

2002

Open to Public Inspection

Return of Organization Exempt From Income Tax

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

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

Form **990**

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year period beginning **SEP 1, 2002** and ending **AUG 31, 2003**

B Check if applicable:

Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 29346 PRESIDIO BLDG 1002A O'REIL

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94129

D Employer identification number
95-2536475

E Telephone number **415-561-4646**
~~(510) 834-3636~~

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? **N/A** Yes No (If "No," attach a list.)

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 Sch. B (Form 990, 990-EZ, or 990-PF).

G Web site: **WWW.LEAKEYFOUNDATION.ORG**

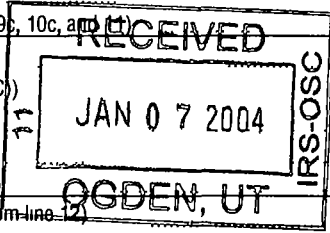
J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

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 **4,110,913.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	308,660.		
b Indirect public support	1b	204,747.		
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 507,334. noncash \$ 6,073.)			1d	513,407.
2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3 Membership dues and assessments			3	34,117.
4 Interest on savings and temporary cash investments			4	
5 Dividends and interest from securities			5	278,953.
6 a 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	
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
	3,246,650.	8a		
b Less: cost or other basis and sales expenses	3,224,457.	8b		
c Gain or (loss) (attach schedule)	22,193.	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1		8d	22,193.
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	
10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11 Other revenue (from Part VII, line 103)			11	37,786.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	886,456.
13 Program services (from line 44, column (B))			13	1,261,181.
14 Management and general (from line 44, column (C))			14	291,582.
15 Fundraising (from line 44, column (D))			15	
16 Payments to affiliates (attach schedule)			16	
17 Total expenses (add lines 16 and 44, column (A))			17	1,552,763.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	<666,307.>
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	12,858,035.
20 Other changes in net assets or fund balances (attach explanation)			20	910,481.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	13,102,209.



SEE STATEMENT 2

SCANNED JAN 13 04

4

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 (attach schedule) cash \$827,557. noncash \$	827,557.	827,557.	STATEMENT 6	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	140,917.	119,448.	21,469.	0.
26	Other salaries and wages	77,311.	32,170.	45,141.	
27	Pension plan contributions	9,708.	5,825.	3,883.	
28	Other employee benefits	14,011.	8,407.	5,604.	
29	Payroll taxes	17,209.	12,098.	5,111.	
30	Professional fundraising fees				
31	Accounting fees	56,074.		56,074.	
32	Legal fees				
33	Supplies				
34	Telephone	8,057.	5,450.	2,607.	
35	Postage and shipping	12,041.		12,041.	
36	Occupancy	66,440.	39,864.	26,576.	
37	Equipment rental and maintenance	9,557.	5,711.	3,846.	
38	Printing and publications	4,222.	2,690.	1,532.	
39	Travel	35,433.		35,433.	
40	Conferences, conventions, and meetings				
41	Interest	2,716.		2,716.	
42	Depreciation, depletion, etc. (attach schedule)	73,423.	44,054.	29,369.	
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 3	198,087.	157,907.	40,180.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,552,763.	1,261,181.	291,582.	0.

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 4**

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	SEE STATEMENT 5				
		(Grants and allocations \$	827,557.)		1,261,181.
b					
		(Grants and allocations \$)		
c					
		(Grants and allocations \$)		
d					
		(Grants and allocations \$)		
e	Other program services (attach schedule)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				1,261,181.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	54,851.	44,908.	
	46 Savings and temporary cash investments	118,973.	95,854.	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable	5,000.		
	b Less: allowance for doubtful accounts		5,000.	
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees			
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	650.	650.	
	53 Prepaid expenses and deferred charges	8,693.	48,839.	
	54 Investments - securities STMT 7	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	12,596,219.	13,020,513.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
56 Investments - other	0.	0.		
57 a Land, buildings, and equipment: basis	290,338.			
b Less: accumulated depreciation STMT 8	199,311.	39,884.	91,027.	
58 Other assets (describe ▶ SEE STATEMENT 9)	119,432.	58	11,808.	
59 Total assets (add lines 45 through 58) (must equal line 74)	12,938,702.	59	13,318,599.	
Liabilities	60 Accounts payable and accrued expenses	18,564.	18,550.	
	61 Grants payable	31,670.	11,945.	
	62 Deferred revenue		6,207.	
	63 Loans from officers, directors, trustees, and key employees			
	64 a Tax-exempt bond liabilities			
	b Mortgages and other notes payable STMT 10	29,908.	22,424.	
	65 Other liabilities (describe ▶ DEPOSITS)	525.	157,264.	
66 Total liabilities (add lines 60 through 65)	80,667.	66	216,390.	
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	4,083,192.	4,376,851.	
	68 Temporarily restricted	1,083,400.	1,033,415.	
	69 Permanently restricted	7,691,443.	7,691,943.	
	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			
	71 Paid-in or capital surplus, or land, building, and equipment fund			
	72 Retained earnings, endowment, accumulated income, or other funds			
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)	12,858,035.	73	13,102,209.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	12,938,702.	74	13,318,599.	

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.

**L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED
TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL**

Part VI Other Information		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	76	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization 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 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b 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	88	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.		
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	89b	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		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 6		
91	The books are in care of L.S.B. LEAKEY FDN FOR RESEARCH Telephone no. 415-561-4646		
	Located at P O BOX 29346 PRESIDIO BLDG 1002A S.F. CA ZIP + 4 94129-1199		
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		

L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED
TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL

Form 990 (2002)

95-2536475

Page 6

Part VII Analysis of Income-Producing Activities (See page 31 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					34,117.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	278,953.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	22,193.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a FACILITIES SUB-LEASE			16	37,088.	
b MISCELLANEOUS			01	698.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		338,932.	34,117.
105 Total (add line 104, columns (B), (D), and (E))					373,049.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

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

94 **THE RELATED FUNCTION INCOME FROM MEMBERSHIP DUES CONTRIBUTES TO THE DISSEMINATION OF INFORMATION ABOUT THE FOUNDATION'S CHARITABLE AND GRANT ACTIVITIES.**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

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

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

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge

02-22-03 **ALAN J. ALMQUIST GRANTS OFFICER**
Type or print name and title

Date _____ Check if self _____ Preparer's SSN or PTIN _____

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 **L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL** Employer identification number **95 2536475**

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

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.

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.) **SEE STATEMENT 12**

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

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.

SEE STATEMENT 13

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

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

5 A church, convention of churches, or association of churches. 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.)

11a 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.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

(a) Name(s) of supported organization(s)

(b) Line number from above

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

L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED

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.)	458,613.	485,362.	733,722.	561,654.	2,239,351.
16 Membership fees received	30,910.	32,396.	35,386.	20,446.	119,138.
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					
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	381,059.	871,809.	758,374.	687,885.	2,699,127.
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	1,172.	1,258.	534.	4,665.	7,629.
23 Total of lines 15 through 22	871,754.	1,390,825.	1,528,016.	1,274,650.	5,065,245.
24 Line 23 minus line 17	871,754.	1,390,825.	1,528,016.	1,274,650.	5,065,245.
25 Enter 1% of line 23	8,718.	13,908.	15,280.	12,747.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 101,305.
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 sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,065,245.
d Add: Amounts from column (e) for lines: 18 2,699,127. 19 _____ 22 7,629. 26b _____					26d 2,706,756.
e Public support (line 26c minus line 26d total)					26e 2,358,489.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 46.5622%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
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: N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
BUILDINGS								
46 L/H IMPROVEMENTS								
	102797	SL	7.00	16	5,670.		3,780.	810.
47 L/H IMPROVEMENTS								
	112697	SL	7.00	16	730.		469.	104.
48 L/H IMPROVEMENTS								
	120297	SL	7.00	16	3,318.		2,133.	474.
49 L/H IMPROVEMENTS								
	120897	SL	7.00	16	4,375.		2,813.	625.
50 L/H IMPROVEMENTS								
	123197	SL	7.00	16	478.		295.	68.
51 L/H IMPROVEMENTS								
	012198	SL	7.00	16	225.		134.	32.
* 990 PAGE 2 TOTAL BUILDINGS					14,796.	0.	9,624.	2,113.
FURNITURE & FIXTURES								
1 OFFICE EQUIPMENT								
	030191	SL	5.00	16	1,563.		1,563.	0.
2 FURNITURE								
	083092	SL	5.00	16	448.		448.	0.
3 FURNITURE								
	070994	SL	5.00	16	306.		306.	0.
4 OFFICE EQUIPMENT								
	072194	SL	5.00	16	514.		514.	0.
5 OFFICE EQUIPMENT								
	083195	SL	5.00	16	545.		545.	0.
6 OFFICE EQUIPMENT								
	083195	SL	5.00	16	209.		209.	0.
7 OFFICE EQUIPMENT								
	083195	SL	5.00	16	401.		401.	0.
8 OFFICE EQUIPMENT								
	083195	SL	5.00	16	313.		313.	0.
9 COMPUTER								
	102595	SL	5.00	16	3,094.		3,094.	0.
10 COMPUTER								
	072396	SL	5.00	16	300.		300.	0.
11 COMPUTER								
	122096	SL	5.00	16	2,924.		2,924.	0.
12 COMPUTER								
	122096	SL	5.00	16	2,374.		2,374.	0.
13 COMPUTER								
	122096	SL	5.00	16	2,374.		2,374.	0.
14 OFFICE EQUIPMENT								
	082997	SL	5.00	16	215.		215.	0.
15 OFFICE EQUIPMENT								
	082997	SL	5.00	16	579.		579.	0.
16 COMPUTER								
	111797	SL	5.00	16	1,027.		975.	52.
17 COMPUTER								
	111797	SL	5.00	16	2,138.		2,032.	106.
18 OFFICE EQUIPMENT								
	111797	SL	5.00	16	1,510.		1,434.	76.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
19	OFFICE EQUIPMENT							
	112897	SL	5.00	16	7,279.		6,916.	363.
20	OFFICE EQUIPMENT							
	121597	SL	5.00	16	3,260.		3,097.	163.
21	OFFICE EQUIPMENT							
	040198	SL	5.00	16	2,261.		1,997.	264.
22	OFFICE EQUIPMENT							
	041698	SL	5.00	16	2,479.		2,149.	330.
23	OFFICE EQUIPMENT							
	031098	SL	5.00	16	693.		624.	69.
24	FURNITURE - DONATED							
	021198	SL	5.00	16	563.		517.	46.
25	FURNITURE- DONATED							
	021198	SL	5.00	16	2,202.		2,018.	184.
26	FURNITURE- DONATED							
	020198	SL	5.00	16	750.		687.	63.
27	FURNITURE- DONATED							
	020198	SL	5.00	16	200.		183.	17.
28	OFFICE EQUIPMENT							
	071599	SL	5.00	16	226.		143.	45.
33	COMPUTER							
	031600	SL	5.00	16	2,484.		1,242.	497.
34	FURNITURE							
	031600	SL	5.00	16	1,369.		685.	274.
35	COMPUTER							
	031600	SL	5.00	16	1,943.		972.	389.
36	COMPUTER							
	031600	SL	5.00	16	1,857.		928.	371.
37	COMPUTER							
	031600	SL	5.00	16	1,771.		885.	354.
38	OFFICE EQUIPMENT							
	122100	SL	5.00	16	584.		195.	117.
39	COMPUTER							
	022601	SL	5.00	16	1,875.		563.	375.
53	PRINTER							
	061302	SL	5.00	16	973.		49.	195.
54	SERVER							
	061302	SL	5.00	16	308.		15.	62.
55	DELL COMPUTER							
	061302	SL	5.00	16	1,455.		73.	291.
56	LAPTOP							
	102802	SL	5.00	16	2,804.			467.
57	PRINTER							
	080403	SL	5.00	16	597.			10.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					58,767.	0.	44,538.	5,180.
	MACHINERY & EQUIPMENT							
52	EQUIPMENT - LEASED							
	083102	SL	5.00	16	33,788.		10,939.	6,758.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT							
					33,788.	0.	10,939.	6,758.
	OTHER							

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
BERNSTEIN INTERMEDIATE BERNSTEIN U S EQUITIES	1,763,972.	1,717,580.	0.	46,392.
GEO CAPITAL	215,606.	226,883.	0.	<11,277.>
MORGAN STANLEY	475,755.	515,618.	0.	<39,863.>
W.P. STEWART	88,614.	90,209.	0.	<1,595.>
	702,703.	674,167.	0.	28,536.
TO FORM 990, PART I, LINE 8	3,246,650.	3,224,457.	0.	22,193.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS-UNRESTRICTED		910,481.
TOTAL TO FORM 990, PART I, LINE 20		910,481.

FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DEVELOPMENT	19,003.	9,502.	9,501.	
EVENTS AND PROGRAMS	133,694.	125,634.	8,060.	
INSURANCE EXPENSE	9,306.	5,584.	3,722.	
OFFICE EXPENSE	5,670.	3,424.	2,246.	
OUTSIDE SERVICES	19,503.	11,474.	8,029.	
PROFESSIONAL DEVELOPMENT	1,442.	1,054.	388.	
PUBLIC RELATIONS	422.		422.	
TAXES & LICENSES	2,126.		2,126.	
UTILITIES	2,058.	1,235.	823.	
BANK CHARGES	4,863.	0.	4,863.	
TOTAL TO FM 990, LN 43	198,087.	157,907.	40,180.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO PROMOTE EDUCATION ABOUT AND RESEARCH INTO THE ORIGINS OF THE HUMAN RACE.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

\$762,877 IN RESEARCH GRANTS AND \$64,680 IN BALDWIN FELLOWSHIPS WERE AWARDED TO 68 STUDENTS, PHYSICIANS, SCIENTISTS AND RESEARCHERS TO PROMOTE FURTHER STUDY AND RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	827,557.	1,261,181.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH GRANTS	INFORMATION AVAILABLE UPON REQUEST	VARIOUS	NONE	827,557.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				827,557.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE SECURITIES	4,212,833.				4,212,833.
MUTUAL FUNDS				8,807,680.	8,807,680.
MONEY MARKET ACCOUNTS				0.	
TO 990, LN 54 COL B	4,212,833.			8,807,680.	13,020,513.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	1,563.	1,563.	0.
FURNITURE	448.	448.	0.
FURNITURE	306.	306.	0.
OFFICE EQUIPMENT	514.	514.	0.
OFFICE EQUIPMENT	545.	545.	0.
OFFICE EQUIPMENT	209.	209.	0.
OFFICE EQUIPMENT	401.	401.	0.
OFFICE EQUIPMENT	313.	313.	0.
COMPUTER	3,094.	3,094.	0.
COMPUTER	300.	300.	0.
COMPUTER	2,924.	2,924.	0.
COMPUTER	2,374.	2,374.	0.
COMPUTER	2,374.	2,374.	0.
OFFICE EQUIPMENT	215.	215.	0.
OFFICE EQUIPMENT	579.	579.	0.
COMPUTER	1,027.	1,027.	0.
COMPUTER	2,138.	2,138.	0.
OFFICE EQUIPMENT	1,510.	1,510.	0.
OFFICE EQUIPMENT	7,279.	7,279.	0.
OFFICE EQUIPMENT	3,260.	3,260.	0.
OFFICE EQUIPMENT	2,261.	2,261.	0.
OFFICE EQUIPMENT	2,479.	2,479.	0.
OFFICE EQUIPMENT	693.	693.	0.
FURNITURE - DONATED	563.	563.	0.
FURNITURE- DONATED	2,202.	2,202.	0.
FURNITURE- DONATED	750.	750.	0.
FURNITURE- DONATED	200.	200.	0.
OFFICE EQUIPMENT	226.	188.	38.
COMPUTER	2,484.	1,739.	745.
FURNITURE	1,369.	959.	410.
COMPUTER	1,943.	1,361.	582.
COMPUTER	1,857.	1,299.	558.
COMPUTER	1,771.	1,239.	532.
OFFICE EQUIPMENT	584.	312.	272.
COMPUTER	1,875.	938.	937.
SOFTWARE	97.	97.	0.
SOFTWARE	1,180.	1,180.	0.
SOFTWARE	628.	628.	0.
SOFTWARE	496.	496.	0.
SOFTWARE	3,085.	3,085.	0.
SOFTWARE	1,336.	1,261.	75.
L/H IMPROVEMENTS	5,670.	4,590.	1,080.
L/H IMPROVEMENTS	730.	573.	157.
L/H IMPROVEMENTS	3,318.	2,607.	711.
L/H IMPROVEMENTS	4,375.	3,438.	937.
L/H IMPROVEMENTS	478.	363.	115.

L/H IMPROVEMENTS	225.	166.	59.
EQUIPMENT - LEASED	33,788.	17,697.	16,091.
PRINTER	973.	244.	729.
SERVER	308.	77.	231.
DELL COMPUTER	1,455.	364.	1,091.
LAPTOP	2,804.	467.	2,337.
PRINTER	597.	10.	587.
WEBSITE	165,000.	110,000.	55,000.
SOFTWARE	11,165.	3,412.	7,753.
TOTAL TO FORM 990, PART IV, LN 57	290,338.	199,311.	91,027.

FORM 990	OTHER ASSETS	STATEMENT	9
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
ACCRUED INTEREST RECEIVABLE	4,556.
DEPOSITS	7,252.
WEBSITE DEVELOPMENT, NET	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	11,808.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAME

TERMS OF REPAYMENT

SAVIN CO.

MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/15/01	02/15/06	39,500.	10.00%

SECURITY PROVIDED BY BORROWER

PURPOSE OF LOAN

EQUIPMENT

CAPITAL LEASE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	22,424.	22,424.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

22,424.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GORDON P. GETTY 2880 BROADWAY SAN FRANCISCO, CA 94115	CHAIRMAN OF THE BOARD 1+	0.	0.	0.
KAY WOODS 3570 JACKSON STREET SAN FRANCISCO, CA 94118	PRESIDENT 1+	0.	0.	0.
A. WATSON ARMOUR 11 WEST CHEYENNE MOUNTAIN BLVD. COLARADO SPRING, CO 80906	TRUSTEE 1+	0.	0.	0.
BARRY H. STERLING 9786 ROSS STATION ROAD SEBASTOPOL, CA 95472	TRUSTEE 1+	0.	0.	0.
FRANK M. WOODS 600 MONTGOMERY STREET, SUITE 2701 SAN FRANCISCO, CA 94111	GOVERNANCE COMMITTEE CHAIR 1+	0.	0.	0.
WILLIAM P. RICHARDS 100 WILSHIRE BLVD., SUITE 600 SANTA MONICA, CA 90401	TREASURY 1+	0.	0.	0.
GEORGE D. SMITH ONE EMBARCADERO CENTER, SUITE 500 SAN FRANCISCO, CA 94111	SECRETARY 1+	0.	0.	0.
JOHN L. BRADLEY 711 HAYNE ROAD HILLSBOROUGH, CA 94010	TRUSTEE 0	0.	0.	0.
FRED L. CARROLL 3660 JACKSON STREET SAN FRANCISCO, CA 94118	TRUSTEE 0	0.	0.	0.
FLEUR COWLES A5, ALBANY, PICCADILLY, W1 LONDON, ENGLAND	TRUSTEE 0	0.	0.	0.
PETER H. DOMINICK, JR. 770 HIGH STREET DENVER, CO 80218	TRUSTEE 0	0.	0.	0.

JOAN DONNER 50 MARLAND ROAD COLORADO SPRINGS, CO 80906	VICE PRESIDENT 1+	0.	0.	0.
CAROLYN FARRIS 7404 HILLSIDE DRIVE LA JOLLA, CA 92037	TRUSTEE 0	0.	0.	0.
JOHN HEMINWAY SOUTH CROSS ROAD CHATHAM, NY 12037	TRUSTEE 0	0.	0.	0.
C. PAUL JOHNSON 5017 SILVERADO TRAIL NAPA, CA 94558	VICE PRESIDENT 1+	0.	0.	0.
OWEN P. O'DONNELL 705 SCOTT STREET SAN FRANCISCO, CA 94117	TRUSTEE 0	0.	0.	0.
WILLIAM M. WIRTHLIN 560 SOUTH 300 EAST SALT LAKE CITY, UT 84103	GRANTS COMMITTEE CHAIR 1+	0.	0.	0.
LAWRENCE BAKER, JR. P.O. BOX 1398 BURLINGAME, CA 94011-1398	LIFE TRUSTEE 0	0.	0.	0.
ROBERT M. BECK 3320 RECHE ROAD FALLBROOK, CA 92088-2890	LIFE TRUSTEE 0	0.	0.	0.
R. HUGH CALDWELL, JR. VILLA 313 CAROLINA MEADOWS CHAPEL HILL, NC 27514	LIFE TRUSTEE 0	0.	0.	0.
GEORGE D. JAGELS, SR. 301 NORTH LAKE AVENUE, APT. 10A PASADENA, CA 91101	LIFE TRUSTEE 0	0.	0.	0.
MAX K. JAMISON P.O. BOX 218 ANGELUS OAKS, CA 92305	LIFE TRUSTEE 0	0.	0.	0.
RICHARD E. LEAKEY P.O. BOX 24926 NAIROBI, KENYA	LIFE TRUSTEE 0	0.	0.	0.
GEORGE E. LINDSAY 88 BARBAREE WAY TIBURON, CA 94920	LIFE TRUSTEE 0	0.	0.	0.

