

Return of Organization Exempt from Income Tax

2002

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 7/01, 2002 **and ending** 6/30, 2003

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

Please use IRS label or print or type See specific instructions

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)

Handl 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 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

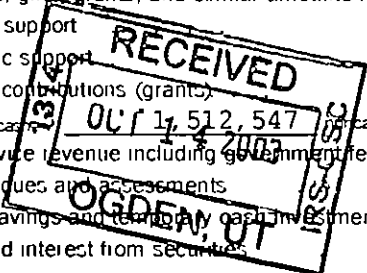
J Organization type (check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

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: 3,420,122

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	1a	2,230,843	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ 718,296)	1d		2,230,843
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		653,651
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		51,640
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 SEE STATEMENT 1)	7		-30,133
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
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		514,121
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,420,122
13 Program services (from line 44, column (B))	13		2,141,061
14 Management and general (from line 44, column (C))	14		305,333
15 Fundraising (from line 44, column (D))	15		662,721
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		3,109,115
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		311,007
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,360,218
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		2,671,225



SCANNED OCT 20 03

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 85,750.	65,802	13,730	6,218
26 Other salaries and wages	26 1,269,130	973,893	203,206	92,031
27 Pension plan contributions	27			
28 Other employee benefits	28 49,854.	38,256	7,982	3,616
29 Payroll taxes	29 104,272	80,015	16,696	7,561
30 Professional fundraising fees	30			
31 Accounting fees	31 6,778		6,778	
32 Legal fees	32			
33 Supplies	33 146,419	121,603	5,159	19,657
34 Telephone	34 8,720	8,720		
35 Postage and shipping	35 25,396	12,493	1,736	11,167
36 Occupancy	36 73,901	73,402		499
37 Equipment rental and maintenance	37 36,954	36,954		
38 Printing and publications	38 67,028	51,542	1,130	14,356
39 Travel	39 8,702	8,702		
40 Conferences, conventions, and meetings	40 13,186	8,133	3,686	1,367
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 117,036	80,595	11,494	24,947
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 2	43a 1,095,989	580,951	33,736	481,302
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44 3,109,115	2,141,061	305,333	662,721

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? **SEE STATEMENT 3**
 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 and 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 4	(Grants and allocations \$ 925,817)	2,141,061
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)		2,141,061

Part IV Balance Sheets (See Instructions)

Note		(A)		(B)		
Where required attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
ASSETS	45	Cash – non interest bearing		123,391	45	121,341
	46	Savings and temporary cash investments			46	
	47 a	47 a	Accounts receivable	48,571		
		47 b	Less allowance for doubtful accounts	18,816	47 c	48,571
	48 a	48 a	Pledges receivable	17,730		
		48 b	Less allowance for doubtful accounts	22,715	48 c	17,730
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51 a	51 a	Other notes & loans receivable (attach sch)			
		51 b	Less allowance for doubtful accounts		51 c	
	52	Inventories for sale or use		61,863	52	59,636
	53	Prepaid expenses and deferred charges		33,214	53	47,753
	54	Investments – securities (attach schedule)		856,728	54	1,224,821
	55 a	55 a	Investments – land, buildings, & equipment basis			
		55 b	Less accumulated depreciation (attach schedule)		55 c	
	56	Investments – other (attach schedule)			56	
	57 a	57 a	Land, buildings, and equipment basis	2,373,649		
	57 b	Less accumulated depreciation (attach schedule) STATEMENT 5	1,011,312	57 c	1,362,337	
58	Other assets (describe ▶)		1,422,272	58		
59	Total assets (add lines 45 through 58) (must equal line 74)		2,538,999	59	2,882,189	
LIABILITIES	60	Accounts payable and accrued expenses		178,781	60	185,528
	61	Grants payable			61	
	62	Deferred revenue			62	25,436
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64 a	Tax exempt bond liabilities (attach schedule)			64 a	
		64 b	Less mortgages and other notes payable (attach schedule)		64 b	
	65	Other liabilities (describe ▶)			65	
	66	Total liabilities (add lines 60 through 65)		178,781	66	210,964
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		1,673,787	67	1,794,028
	68	Temporarily restricted		219,533	68	400,631
	69	Permanently restricted		466,898	69	476,566
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid in or capital surplus or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19 column (B) must equal line 21)		2,360,218	73	2,671,225
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		2,538,999	74	2,882,189

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return			
a Total revenue, gains, and other support per audited financial statements	▶ a	3,229,356	a Total expenses and losses per audited financial statements	▶ a	3,109,115
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20 Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
SEE STM 6 \$ 302,924					
Add amounts on lines (1) through (4)	▶ b	302,924	Add amounts on lines (1) through (4)	▶ b	
c Line a minus line b	▶ c	2,926,432	c Line a minus line b	▶ c	3,109,115
d Amounts included on line 12, Form 990 but not on line a			d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
SEE STM 7 \$ 493,690					
Add amounts on lines (1) and (2)	▶ d	493,690	Add amounts on lines (1) and (2)	▶ d	
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	3,420,122	e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	3,109,115

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		85,750	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes' attach schedule - see instructions

Part VI Other Information (See 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	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81 a	0
81 b	Did the organization file Form 1120-POL for this year?	81 b	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?	82 a	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?	83 a	X
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 a	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A
85 b	Did the organization make only in house lobbying expenditures of \$2,000 or less?	85 b	N/A
85 c	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	85 c	N/A
85 d	c Dues, assessments, and similar amounts from members	85 d	N/A
85 e	d Section 162(e) lobbying and political expenditures	85 e	N/A
85 f	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 f	N/A
85 g	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 g	N/A
85 h	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 h	N/A
86 a	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?	86 a	N/A
86 b	86 b	N/A	
87 a	87 a	N/A	
87 b	87 b	N/A	
88	88	X	
89 a	89 a		
89 b	89 b		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 <u>CALIFORNIA</u>	90 a	79
90 b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90 b	79
91	The books are in care of <u>SUZIE MAHAFFAY</u> Telephone number <u>925-935-1978</u> Located at <u>1931 FIRST AVENUE, WALNUT CREEK, CA</u> ZIP + 4 <u>94597</u>	91	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>	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					420,109
b EDUCATIONAL PROGRAMS					233,542
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	51,640	
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			18	-30,133	
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 9				514,121	0
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				535,628	653,651
105 Total (add line 104 columns (B), (D), and (E))					1,189,279

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	0%			

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 3870 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.

Date Oct 6, 2003

OR

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions)

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

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 and deferred compensation	(e) Expense account and other allowances
EUNICE VALENTINE ----- 1931 FIRST ST, WALNUT CREEK CA	EXEC DIRECTOR 40	85,750	0	0
NANCY ANDERSON ----- 1931 FIRST ST, WALNUT CREEK CA	WILDLIFE SRVCS 40	64,750	0	0
SHERRILL COOK ----- 1931 FIRST ST, WALNUT CREEK CA	EXTERNAL AFFAIR 40	58,000	0	0
DIANA DE BRUNO ----- 1931 FIRST ST, WALNUT CREEK CA	EDUCATION 40	47,000	0	0
SUZANNE MAHAFFAY ----- 1931 FIRST ST, WALNUT CREEK CA	FINANCE DIR 40	60,491	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 \rightarrow \$ _____ 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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
	SEE STATEMENT 10	
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	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 \rightarrow _____
- 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,201,011	1,245,055	1,149,327	1,008,806	4,604,199
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	696,873	673,500	632,404	590,165	2,592,942
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	27,137	-20,259	31,619	42,158	80,655
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 11	312,012	443,970	359,674	477,465	1,593,121
23 Total of lines 15 through 22	2,237,033	2,342,266	2,173,024	2,118,594	8,870,917
24 Line 23 minus line 17	1,540,160	1,668,766	1,540,620	1,528,429	6,277,975
25 Enter 1% of line 23	22,370	23,423	21,730	21,186	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26 a 125,560
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26 b 639,320
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26 c 6,277,975
d Add: Amounts from column (e) for lines 18 80,655 19 19 19 19					26 d 2,313,096
e Public support (line 26c minus line 26d total)					26 e 3,964,879
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26 f 63.16 %
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.	(2001)	(2000)	(1999)	(1998)	
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.	(2001)	(2000)	(1999)	(1998)	
c Add: Amounts from column (e) for lines 15 15 15 15 16 16 16 16					27 c
d Add: Line 27a total and line 27b total					27 d
e Public support (line 27c total minus line 27d total)					27 e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27 f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27 g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27 h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty and administrative staff?		
32 b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions, programs, and scholarships?		
32 d	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		
33 a	a Students' rights or privileges?		
33 b	b Admissions policies?		
33 c	c Employment of faculty or administrative staff?		
33 d	d Scholarships or other financial assistance?		
33 e	e Educational policies?		
33 f	f Use of facilities?		
33 g	g Athletic programs?		
33 h	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?		
34 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 border="0"> <tr> <td>If the amount on line 40 is –</td> <td>The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$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	41	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/03/03

10 09AM

**STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME**

REALIZED/UNREALIZED LOSS TOTAL \$ -30,133
\$ -30,133

**STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	6,990	6,033	957	
ALLIANCE	15,239	15,239		
CONTRACTUAL AND OUTSIDE SERVIC	609,780	127,731	2,963	479,086
DOCENT COUNCIL	961	961		
FEES AND BANK CHARGES	25,084	4,528	20,556	
IN-KIND ADVERTISING	6,000	6,000		
INSURANCE	66,516	59,947	6,569	
LICENCES AND PERMITS	1,277	1,231	20	26
OTHER	13,646	8,785	2,671	2,190
STORE OPERATIONS	262,709	262,709		
UTILITIES	87,787	87,787		
TOTAL	\$ 1,095,989	\$ 580,951	\$ 33,736	\$ 481,302

**STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

LINDSAY WILDLIFE MUSEUM IS A WILDLIFE REHABILITATION AND EDUCATIONAL CENTER THAT FOCUSES ON NATIVE CALIFORNIA WILDLIFE AND NATURAL HISTORY THE MUSEUM EXHIBITS LIVE, NON-RELEASABLE NATIVE WILDLIFE IN WALNUT CREEK, CALIFORNIA FOUNDED IN 1955, THE MUSEUM OPERATES THE OLDEST AND ONE OF THE LARGEST WILDLIFE REHABILITATION HOSPITALS IN THE UNITED STATES, TREATING MORE THAN 6,000 INJURED AND ORPHANED WILD ANIMALS EACH YEAR

**STATEMENT 4
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	617,212	592,593

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/03/03

10 09AM

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
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		227,144
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	308,605	377,132
COLLECTIONS THE MUSEUM EXPENDS RESOURCES TO ENHANCE ITS COLLECTION OF ANIMALS AND RELATED WILDLIFE		213,907
COMMUNICATIONS AS PART OF ITS CIVIC RESPONSIBILITY, THE MUSEUM EXPENDS RESOURCES TO PRODUCE LITERATURE TO INFORM THE PUBLIC OF ITS VARIOUS PROGRAMS		93,454
RETAIL OPERATIONS THE MUSEUM OPERATES A STORE WITH EDUCATIONAL MATERIALS FOR ITS YOUNG VISITORS ADDITIONALLY, 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		539,916
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		96,915
	<u>\$ 925,817</u>	<u>\$ 2,141,061</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
FURNITURE AND FIXTURES	\$ 336,280	\$ 0	\$ 336,280
MACHINERY AND EQUIPMENT	87,595	0	87,595
BUILDINGS	1,535,829	0	1,535,829
IMPROVEMENTS	263,179	1,011,312	-748,133
MISCELLANEOUS	150,766	0	150,766
TOTAL	<u>\$ 2,373,649</u>	<u>\$ 1,011,312</u>	<u>\$ 1,362,337</u>

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/03/03

10 09AM

**STATEMENT 6
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

SATISFACTION OF PERM RESTRICTIONS	\$	6,960
SATISFACTION OF TEMP RESTRICTIONS		295,964
TOTAL	\$	<u>302,924</u>

**STATEMENT 7
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS**

INTEREST & DIVIDENDS	\$	3,165
PERMANENTLY RESTRICTED NET ASSETS		9,668
REALIZED AND UNREALIZED LOSSES ON MARKETABLE SECURITIES		3,795
TEMPORARILY RESTRICTED NET ASSETS		477,062
TOTAL	\$	<u>493,690</u>

**STATEMENT 8
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
EUNICE VALENTINE 1931 FIRST AVENUE WALNUT CREEK, CA 94597	EXEC DIRECTOR 40	\$ 85,750	\$ 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	BOARD MEMBER 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

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/03/03

10 09AM

STATEMENT 8 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBF & DC	EXPENSE ACCOUNT/ OTHER
MARK E BROWN 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	VICE PRESIDENT 2	0	0	0
JAMES J EISEN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
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

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/03/03

10 09AM

STATEMENT 8 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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
W DANIEL WALTON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2	0	0	0
JOAN R SMITH 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER NONE	0	0	0
TOTAL		\$ 85,750	\$ 0	\$ 0

STATEMENT 9
FORM 990, PART VII, LINE 103
OTHER REVENUE

OTHER REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
ALLIANCE			3	\$ 33,925	
DOCENT COUNCIL			3	1,854.	
FUNDRAISING			1	99,378	
MUSEUM STORE			3	186,012	
OTHER			1	12,226	
THRIFT STORE			3	180,726	
TOTAL		\$ 0		\$ 514,121	\$ 0

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/03/03

10 09AM

**STATEMENT 10
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 11
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME**

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
OTHER	\$ -24,475	\$ 48,158	\$ 59,420	\$ 50,795	\$ 133,898
FUNDRAISING & MUSEUM STORE	336,487	395,812	300,254	426,670	1,459,223
TOTAL	<u>\$ 312,012</u>	<u>\$ 443,970</u>	<u>\$ 359,674</u>	<u>\$ 477,465</u>	<u>\$ 1,593,121</u>

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/03/03

10 09AM

INVESTMENTS

INVESTMENTS CONSIST OF THE FOLLOWING AT JUNE 30, 2003 AND 2002

	2003		2002	
	COST	MARKET VALUE	COST	MARKET VALUE
MONEY MARKET FUNDS	\$ 831,366	831,366	524,853	524,853
LIMITED PARTNERSHIPS	51,728	17,575	51,728	51,728
GOVERNMENT BONDS	175,675	177,879	44,824	45,339
CORPORATE BONDS	99,894	114,313	124,893	133,668
COMMON STOCK	90,165	83,688	99,535	101,140
TOTALS	\$ 1,248,828	1,224,821	845,833	856,728

DURING THE YEARS ENDED JUNE 30, 2003 AND 2002, PROCEEDS FROM SALE OF INVESTMENTS WERE REINVESTED INTO OTHER INVESTMENTS

PROPERTY AND EQUIPMENT

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT JUNE 30, 2003 AND 2002

	2003	2002
LANDSCAPING	\$ 263,179	263,179
EXHIBIT HALL	1,535,829	1,534,881
FURNISHINGS, EQUIPMENT AND VEHICLES	336,280	319,102
ANIMAL EQUIPMENT	87,595	85,778
LEASEHOLD IMPROVEMENTS	150,766	114,448
LESS ACCUMULATED DEPRECIATION	(1,011,312)	(895,116)
NET PROPERTY AND EQUIPMENT	\$ 1,362,337	1,422,272

DEPRECIATION EXPENSE AMOUNTED TO \$117,036 AND \$110,678 FOR THE YEARS ENDED JUNE 30, 2003 AND 2002, RESPECTIVELY DURING THE YEAR ENDED JUNE 30, 2003, THE MUSEUM DISPOSED OF FULLY-DEPRECIATED PROPERTY WITH AN ORIGINAL COST BASIS AND ACCUMULATED DEPRECIATION BALANCE OF \$840