23,805.
	53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) <b>STMT.</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	43,112.	54	219,406.	
55a	Investments - land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)				
			55c		
56	Investments - other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	2,347,065.			
	b Less: accumulated depreciation (attach schedule)	329,026.			
		1,853,197.	57c	2,018,039.	
58	Other assets (describe ► <b>SEE STATEMENT 10</b> )	4,010.	58	2,161.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,723,088.	59	2,875,475.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	76,925.	60	159,556.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)			
				64b	25,634.
65	Other liabilities (describe ► )		65		
66	<b>Total liabilities</b> (add lines 60 through 65)	76,925.	66	185,190.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted	2,646,163.	67	2,665,285.
	68	Temporarily restricted		68	25,000.
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	2,646,163.	73	2,690,285.
	74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	2,723,088.	74	2,875,475.

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 VII Other Information (See Specific Instructions on page 26.)

Table with columns for question number, description, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and tax status.

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 16					1,376,978.
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			14	20,640.	
96 Dividends and interest from securities					
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					
100 Gain or (loss) from sales of assets other than inventory			18	41,257.	
101 Net income or (loss) from special events			15	59,815.	
102 Gross profit or (loss) from sales of inventory			3	6,439.	61,187.
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				128,151.	1,438,165.
105 Total (add line 104, columns (B), (D), and (E))					1,566,316.

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 Specific Instructions on page 31.)

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).
▼	SEE STATEMENT 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31.)

- (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

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. (Important: See General Instruction V, page 14)

12/3/01

Date

Type or print name and title

Date

Check if self.

Preparer's SSN or PTIN

12-12-01

48950-9730



Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities, grants, and annuity plans.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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.
6 A school.
7 A hospital or a cooperative hospital service organization.
8 A Federal, state, or local government or governmental unit.
9 A medical research organization operated in conjunction with a hospital.
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b A community trust.
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.
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).

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

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.

Table with columns for years 1999, 1998, 1997, 1996, and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V** Private School Questionnaire (See page 5 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

	Yes	No
<b>29</b> 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? . . . . .		
<b>30</b> 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? . . . . .		
<b>31</b> 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.)		
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-----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> 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.)		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
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<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</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.		
<b>35</b> 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 7 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

**NOT APPLICABLE**

- Check here  a if the organization belongs to an affiliated group.
- Check here  b if you checked "a" above and "limited control" provisions apply.

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

**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 9 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 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:	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>l</b> Total lobbying expenditures (add lines c through h) . . . . .			

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



**Schedule B**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see Instructions)

OMB No 1545-0047

**2000**

Name of organization

Employer identification number

**WORLD BIRD SANCTUARY**

**43-1184675**

Organization type (check only one) - Section:  501(c)(03) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose. ▶ \$

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution:** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General Rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 331/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example:** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

### Specific Instructions

**Note:** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

**WORLD BIRD SANCTUARY**

**43-1184675**

**Part I Contributors**

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		15,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3	VARIOUS OTHER CONTRIBUTORS UNDER \$5,000 N/A	101,276.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4		25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		14,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution.)
			Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

**WORLD BIRD SANCTUARY**

**43-1184675**

**Part II Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	1996 DODGE TRUCK \$14,000	14,000.	

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

-----  
DESCRIPTION  
-----

AMOUNT  
-----

1,440.

TOTAL

-----  
1,440.  
=====

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11  
(NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	62,050.	16,196.	45,854.
	161,800.	16,196.	145,604.
	30,000.	16,196.	13,804.
	20,000.	16,196.	3,804.
TOTAL	273,850.		209,066.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
TALON TEE-UP	9,600.	11,218.	-1,618.
TRUCKLOAD OF FUN	82,227.	20,794.	61,433.
TOTALS	91,827.	32,012.	59,815.

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	
SALARIES AND WAGES .....	
OTHER COSTS .....	
	-----
SUBTOTAL .....	
MINUS ENDING INVENTORY .....	
	-----
COST OF GOODS SOLD .....	36,925.
	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

-----

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

32,440.

TOTAL

-----  
32,440.  
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INSURANCE	44,375.	17,149.	27,226.	
UTILITIES	42,020.	39,639.	2,381.	
FEED	11,342.	11,342.		
MISCELLANEOUS	29,051.	17,678.	6,156.	5,217.
PURCHASE OF BIRDS	20,602.	20,602.		
AUTOMOBILE AND TRUCK EXPENSES	46,634.	37,916.	5,139.	3,579.
OFFICE SUPPLIES AND STATIONERY	4,171.	2,396.	1,165.	610.
PROFESSIONAL SERVICES	22,040.		22,040.	
FEEES	1,289.		1,289.	
ADVERTISING	189.			189.
TOTALS	221,713.	146,722.	65,396.	9,595.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO REHABILITATE AND PROPAGATE RAPTORS AND OTHER SPECIES OF BIRDS AND  
TO ENHANCE PUBLIC AWARENESS OF SUCH ACTIVITIES.

FORM 990, PART III - OTHER PROGRAM SERVICES  
=====

DESCRIPTION  
-----

EXPENSES  
-----

FALCON RELEASE-REINTRODUCE ENDANGERED SPECIES INTO  
THEIR NATURAL HABITAT  
AIR FORCE BASE PROJECTS-PROVIDE BIRD CONTROL  
WITHIN THE AIRPORT ENVIRONMENT TO PREVENT BIRD  
STRIKE DAMAGE TO AIRPLANES  
HABITAT MANAGEMENT-WORK WITH LOCAL BUSINESSES TO  
HELP RESTORE HABITAT AND ENCOURAGE WILDLIFE  
THROUGH NESTBOXES  
-----

12,039.

265,465.

16,511.

APPROXIMATELY 288,000 VISITORS / PARTICIPANTS IN  
THE VARIOUS PROGRAMS OF THE ORGANIZATION

TOTALS

-----  
294,015.  
=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION

ENDING  
BOOK VALUE

COMMON STOCK - PUB. TRADED

219,406.

TOTALS

219,406.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	2,161.
TOTALS	----- 2,161. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION

AMOUNT

FUNDRAISING EXPENSES INCLUDED  
IN EXPENSES ON FINANCIAL STMT  
BUT NETTED AGAINST FUNDRAISING  
REVENUE ON TAX RETURN

32,012.

TOTAL

32,012.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN  
=====

DESCRIPTION -----	AMOUNT -----
FUNDRAISING EXPENSES INCLUDED IN EXPENSES ON FINANCIAL STMT BUT NETTED AGAINST FUNDRAISING REVENUE ON TAX RETURN	32,012.
TOTAL	----- 32,012. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
WALTER CRAWFORD P.O. BOX 270270 ST. LOUIS, MO 63127	EXEC DIR FULL TIME	68,000.	18,867.	
SUSAN POLING P.O. BOX 270270 ST. LOUIS, MO 63127	PRESIDENT VARIOUS	NONE	NONE	NONE
THOMAS E. ROLLINS P.O. BOX 270270 ST. LOUIS, MO 63127	VICE-PRESIDENT VARIOUS	NONE	NONE	NONE
DENNIS V. BREITE P.O. BOX 270270 ST. LOUIS, MO 63127	TREASURER VARIOUS	NONE	NONE	NONE
MARY ELLEN ROTH P.O. BOX 270270 ST. LOUIS, MO 63127	SECRETARY VARIOUS	NONE	NONE	NONE
JAMES BEISMAN P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
ANDREW D. BUSCH P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
JOSEPH C. CARPENTER P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES K. COOK P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
TOM DRURY P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
JOSEPH O. LOSOS P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
DALLAS A. MENEELY P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
JOHN F. RISBERG P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
RONALD H. SUCHANEK P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
LEON P. ULLENSVANG P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
KATHY WEYHRICH P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RONALD C. ZDELLAR P.O. BOX 270270 ST. LOUIS, MO 63127	BOARD MEMBER VARIOUS	NONE	NONE	NONE
	GRAND TOTALS	68,000.	18,867.	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
ZOO PROGRAMS					734,629.
VECTOR CONTROL					50,400.
AF BASE PROJECTS					300,976.
FALCON RELEASE					23,752.
EDUCATION					149,678.
HABITAT MANAGEMENT					117,543.
TOTALS					1,376,978.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	ENABLES THE ORGANIZATION TO PROVIDE EDUCATION PROGRAMS FOR ZOOLOGICAL INSTITUTIONS AND THEME PARKS THROUGHOUT THE UNITED STATES
93B	ENABLES THE ORGANIZATION TO PROVIDE TO VARIOUS COMPANIES A SERVICE OF HUMANELY REMOVING POTENTIALLY DISEASE-CARRYING PIGEONS FROM WORK FACILITIES
93C	ENABLES THE ORGANIZATION TO PERFORM BIRD CONTROL WITHIN AN AIRPORT ENVIRONMENT TO PREVENT BIRD STRIKE DAMAGE TO AIRPLANES
93D	ENABLES THE ORGANIZATION TO INTRODUCE ENDANGERED SPECIES INTO THEIR NATURAL HABITAT
93E	ENABLES THE ORGANIZATION TO PROVIDE A VARIETY OF EDUCATIONAL PROGRAMS AT LONE ELK STATE PARK, CLARKSVILLE CENTER, CASTLEWOOD STATE PARK, AND AREA SCHOOLS
93F	ENABLES THE ORGANIZATION TO WORK WITH LOCAL BUSINESSES TO HELP RESTORE HABITAT AND ENCOURAGE WILDLIFE THROUGH NESTBOXES
102	SALE OF ITEMS THAT EDUCATE THE PUBLIC ABOUT RAPTORS

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	1999	1998	1997	1996	TOTAL
MISCELLANEOUS		NONE	NONE	4,397.	4,397.
TOTALS		NONE	NONE	4,397.	4,397.

FEDERAL FOOTNOTES

=====

PART I, LINE 10C

MISCELLANEOUS SALES OF MERCHANDISE  
AND PROMO ITEMS  
SODA SALES

\$98,112  
6,439

-----

104,551  
36,925

COST OF GOODS SOLD

-----  
67,626  
=====

## FEDERAL FOOTNOTES

=====

PART II, LINE 42-DEPRECIATION  
 PART IV, LINE 57-FIXED ASSETS

MACHINERY & EQUIPMENT	144,958
AUTOS & TRUCKS	179,587
BUILDINGS	1,833,266
CONSTRUCTION IN PROGRESS	189,254
	-----
	2,347,065
LESS: ACCUMULATED DEPRECIATION	329,026
	-----
	2,018,039

ALL ASSETS ARE DEPRECIATED OVER 5 TO 25 YEARS  
 USING THE STRAIGHT LINE METHOD  
 DEPRECIATION EXPENSE AMOUNTED TO \$96,103

FEDERAL FOOTNOTES

=====

PART I, LINE 8  
PROCEEDS FROM SALES OF PUBLICLY TRADED  
SECURITIES  
COST  
  
GAIN

\$401,015

359,758

-----

41,257

# 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).

**Note: 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)**

**Note: 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.

<b>Type or print</b>	Name of Exempt Organization <b>WORLD BIRD SANCTUARY</b>	Employer identification number <b>43-1184675</b>
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. <b>P. O. BOX 270270</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. LOUIS, MO 63127</b>	

**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 |

- 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-month, for **990-T corporation**) extension of time until 03/15, 2002, 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 08/01, 2000, and ending 07/31, 2001.

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

**3a** 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 \$ \_\_\_\_\_

**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. \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_

**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 ▶ **CPA** Date ▶ **12/11/2001**

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)

RUBIN, BROWN, GORNSTEIN & CO., LLP 43-0765316  
 230 SOUTH BEMISTON AVE. ST. LOUIS, MO 63105