

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)

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 2004 calendar year, or tax year beginning SEP 1, 2004 and ending AUG 31, 2005

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

C Name of organization: L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL. Address: PO BOX 29346 PRESIDIO BLDG 1003 O'REILLY SAN FRANCISCO, CA 94129

D Employer identification number: 95-2536475. E Telephone number: (415) 561-4646. F Accounting method: Accrual

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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number

G Website: WWW.LEAKEYFOUNDATION.ORG

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts: 6,875,979.

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes Revenue (lines 1-11), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 1,158,946. Total expenses: 1,368,532. Net assets at end of year: 15,143,702.

SCANNED AUG 14 2006

RECEIVED JUL 18 2006

Handwritten initials/signature

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 Page 2

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 \$660,652 • noncash \$)	660,652.	660,652.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	110,203.	68,098.	42,105.	0.
26	Other salaries and wages	186,923.	115,506.	71,417.	
27	Pension plan contributions	3,895.	3,895.		
28	Other employee benefits	12,497.	12,497.		
29	Payroll taxes	23,921.	15,516.	8,405.	
30	Professional fundraising fees				
31	Accounting fees	20,475.		20,475.	
32	Legal fees	3,330.		3,330.	
33	Supplies				
34	Telephone	8,635.	4,944.	3,691.	
35	Postage and shipping	8,712.	5,320.	3,392.	
36	Occupancy	74,293.	27,067.	47,226.	
37	Equipment rental and maintenance	8,166.	1,042.	7,124.	
38	Printing and publications	11,243.	9,351.	1,892.	
39	Travel	38,125.	25,305.	11,777.	1,043.
40	Conferences, conventions, and meetings				
41	Interest	1,498.	392.	1,106.	
42	Depreciation, depletion, etc (attach schedule)	16,913.		16,913.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 4	179,051.	118,995.	59,812.	244.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,368,532.	1,068,580.	298,665.	1,287.

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 5**

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 6	
(Grants and allocations \$ 660,652.)	1,068,580.
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	
(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,068,580.

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	199,413.	72,365.
	46 Savings and temporary cash investments	58,977.	101,414.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 98,741.	
	b Less: allowance for doubtful accounts	48b	48c 98,741.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	650.	52 9,925.
	53 Prepaid expenses and deferred charges	150,522.	53 130,676.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,495,942.	54 14,788,148.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 296,144.		
b Less: accumulated depreciation STMT 9	57b 256,908.	57c 39,236.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 10)	10,158.	58 18,371.	
59 Total assets (add lines 45 through 58) (must equal line 74)	13,950,015.	59 15,258,876.	
Liabilities	60 Accounts payable and accrued expenses	7,490.	60 52,425.
	61 Grants payable		61
	62 Deferred revenue	161,688.	62 45,194.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 11	14,164.	64b 17,555.
	65 Other liabilities (describe <input type="checkbox"/>)		65
66 Total liabilities (add lines 60 through 65)	183,342.	66 115,174.	
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	4,794,242.	67 5,590,550.
	68 Temporarily restricted	1,280,488.	68 1,861,209.
	69 Permanently restricted	7,691,943.	69 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		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)	13,766,673.	73 15,143,702.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	13,950,015.	74 15,258,876.

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

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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 <input type="checkbox"/> 81a <input type="checkbox"/> 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) <input type="checkbox"/> 82b <input type="checkbox"/> 17,807.		
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 <input type="checkbox"/> 85c <input type="checkbox"/> N/A		
d	Section 162(e) lobbying and political expenditures <input type="checkbox"/> 85d <input type="checkbox"/> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="checkbox"/> 85e <input type="checkbox"/> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <input type="checkbox"/> 85f <input type="checkbox"/> 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 <input type="checkbox"/> 86a <input type="checkbox"/> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <input type="checkbox"/> 86b <input type="checkbox"/> N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <input type="checkbox"/> 87a <input type="checkbox"/> 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.) <input type="checkbox"/> 87b <input type="checkbox"/> 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 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 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 <input type="checkbox"/> 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> CALIFORNIA		
b	Number of employees employed in the pay period that includes March 12, 2004 <input type="checkbox"/> 90b <input type="checkbox"/> 6		
91	The books are in care of <input type="checkbox"/> L.S.B. LEAKEY FDN FOR RESEARCH Telephone no. <input type="checkbox"/> 415-561-4646		
	Located at <input type="checkbox"/> P O BOX 29346 PRESIDIO BLDG 1003 S.F. CA ZIP + 4 <input type="checkbox"/> 94129-1199		
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 <input type="checkbox"/> 92 <input type="checkbox"/> N/A		

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TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	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					21,845.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	299,022.	
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	305,670.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	6,513.	
b FACILITIES SUB-LEASE			16	29,838.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		641,043.	21,845.
105 Total (add line 104, columns (B), (D), and (E))					662,888.

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 34 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 34 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	%			
	%			
	%			
	%			

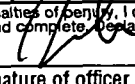
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)


(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).

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.

Signature of officer:  Date: 7-01-06
 Type or print name and title: ROCCIE HILL, EXECUT. DIRECTOR

Preparer's signature:  Date: 4/13/04
 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: SHEA LABAGH DOBBERSTEIN P.C.
 505 MONTGOMERY STREET, FIFTH FLOOR
 SAN FRANCISCO, CA 94111
 EIN: _____
 Phone no: (415) 397-4444

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(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.)

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

OMB No 1545-0047

2004

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 \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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.) SEE STATEMENT 13		
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 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) SEE STATEMENT 14	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 \blacktriangleright _____
- 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	816,089.	671,878.	458,613.	485,362.	2,431,942.
16 Membership fees received	19,162.	34,117.	30,910.	32,396.	116,585.
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	273,694.	316,041.	381,059.	871,809.	1,842,603.
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	38,985.	698.	1,172.	1,258.	42,113.
23 Total of lines 15 through 22	1,147,930.	1,022,734.	871,754.	1,390,825.	4,433,243.
24 Line 23 minus line 17	1,147,930.	1,022,734.	871,754.	1,390,825.	4,433,243.
25 Enter 1% of line 23	11,479.	10,227.	8,718.	13,908.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 88,665.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 333,760.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,433,243.
d Add: Amounts from column (e) for lines 18 1,842,603. 19 22 42,113. 26b 333,760.					26d 2,218,476.
e Public support (line 26c minus line 26d total)					26e 2,214,767.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 49.9582%
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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
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 2000 through 2003, 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 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)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A

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

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 (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
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 -		
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the 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	Yes	No	Amount
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.)			0.

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

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							
	10/27/97	SL	7.00	16	5,670.		5,400.	270.
	47 L/H IMPROVEMENTS							
	11/26/97	SL	7.00	16	730.		677.	53.
	48 L/H IMPROVEMENTS							
	12/02/97	SL	7.00	16	3,318.		3,081.	237.
	49 L/H IMPROVEMENTS							
	12/08/97	SL	7.00	16	4,375.		4,063.	312.
	50 L/H IMPROVEMENTS							
	12/31/97	SL	7.00	16	478.		431.	47.
	51 L/H IMPROVEMENTS							
	01/21/98	SL	7.00	16	225.		198.	27.
	66 L/H IMPROVEMENTS							
	01/01/05	SL	7.00	16	978.			47.
	* 990 PAGE 2 TOTAL BUILDINGS							
					15,774.	0.	13,850.	993.
	FURNITURE & FIXTURES							
	1 OFFICE EQUIPMENT							
	03/01/91	SL	5.00	16	1,563.		1,563.	0.
	2 FURNITURE							
	08/30/92	SL	5.00	16	448.		448.	0.
	3 FURNITURE							
	07/09/94	SL	5.00	16	306.		306.	0.
	4 OFFICE EQUIPMENT							
	07/21/94	SL	5.00	16	514.		514.	0.
	5 OFFICE EQUIPMENT							
	08/31/95	SL	5.00	16	545.		545.	0.
	6 OFFICE EQUIPMENT							
	08/31/95	SL	5.00	16	209.		209.	0.
	7 OFFICE EQUIPMENT							
	08/31/95	SL	5.00	16	401.		401.	0.
	8 OFFICE EQUIPMENT							
	08/31/95	SL	5.00	16	313.		313.	0.
	9 COMPUTER							
	10/25/95	SL	5.00	16	3,094.		3,094.	0.
	10 COMPUTER							
	07/23/96	SL	5.00	16	300.		300.	0.
	11 COMPUTER							
	12/20/96	SL	5.00	16	2,924.		2,924.	0.
	12 COMPUTER							
	12/20/96	SL	5.00	16	2,374.		2,374.	0.
	13 COMPUTER							
	12/20/96	SL	5.00	16	2,374.		2,374.	0.
	14 OFFICE EQUIPMENT							
	08/29/97	SL	5.00	16	215.		215.	0.
	15 OFFICE EQUIPMENT							
	08/29/97	SL	5.00	16	579.		579.	0.
	16 COMPUTER							
	11/17/97	SL	5.00	16	1,027.		1,027.	0.
	17 COMPUTER							
	11/17/97	SL	5.00	16	2,138.		2,138.	0.

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
18	OFFICE EQUIPMENT							
	11/17/97	SL	5.00	16	1,510.		1,510.	0.
19	OFFICE EQUIPMENT							
	11/28/97	SL	5.00	16	7,279.		7,279.	0.
20	OFFICE EQUIPMENT							
	12/15/97	SL	5.00	16	3,260.		3,260.	0.
21	OFFICE EQUIPMENT							
	04/01/98	SL	5.00	16	2,261.		2,261.	0.
22	OFFICE EQUIPMENT							
	04/16/98	SL	5.00	16	2,479.		2,479.	0.
23	OFFICE EQUIPMENT							
	03/10/98	SL	5.00	16	693.		693.	0.
24	FURNITURE - DONATED							
	02/11/98	SL	5.00	16	563.		563.	0.
25	FURNITURE- DONATED							
	02/11/98	SL	5.00	16	2,202.		2,202.	0.
26	FURNITURE- DONATED							
	02/01/98	SL	5.00	16	750.		750.	0.
27	FURNITURE- DONATED							
	02/01/98	SL	5.00	16	200.		200.	0.
28	OFFICE EQUIPMENT							
	07/15/99	SL	5.00	16	226.		226.	0.
33	COMPUTER							
	03/16/00	SL	5.00	16	2,484.		2,273.	211.
34	FURNITURE							
	03/16/00	SL	5.00	16	1,369.		1,233.	136.
35	COMPUTER							
	03/16/00	SL	5.00	16	1,943.		1,750.	193.
36	COMPUTER							
	03/16/00	SL	5.00	16	1,857.		1,670.	187.
37	COMPUTER							
	03/16/00	SL	5.00	16	1,771.		1,593.	178.
38	OFFICE EQUIPMENT							
	12/21/00	SL	5.00	16	584.		429.	117.
39	COMPUTER							
	02/26/01	SL	5.00	16	1,875.		1,313.	375.
53	PRINTER							
	06/13/02	SL	5.00	16	973.		439.	195.
54	SERVER							
	06/13/02	SL	5.00	16	308.		139.	62.
55	DELL COMPUTER							
	06/13/02	SL	5.00	16	1,455.		655.	291.
56	LAPTOP							
	10/28/02	SL	5.00	16	2,804.		1,028.	561.
57	PRINTER							
	08/04/03	SL	5.00	16	597.		129.	119.
60	COMPUTER							
	09/16/03	SL	5.00	16	2,308.		423.	462.
61	SERVER							
	10/03/03	SL	5.00	16	967.		177.	193.
62	COMPUTER							
	10/12/04	SL	5.00	16	1,322.			242.
63	SERVER							
	02/28/05	SL	5.00	16	6,556.			656.

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
64	REFRIGERATOR							
	053105	SL	5.00	16	681.			34.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					70,601.	0.	53,998.	4,212.
	MACHINERY & EQUIPMENT							
65	COLOR COPIER							
	072805	SL	5.00	16	24,473.			408.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT							
					24,473.	0.	0.	408.
	OTHER							
40	SOFTWARE							
	011797	SL	3.00	16	97.		97.	0.
41	SOFTWARE							
	041698	SL	3.00	16	1,180.		1,180.	0.
42	SOFTWARE							
	051598	SL	3.00	16	628.		628.	0.
43	SOFTWARE							
	031799	SL	3.00	16	496.		496.	0.
44	SOFTWARE							
	031600	SL	3.00	16	3,085.		3,085.	0.
45	SOFTWARE							
	103000	SL	3.00	16	1,336.		1,336.	0.
59	SOFTWARE							
	100102	SL	3.00	16	11,165.		7,134.	3,722.
67	SOFTWARE							
	093004	SL	3.00	16	1,725.			575.
68	SOFTWARE							
	021105	SL	3.00	16	584.			194.
	* 990 PAGE 2 TOTAL OTHER							
					20,296.	0.	13,956.	4,491.
	MACHINERY & EQUIPMENT							
52(D)	EQUIPMENT - LEASED							
	083102	SL	5.00	16	33,788.		24,456.	6,809.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT							
					33,788.	0.	24,456.	6,809.
	OTHER							
58	WEBSITE							
	083101	SL	3.00	16	165,000.		165,000.	0.
	* 990 PAGE 2 TOTAL OTHER							
					165,000.	0.	165,000.	0.
	* 990 PAGE 2 TOTAL -							
					329,932.	0.	271,260.	16,913.
	* GRAND TOTAL 990 PAGE 2 DEPR							
					329,932.	0.	271,260.	16,913.

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 INTERNATIONAL	700,000.	623,042.	0.	76,958.
BERNSTEIN SHORT DURATION	820,000.	825,885.	0.	<5,885.>
BERNSTEIN U.S. EQUITIES	335,373.	267,298.	0.	68,075.
EXCELSIOR	300,000.	165,666.	0.	134,334.
LORD, ABBETT & CO	1,308,985.	1,479,212.	0.	<170,227.>
MORGAN STANLEY	5,127.	6,968.	0.	<1,841.>
W.P. STEWART	2,541,256.	2,346,439.	0.	194,817.
TO FORM 990, PART I, LINE 8	<u>6,010,741.</u>	<u>5,714,510.</u>	<u>0.</u>	<u>296,231.</u>

FORM 990 **GAIN (LOSS) FROM SALE OF OTHER ASSETS** **STATEMENT** **2**

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
EQUIPMENT	08/31/02	08/31/05	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
UNRELATED PARTY	11,962.	33,788.	0.	31,265.	9,439.
TO FM 990, PART I, LN 8	11,962.	33,788.	0.	31,265.	9,439.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **3**

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	1,628,687.
INVESTMENT EXPENSES	<59,879.>
DONATED SERVICES	17,807.
TOTAL TO FORM 990, PART I, LINE 20	1,586,615.

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	3,699.	363.	3,336.	
DEVELOPMENT	1,455.		1,455.	
EVENTS AND PROGRAM	9,036.	9,036.		
INSURANCE	8,468.	4,253.	4,215.	
OFFICE EXPENSES	27,469.	16,707.	10,762.	
MISCELLANEOUS	3,417.	3,325.	92.	
PROFESSIONAL DEVELOPMENT	4,261.		4,261.	
OUTSIDE SERVICES	28,737.	8,964.	19,773.	
UTILITIES	2,203.	624.	1,579.	
PROFESSIONAL FEES	80,469.	66,204.	14,021.	244.
DUES AND SUBSCRIPTIONS	9,837.	9,519.	318.	
TOTAL TO FM 990, LN 43	179,051.	118,995.	59,812.	244.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

\$580,999 IN RESEARCH GRANTS AND \$79,653 IN BALDWIN FELLOWSHIPS WERE AWARDED TO 66 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	660,652.	1,068,580.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
RESEARCH GRANTS	INFORMATION AVAILABLE UPON REQUEST	VARIOUS	NONE	660,652.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				660,652.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE SECURITIES	FMV	4,205,745.			4,205,745.
MUTUAL FUNDS	FMV			10,582,403.	10,582,403.
TO FORM 990, LINE 54, COL B		4,205,745.		10,582,403.	14,788,148.

FORM 990

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 9

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.	226.	0.
COMPUTER	2,484.	2,484.	0.
FURNITURE	1,369.	1,369.	0.
COMPUTER	1,943.	1,943.	0.
COMPUTER	1,857.	1,857.	0.
COMPUTER	1,771.	1,771.	0.
OFFICE EQUIPMENT	584.	546.	38.
COMPUTER	1,875.	1,688.	187.
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.	1,336.	0.
L/H IMPROVEMENTS	5,670.	5,670.	0.
L/H IMPROVEMENTS	730.	730.	0.
L/H IMPROVEMENTS	3,318.	3,318.	0.
L/H IMPROVEMENTS	4,375.	4,375.	0.
L/H IMPROVEMENTS	478.	478.	0.

L/H IMPROVEMENTS	225.	225.	0.
PRINTER	973.	634.	339.
SERVER	308.	201.	107.
DELL COMPUTER	1,455.	946.	509.
LAPTOP	2,804.	1,589.	1,215.
PRINTER	597.	248.	349.
WEBSITE	165,000.	165,000.	0.
SOFTWARE	11,165.	10,856.	309.
COMPUTER	2,308.	885.	1,423.
SERVER	967.	370.	597.
COMPUTER	1,322.	242.	1,080.
SERVER	6,556.	656.	5,900.
REFRIGERATOR	681.	34.	647.
COLOR COPIER	24,473.	408.	24,065.
L/H IMPROVEMENTS	978.	47.	931.
SOFTWARE	1,725.	575.	1,150.
SOFTWARE	584.	194.	390.
TOTAL TO FORM 990, PART IV, LN 57	296,144.	256,908.	39,236.

FORM 990	OTHER ASSETS	STATEMENT	10
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DESCRIPTION	AMOUNT
ACCRUED INTEREST RECEIVABLE	8,131.
DEPOSITS	6,090.
OTHER RECEIVABLE	4,150.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	18,371.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

SAVIN CO. MONTHLY

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

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

EQUIPMENT CAPITAL LEASE

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	17,555.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 17,555.

FORM 990

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

STATEMENT 12

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.
WILLIAM M. WIRTHLIN 560 SOUTH 300 EAST SALT LAKE CITY, UT 84111	PRESIDENT 1+	0.	0.	0.
A. WATSON ARMOUR 11 WEST CHEYENNE MOUNTAIN BLVD. COLARADO SPRINGS, CO 80906	TRUSTEE 0	0.	0.	0.
EDWARD L. BARLOW 10 SNIFFEN COURT NEW YORK, NY 10016	TRUSTEE 0	0.	0.	0.
WHITCOM PARTNERS 375 PARK AVENUE, SUITE 3800 NEW YORK, NY 10152	TRUSTEE 0	0.	0.	0.
WILLIAM P. RICHARDS 100 WILSHIRE BLVD., SUITE 1000 SANTA MONICA, CA 90401	TREASURER 1+	0.	0.	0.
CAMILLA D. SMITH 3425 JACKSON STREET SAN FRANCISCO, CA 94118	TRUSTEE 0	0.	0.	0.
HERNAN BUCHI 498 LAS CONDES SANTIAGO, CHILE	TRUSTEE 0	0.	0.	0.
COLEMAN P BURKE 1 SUTTON PLACE SOUTH NEW YORK, NY 10022	TRUSTEE 0	0.	0.	0.
NINA L. CARROLL 3660 JACKSON STREET SAN FRANCISCO, CA 94118	TRUSTEE 0	0.	0.	0.
ALICE MARKS CORNING 209 ETHEL AVENUE MILL VALLEY, CA 94941	TRUSTEE 0	0.	0.	0.

DONALD E. DANA 34 PASEO MIRASOL TIBURON, CA 94920	TRUSTEE 0	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.
MASON PHELPS 4885 SOUTH 900 EAST, SUITE 240 SALT LAKE CITY, UT 84117	TRUSTEE 1+	0.	0.	0.
MICHAEL GALLAGHER 115 SPRUCE STREET SAN FRANCISCO, CA 94118	TRUSTEE 0	0.	0.	0.
DIANA MCSHERRY 3034 UNDERWOOD STREET HOUSTON, TX 77025-2027	TRUSTEE 0	0.	0.	0.
JOAN DONNER 50 MARLAND ROAD COLORADO SPRINGS, CO 80906	TRUSTEE 0	0.	0.	0.
ROCCIE HILL P. O. BOX 29346 SAN FRANCISCO, CA 94129	EXECUTIVE DIRECTOR 37.5	77,308.	12,905.	0.
ROBERT FRANKLIN P. O. BOX 29346 SAN FRANCISCO, CA 94129	EXECUTIVE DIRECTOR 37.5	32,895.	1,640.	0.

TOTALS INCLUDED ON FORM 990, PART V

110,203.	14,545.	0.
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SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 13
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SEE STATEMENT 12 RE OFFICERS COMPENSATION.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3	STATEMENT 14
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THE INDIVIDUALS RECEIVING GRANTS FROM THE FOUNDATION ARE USING THE GRANTS FOR SCIENTIFIC RESEARCH. THE INDIVIDUALS SUBMIT APPLICATIONS EXPLAINING THE RESEARCH PROJECT TO BE WORKED ON. THESE APPLICATIONS ARE THEN REVIEWED TO DETERMINE IF THE PROJECTS FURTHER THE FOUNDATION'S RESEARCH RELATED TO HUMAN ORIGINS.

SCHEDULE A	OTHER INCOME	STATEMENT 15
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DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	38,985.	698.	1,172.	1,258.
TOTAL TO SCHEDULE A, LINE 22	38,985.	698.	1,172.	1,258.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **95-2536475**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	16,913.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	16,913.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2004 tax year:					
43 Amortization of costs that began before your 2004 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 29346 PRESIDIO BLDG 1003 O'REILLY AVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SAN FRANCISCO, CA 94129	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **L.S.B. LEAKEY FDN FOR RESEARCH**
Telephone No. **415-561-4646** FAX No.
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **JULY 17, 2006**.
- 5 For calendar year _____, or other tax year beginning **SEP 1, 2004** and ending **AUG 31, 2005**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
WAITING FOR ADDITIONAL INFORMATION TO PREPARE AN ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Jan D. [Signature]* Title **CPA** Date **4/12/2006**

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name SHEA LABAGH DOBBERSTEIN P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 505 MONTGOMERY STREET, FIFTH FLOOR
	City or town, province or state, and country (including postal or ZIP code) SAN FRANCISCO, CA 94111