

Return of Organization Exempt from Income Tax

2001

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

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 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

- 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

LINDSAY WILDLIFE MUSEUM
1931 FIRST AVENUE
WALNUT CREEK, CA 94597

D Employer identification number
94-6104179

E Telephone number
925-935-1978

F Accounting method Cash Accrual
 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** Enter 4 digit group GEN ▶
- M** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site ▶ 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 ▶ 2,237,033

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

OCT 21 2002 RECEIVED IRS OSC OGDEN, UT	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	<u>1,201,011</u>		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>970,564</u> noncash \$ <u>230,447</u>)	1d			<u>1,201,011</u>
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			<u>696,873</u>
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			<u>27,137</u>
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7 Other investment income (describe ▶)	7			<u>-24,475</u>
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	
	b Less cost or other basis and sales expenses			8b	
	c Gain or (loss) (attach schedule)			8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a 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)	10c				
11 Other revenue (from Part VII, line 103)	11			<u>336,487</u>	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			<u>2,237,033</u>	
13 Program services (from line 44, column (B))	13			<u>1,814,715</u>	
14 Management and general (from line 44, column (C))	14			<u>272,886</u>	
15 Fundraising (from line 44, column (D))	15			<u>202,551</u>	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 15 and 44, column (A))	17			<u>2,290,152</u>	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			<u>-53,119</u>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			<u>2,413,337</u>	
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			<u>2,360,218</u>	

17

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

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 (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25 74,000	56,611	11,590	5,799
26 Other salaries and wages	26 1,282,812	981,367	200,916	100,529
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 6,423		6,423	
32 Legal fees	32			
33 Supplies	33 154,179	141,156	2,844	10,179
34 Telephone	34 8,826	8,744	82	
35 Postage and shipping	35 29,527	13,555	1,622	14,350
36 Occupancy	36			
37 Equipment rental and maintenance	37 15,064	14,581		483
38 Printing and publications	38 71,800	54,166	1,183	16,451
39 Travel	39 13,524	13,524		
40 Conferences, conventions, and meetings	40 30,363	22,149	4,108	4,106
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 110,678	87,701	13,188	9,789
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 1	43 a 492,956	421,161	30,930	40,865
b -----	43 b			
c -----	43 c			
d -----	43 d			
e -----	43 e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 2,290,152	1,814,715	272,886	202,551

Joint Costs Check 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 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

What is the organization's primary exempt purpose? <u>PROVIDE WILDLIFE EDUCATION</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 2 ----- ----- ----- (Grants and allocations \$ _____)	1,814,715
b ----- ----- ----- (Grants and allocations \$ _____)	
c ----- ----- ----- (Grants and allocations \$ _____)	
d ----- ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,814,715

Part IV Balance Sheets (See instructions)

				(A)		(B)	
				Beginning of year		End of year	
ASSETS	45 Cash – non-interest-bearing			231,939	45		123,391
	46 Savings and temporary cash investments				46		
	47 a Accounts receivable	47 a	18,816				
	b Less allowance for doubtful accounts	47 b		55,245	47 c		18,816
	48 a Pledges receivable	48 a	22,715				
	b Less allowance for doubtful accounts	48 b		107,562	48 c		22,715
	49 Grants receivable				49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50		
	51 a Other notes & loans receivable (attach sch)	51 a					
	b Less allowance for doubtful accounts	51 b				51 c	
	52 Inventories for sale or use			36,349	52		61,863
	53 Prepaid expenses and deferred charges			26,298	53		33,214
	54 Investments – securities (attach schedule)			757,501	54		856,728
	55 a Investments – land, buildings, & equipment basis	55 a					
b Less accumulated depreciation (attach schedule)	55 b				55 c		
56 Investments – other (attach schedule)					56		
57 a Land, buildings, and equipment basis	57 a	2,317,388					
b Less accumulated depreciation (attach schedule)	57 b	895,116		1,383,085	57 c	1,422,272	
58 Other assets (describe <input type="checkbox"/> Cost <input type="checkbox"/> FMV)					58		
59 Total assets (add lines 45 through 58) (must equal line 74)				2,597,979	59	2,538,999	
LIABILITIES	60 Accounts payable and accrued expenses			184,642	60	178,781	
	61 Grants payable				61		
	62 Deferred revenue				62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63		
	64 a Tax-exempt bond liabilities (attach schedule)				64 a		
	b Mortgages and other notes payable (attach schedule)				64 b		
	65 Other liabilities (describe)				65		
66 Total liabilities (add lines 60 through 65)				184,642	66	178,781	
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			1,631,503	67	1,673,787	
	68 Temporarily restricted			324,957	68	219,533	
	69 Permanently restricted			456,877	69	466,898	
	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 and column (B) must equal line 21)				2,413,337	73	2,360,218
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)				2,597,979	74	2,538,999

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.

BAA

Part VI Other Information (See specific instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
81 a	Enter direct or indirect political expenditures See line 81 instructions <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81 a	0
81 b	Did the organization file Form 1120-POL for this year?		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?		X
82 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)	82 b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85 b	Did the organization make only in house lobbying expenditures of \$2,000 or less? 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		N/A
85 c	Dues, assessments, and similar amounts from members	85 c	N/A
85 d	Section 162(e) lobbying and political expenditures	85 d	N/A
85 e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85 e	N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
85 g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85 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?		N/A
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
86 b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 a	501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	N/A
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
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		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0		
89 b	501(c)(3) and 501(c)(4) organizations 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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed ▶ CALIFORNIA		
90 b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90 b	40
91	The books are in care of ▶ SUZIE MAHAFFAY Telephone number ▶ 925-935-1978 Located at ▶ 1931 FIRST AVENUE, WALNUT CREEK, CA ZIP + 4 ▶ 94597		
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 instructions)

Note: 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 ADMISSIONS					400,439
b EDUCATIONAL PROGRAMS					296,434
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	27,137	
96 Dividends & 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 pers prop.					
99 Other investment income			14	-24,475	
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 SEE STATEMENT 7				336,487	0
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				339,149	696,873
105 Total (add line 104, columns (B), (D), and (E))					1,036,022

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 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)
93A	EDUCATIONAL PROGRAMS ARE CONDUCTED BY THE LINDSAY WILDLIFE MUSEUM TO TEACH CHILDREN ABOUT NATURE AND HOW TO ALLEVIATE MANKIND'S IMPACT ON THE LOCAL REGION'S WILDLIFE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

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.

Sept 27, 2002
Date

TOR

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 Supplementary Information - (See separate instructions)

2001

Supplementary Information - (see separate instructions)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the Organization

LINDSAY WILDLIFE MUSEUM

Employer Identification Number

94-6104179

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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
EUNICE VALENTINE ----- 1931 FIRST ST, WALNUT CREEK CA	EXEC DIRECTOR 40	74,000	0	0
NANCY ANDERSON ----- 1931 FIRST ST, WALNUT CREEK CA	WILDLIFE SRVCS 40	56,333	0	0
SHERRILL COOK ----- 1931 FIRST ST, WALNUT CREEK CA	EXTERNAL AFFAIR 40	53,650	0	0
ERNEST GARCIA ----- 1931 FIRST ST, WALNUT CREEK CA	EDUCATION 40	50,763	0	0
SUZANNE MAHAFFAY ----- 1931 FIRST ST, WALNUT CREEK CA	FINANCE DIR 40	52,542	0	0
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		0

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See 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 ▶ \$ _____ N/A _____ (Must equal amounts on line 38, Part VI-A, or line 1 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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
SEE STATEMENT 8		
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.		

Part IV Reason for Non-Private Foundation Status (See 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 ▶** _____
- 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 instructions)

(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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,245,055	1,149,327	1,008,806	1,517,049	4,920,237
16 Membership fees received					
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	673,500	632,404	590,165	842,338	2,738,407
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	-20,259	31,619	42,158	35,235	88,753
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 9	443,970	359,674	477,465	436,003	1,717,112
23 Total of lines 15 through 22	2,342,266	2,173,024	2,118,594	2,830,625	9,464,509
24 Line 23 minus line 17	1,668,766	1,540,620	1,528,429	1,988,287	6,726,102
25 Enter 1% of line 23	23,423	21,730	21,186	28,306	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 134,522
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 594,606
c Total support for Section 509(a)(1) test Enter line 24, column (e)					26c 6,726,102
d Add Amounts from column (e) for lines	18 88,753	19	26b 594,606		26d 2,400,471
	22 1,717,112				26e 4,325,631
e Public support (line 26c minus line 26d total)					26e 4,325,631
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 64.31%
27 Organizations described on line 12. N/A					
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	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
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	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
c Add Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	27c _____
	17 _____	20 _____	21 _____		27d _____
d Add Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f _____				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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 instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

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

N/A

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		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table —														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">If the amount on line 40 is —</td> <td style="width: 50%; border: none;">The lobbying nontaxable amount is —</td> </tr> <tr> <td style="border: none;">Not over \$500,000</td> <td style="border: none;">20% of the amount on line 40</td> </tr> <tr> <td style="border: none;">Over \$500,000 but not over \$1,000,000</td> <td style="border: none;">\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td style="border: none;">Over \$1,000,000 but not over \$1,500,000</td> <td style="border: none;">\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td style="border: none;">Over \$1,500,000 but not over \$17,000,000</td> <td style="border: none;">\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td style="border: none;">Over \$17,000,000</td> <td style="border: none;">\$1,000,000</td> </tr> </table>		If the amount on line 40 is —	The lobbying nontaxable amount is —	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	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		
If the amount on line 40 is —	The lobbying nontaxable amount is —														
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														
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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													
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)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of Organization

LINDSAY WILDLIFE MUSEUM

Employer Identification Number

94-6104179

Organization type (check one)

Filers of.

Form 990 or 990-EZ

Form 990-PF

Section.

- 501(c)(3) (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (**Note.** Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions)

General Rule —

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules —

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

LINDSAY WILDLIFE MUSEUM

Employer Identification Number

94-6104179

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	P + 4	(c) Aggregate contributions	(d) Type of contribution
2	----- ----- ----- -----	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	P + 4	(c) Aggregate contributions	(d) Type of contribution
3	----- ----- ----- -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	P + 4	(c) Aggregate contributions	(d) Type of contribution
4	----- ----- ----- -----	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	P + 4	(c) Aggregate contributions	(d) Type of contribution
5	----- ----- ----- -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number	P + 4	(c) Aggregate contributions	(d) Type of contribution
6	----- ----- ----- -----	\$ 58,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

LINDSAY WILDLIFE MUSEUM

94-6104179

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

LINDSAY WILDLIFE MUSEUM

94-6104179

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----
_____	----- ----- -----	\$-----	-----

Name of Organization

LINDSAY WILDLIFE MUSEUM

Employer Identification Number

94-6104179

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once – see instructions) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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LINDSAY WILDLIFE MUSEUM

94-6104179

9/25/02

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**CONTRIBUTIONS, GIFTS, AND GRANTS
DIRECT PUBLIC SUPPORT**

UNRESTRICTED	\$	628,671
TEMPORARILY RESTRICTED		231,872
PERMANENTLY RESTRICTED		10,021
TOTAL	\$	<u>970,564</u>

**CONTRIBUTIONS, GIFTS, AND GRANTS
DIRECT PUBLIC SUPPORT**

VEHICLE DONATIONS	\$	104,547
IN-KIND DONATIONS		125,900
TOTAL	\$	<u>230,447</u>

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LINDSAY WILDLIFE MUSEUM

94-6104179

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**SCHEDULE A, PART IV-A, LINE 26B
EXCESS CONTRIBUTORS**

<u>CONTRIBUTOR</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>TOTAL</u>
	\$ 100,000	\$ 100,000	\$ 100,000	\$ 131,000	\$ 431,000
	0	0	0	172,000	172,000
	100,000	100,000	100,000	0	300,000
	0	0	0	206,216	206,216
	158,000	0	0	0	158,000
				TOTAL	\$ 1,267,216
				LINE 26A X 5 (# OF CONTRIBUTORS)	-672,610
				EXCESS CONTRIBUTIONS	\$ 594,606

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LINDSAY WILDLIFE MUSEUM

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**STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	2,577	2,158	259	160
ALLIANCE	18,497	18,497		
CONTRACTUAL AND OUTSIDE SERVIC	131,586	86,810	4,143	40,633
DOCENT COUNCIL	484	484		
IN-KIND ADVERTISING	5,530	5,530		
INSURANCE	42,659	38,469	4,190	
LICENSES AND PERMITS	1,312	1,287		25
MAINTENANCE & REPAIRS	28,470	28,470		
OTHER	35,187	12,802	22,338	47
STORE OPERATIONS	148,237	148,237		
UTILITIES	78,417	78,417		
TOTAL	\$ 492,956	\$ 421,161	\$ 30,930	\$ 40,865

**STATEMENT 2
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EDUCATIONAL PROGRAMS THE MUSEUM OFFERS A WIDE VARIETY OF ENVIRONMENTAL EDUCATION PROGRAMS FOR ALL AGES BOTH ON- AND OFF-SITE MOST PROGRAMS CAN BE TAILORED TO THE NEEDS, ABILITIES AND INTERESTS OF ANY GROUP LIVE ANIMALS, INTERACTIVE PRESENTATIONS AND AUDIENCE PARTICIPATION MAKE LEARNING ABOUT WILDLIFE FUN AND EDUCATIONAL ADDITIONALLY, THE MUSEUM OPERATES SEVERAL PROGRAMS INVOLVED IN SAVING THE BAY AREA'S NATURAL ENVIRONMENT		608,519
WILDLIFE REHABILITATION VOLUNTEERS TREAT NEARLY 6,000 INJURED OR ORPHANED ANIMALS EVERY YEAR SOME ANIMALS THAT CANNOT BE RETURNED TO THEIR NATURAL HOME IN THE WILD BECOME PART OF THE MUSEUM'S LIVE COLLECTION		201,924
MUSEUM OPERATIONS THE MUSEUM OPERATES A FULLY FUNCTIONING LIVE ANIMAL MUSEUM, INCLUDING BIRDS, REPTILES, AND OTHER LIVING CREATURES THE MUSEUM'S 8,000 SQUARE-FOOT EXHIBIT HALL IS FILLED WITH OVER 50 SPECIES OF LIVE, NON-RELEASABLE NATIVE WILD ANIMALS, A LEARNING THEATRE AND A DISCOVERY ROOM WITH HANDS-ON OPPORTUNITIES FOR CHILDREN		332,423
COLLECTIONS THE MUSEUM EXPENDS RESOURCES TO ENHANCE ITS COLLECTION OF ANIMALS AND RELATED WILDLIFE		206,151
COMMUNICATIONS AS PART OF ITS CIVIC RESPONSIBILITY, THE MUSEUM EXPENDS RESOURCES TO PRODUCE LITERATURE TO INFORM THE PUBLIC OF ITS VARIOUS PROGRAMS		83,553
RETAIL OPERATIONS THE MUSEUM OPERATES A STORE WITH EDUCATIONAL MATERIALS FOR ITS YOUNG VISITORS ADDITIONALLY,		

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STATEMENT 2 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE MUSEUM HAS REPLACED ITS ANNUAL PACK RAT RUMMAGE SALE WITH A PERMANENT THRIFT STORE OPERATED IN CONCORD PROCEEDS FROM THE THRIFT STORE RAISE MORE THAN \$100,000 ANNUALLY TO SUPPORT THE MUSEUM'S WILDLIFE EDUCATION AND REHABILITATION SERVICES		292,719
VETERINARY THE MUSEUM OPERATES A VETERINARY CLINIC TO CARE FOR ANIMALS THE WILDLIFE HOSPITAL IS OPEN EVERY DAY TO ACCEPT INJURED OR ORPHANED NATIVE WILD ANIMALS BROUGHT TO THE MUSEUM BY LOCAL CITIZENS		89,426
	<u>\$ 0</u>	<u>\$ 1,814,715</u>

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 319,102	\$ 0	\$ 319,102
MACHINERY AND EQUIPMENT	85,778	0	85,778
BUILDINGS	1,534,881	0	1,534,881
IMPROVEMENTS	263,179	895,116	-631,937
MISCELLANEOUS	114,448	0	114,448
TOTAL	<u>\$ 2,317,388</u>	<u>\$ 895,116</u>	<u>\$ 1,422,272</u>

STATEMENT 4
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SATISFACTION OF PERM RESTRICTIONS	\$ -19,464
SATISFACTION OF TEMP RESTRICTIONS	345,034
TOTAL	<u>\$ 325,570</u>

STATEMENT 5
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

INTEREST & DIVIDENDS	\$ 12,749
PERMANENTLY RESTRICTED NET ASSETS	10,021
REALIZED AND UNREALIZED LOSSES ON MARKETABLE SECURITIES	-24,475
TEMPORARILY RESTRICTED NET ASSETS	231,872
TOTAL	<u>\$ 230,167</u>

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LINDSAY WILDLIFE MUSEUM

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**STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
EUNICE VALENTINE 1931 FIRST AVENUE WALNUT CREEK, CA 94597	EXEC DIRECTOR 40	\$ 74,000	\$ 0	\$ 0
MARC KAPLAN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	PRESIDENT 4	0	0	0
JAMES A PEZZAGLIA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	VICE PRESIDENT 4	0	0	0
NANCY CALDERON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	VICE PRESIDENT 4	0	0	0
MEGAN LINDBERG 1931 FIRST AVENUE WALNUT CREEK, CA 94597	SECRETARY 4	0	0	0
STEPHEN L DEMARIA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	TREASURER 4	0	0	0
HOLLY ARMSTRONG 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
THOMAS A BEDFORD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
CLAUDIA COHAN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
NATALIE S DAVIS 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
SANDRA HUTSON ARECHAEDERRA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
JAMES J EISEN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

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STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MICHELLE BAGNASCO 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	\$ 0	\$ 0	\$ 0
BARNEY HOWARD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
GREG HARDING-BROWN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
IRA HILLYER 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
NAN HUDSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
JOHN M KIKUCHI 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
PETE MUSSER 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
JOHN C OSMER, M D 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
JOEL J PARROTT, D V M 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
NANCY PULLEN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
ERNEST G SIMPSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
MICHAEL STEAD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

9/25/02

01 06PM

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
W DANIEL WALTON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	\$ 0	\$ 0	\$ 0
	TOTAL	\$ 0	\$ 0	\$ 0

STATEMENT 7
FORM 990, PART VII, LINE 103
OTHER REVENUE

<u>OTHER REVENUE</u>	<u>(A) BUSI- NESS CODE</u>	<u>(B) UNRELATED BUSINESS AMOUNT</u>	<u>(C) EXCLU- SION CODE</u>	<u>(D) EXCLUDED AMOUNT</u>	<u>(E) RELATED OR EXEMPT FUNCTION</u>
ALLIANCE			3	\$ 32,253	
DOCENT COUNCIL			3	2,519	
FUNDRAISING			1	102,030	
MUSEUM STORE			3	153,505	
OTHER			1	5,417	
THRIFT STORE			3	40,763	
TOTAL		\$ 0		\$ 336,487	\$ 0

STATEMENT 8
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

THE ORGANIZATION HAS A 403(B) PLAN WHICH ONLY PERMITS EMPLOYEE CONTRIBUTIONS
THERE ARE NO EMPLOYER CONTRIBUTIONS (MATCHING OR OTHERWISE) DISTRIBUTIONS FROM
THE 403(B) PLAN ARE MADE ONLY PURSUANT TO ALL APPLICABLE LAWS AND REGULATIONS

STATEMENT 9
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2000</u>	<u>(B) 1999</u>	<u>(C) 1998</u>	<u>(D) 1997</u>	<u>(E) TOTAL</u>
OTHER	\$ 48,158	\$ 59,420	\$ 50,795	\$ 13,596	\$ 171,969
FUNDRAISING & MUSEUM STORE	395,812	300,254	426,670	422,407	1,545,143
TOTAL	\$ 443,970	\$ 359,674	\$ 477,465	\$ 436,003	\$ 1,717,112

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

9/25/02

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INVESTMENTS

INVESTMENTS CONSIST OF THE FOLLOWING AT JUNE 30, 2002 AND 2001

		2002		2001	
		COST	MARKET VALUE	COST	MARKET VALUE
MONEY MARKET FUNDS	\$	524,853	524,853	378,571	378,571
LIMITED PARTNERSHIPS		51,728	51,728	4,239	3
GOVERNMENT BONDS		44,824	45,339	29,664	29,506
CORPORATE BONDS		124,893	133,668	125,144	129,477
COMMON STOCK		99,535	101,140	219,132	219,944
TOTALS	\$	845,833	856,728	756,750	757,501

DURING THE YEARS ENDED JUNE 30, 2002 AND 2001, PROCEEDS FROM SALE OF INVESTMENTS WERE REINVESTED INTO OTHER INVESTMENTS

PROPERTY AND EQUIPMENT

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT JUNE 30, 2002 AND 2001

		2002	2001
LANDSCAPING	\$	263,179	263,179
EXHIBIT HALL		1,534,881	1,420,978
FURNISHINGS, EQUIPMENT AND VEHICLES		319,102	314,833
ANIMAL EQUIPMENT		85,778	75,950
LEASEHOLD IMPROVEMENTS		114,448	92,583
LESS ACCUMULATED DEPRECIATION		(895,116)	(784,438)
NET PROPERTY AND EQUIPMENT	\$	1,422,272	1,383,085

DEPRECIATION EXPENSE AMOUNTED TO \$110,678 AND \$110,483 FOR THE YEARS ENDED JUNE 30, 2002 AND 2001, RESPECTIVELY