

Return of Organization Exempt From Income Tax

2005

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning 7/0, 2005, and ending 6/30, 2006

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

Please use IRS label or print or type See specific instructions

LINDSAY WILDLIFE MUSEUM 1931 FIRST AVENUE WALNUT CREEK, CA

D Employer Identification Number 94-6104179

E Telephone number 925-935-1978

F Accounting method: Cash, Accrual (checked), 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 (checked)

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No (checked)

I Group Exemption Number

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

Web site: WWW.WILDLIFE-MUSEUM.ORG

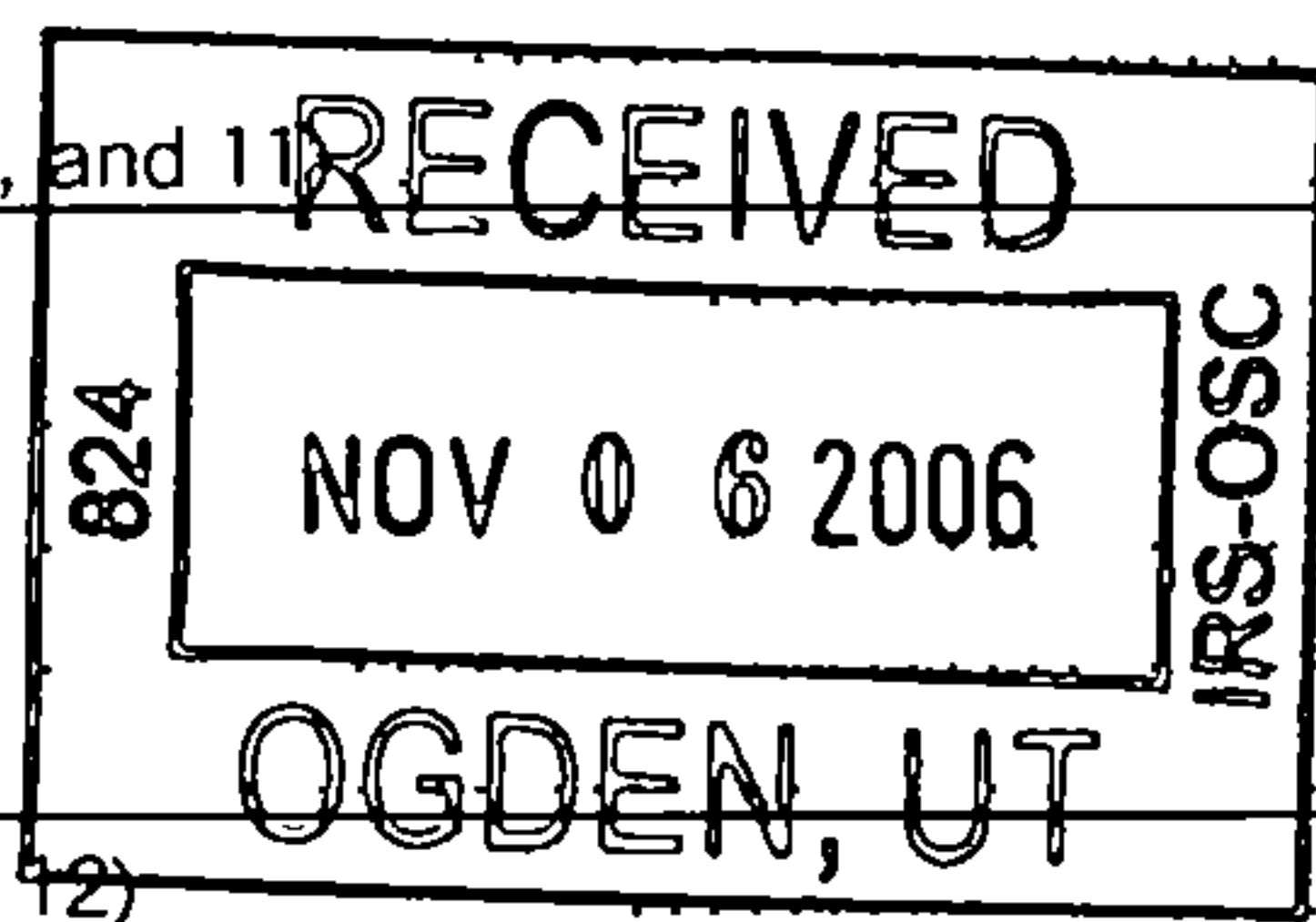
Organization type (check only one): 501(c) 3 (insert no), 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 2,692,693.

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

Table with 21 rows and 4 columns: Line number, Description, Sub-line, Amount. Includes revenue from contributions, program services, and expenses for 2005.



ENVELOPE OCT 31 2006 POSTMARK

SCANNED NOV 21 2006

3 NE

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	71,667.	54,012.	10,863.	6,792.
26 Other salaries and wages	26	1,123,920.	847,045.	170,362.	106,513.
27 Pension plan contributions	27				
28 Other employee benefits	28	65,991.	49,734.	10,003.	6,254.
29 Payroll taxes	29	92,331.	69,586.	13,995.	8,750.
30 Professional fundraising fees	30				
31 Accounting fees	31	7,221.		7,221.	
32 Legal fees	32				
33 Supplies	33	100,150.	91,024.	3,084.	6,042.
34 Telephone	34	11,107.	11,107.		
35 Postage and shipping	35	24,761.	13,197.	1,230.	10,334.
36 Occupancy	36	27,648.	25,023.	180.	2,445.
37 Equipment rental and maintenance	37	25,630.	25,630.		
38 Printing and publications	38	57,428.	41,869.	1,803.	13,756.
39 Travel	39	6,928.	6,643.	285.	
40 Conferences, conventions, and meetings	40	12,860.	4,880.	6,300.	1,680.
41 Interest	41	7,092.	6,668.	424.	
42 Depreciation, depletion, etc (attach schedule)	42	217,252.	175,747.	23,168.	18,337.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	995,496.	656,679.	54,737.	284,080.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,847,482.	2,078,844.	303,655.	464,983.

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

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.

What is the organization's primary exempt purpose? SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) 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) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>SEE STATEMENT 4</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	2,060,289.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	2,060,289.

BAA

Part IV Balance Sheets (See Instructions)

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	148,379.	45	141,974.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 31,265.		
	b Less: allowance for doubtful accounts	47 b	36,299.	47 c 31,265.
	48 a Pledges receivable	48 a 57,270.		
	b Less: allowance for doubtful accounts	48 b	26,280.	48 c 57,270.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		50,586.	52 35,463.
	53 Prepaid expenses and deferred charges		71,147.	53 58,947.
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	689,064.	54 595,113.
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b		55 c
56 Investments – other (attach schedule)			56	
57 a Land, buildings, and equipment basis	57 a 3,296,378.			
b Less: accumulated depreciation (attach schedule) STATEMENT 5	57 b 1,390,900.	2,074,408.	57 c 1,905,478.	
58 Other assets (describe ► _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		3,096,163.	59 2,825,510.	
LIABILITIES	60 Accounts payable and accrued expenses	283,913.	60	182,063.
	61 Grants payable		61	
	62 Deferred revenue	23,313.	62	27,048.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► SEE STATEMENT 6)		71,202.	65 53,453.
66 Total liabilities. Add lines 60 through 65		378,428.	66 262,564.	
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		2,402,202.	67 2,019,413.
	68 Temporarily restricted		45,183.	68 273,183.
	69 Permanently restricted		270,350.	69 270,350.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		2,717,735.	73 2,562,946.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,096,163.	74 2,825,510.

BAA

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,464,693.
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify): _____	b4	28,563.	
	SEE STM 7			
	Add lines b1 through b4		b	28,563.
c	Subtract line b from line a		c	2,436,130.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2	256,563.	
	SEE STM 8			
	Add lines d1 and d2		d	256,563.
e	Total revenue (Part I, line 12) Add lines c and d		e	2,692,693.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,630,230.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	2,630,230.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2	217,252.	
	SEE STMT 9			
	Add lines d1 and d2		d	217,252.
e	Total expenses (Part I, line 17) Add lines c and d		e	2,847,482.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		71,667.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ <u>28</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75 b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75 c	X
d Does the organization have a written conflict of interest policy?	75 d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions)</i>	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?	78 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	N/A
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?	80 a	X
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures (See line 81 instructions) 81 a <u>0.</u>	81 a	0.
b Did the organization file Form 1120-POL for this year?	81 b	X

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b 48,768.	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
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	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders	87 a	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)	87 b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	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	89 b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90 a List the states with which a copy of this return is filed ▶ CA		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90 b	56
91 a The books are in care of ▶ SUZIE MAHAFFAY Telephone number ▶ 925-935-1978 Located at ▶ 1931 FIRST AVENUE, WALNUT CREEK CA ZIP + 4 ▶ 94597		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91 c	X
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	N/A

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a ADMISSIONS					343,349.
b EDUCATIONAL PROGRAMS					427,438.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	24,982.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			18	-7,011.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b SEE STATEMENT 11					330,948.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					348,919.
105 Total (add line 104, columns (B), (D), and (E))					770,787.
					1,119,706.

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 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)
93AB	EDUCATIONAL PROGRAMS ARE CONDUCTED BY THE LINDSAY WILDLIFE MUSEUM TO TEACH CHILDREN ABOUT NATURE AND HOW TO ALLEVIATE MANKIND'S IMPACT ON THE LOCAL REGION'S WILDLIFE.
95.99	AMOUNTS FLUCTUATE BASED ON MARKET CONDITIONS.

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

Please Sign Here

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: LOREN BEHR Date: OCT 7 2006

Type or print name and title: LOREN BEHR, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: DOUGLAS W. REGALIA Date: OCT 7 2006 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: REGALIA & ASSOCIATES, CPAS
103 TOWN & COUNTRY DR., STE. K
DANVILLE, CA 94526

Preparer's SSN or PTIN (See General Instruction W): P00186389

EIN: 68-0260103 Phone no: 925-314-0390

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 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

2005

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 12		268,546.	0.	3,028.
Total number of other employees paid over \$50,000 ▶	0			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms) If there are none, enter 'None'.)

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

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

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

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. \$ _____ N/A _____ (Must equal amounts on line 38, Part VI-A, or line 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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3a	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.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

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

(a) Name(s) of supported organization(s)	(b) Line number from above

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	1,770,751.	2,407,810.	2,230,843.	1,201,011.	7,610,415.
16 Membership fees received					0.
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	687,183.	586,084.	653,651.	696,873.	2,623,791.
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	30,707.	33,144.	51,640.	27,137.	142,628.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 14	502,300.	483,868.	483,988.	312,012.	1,782,168.
23 Total of lines 15 through 22	2,990,941.	3,510,906.	3,420,122.	2,237,033.	12,159,002.
24 Line 23 minus line 17	2,303,758.	2,924,822.	2,766,471.	1,540,160.	9,535,211.
25 Enter 1% of line 23	29,909.	35,109.	34,201.	22,370.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 190,704.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 622,470.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 9,535,211.
d Add. Amounts from column (e) for lines 18 142,628. 19 1,782,168. 22 622,470.					26d 2,547,266.
e Public support (line 26c minus line 26d total)					26e 6,987,945.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.29 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add. Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c	
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) ----- -----	32 d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33 a	
b	Admissions policies?	33 b	
c	Employment of faculty or administrative staff?	33 c	
d	Scholarships or other financial assistance?	33 d	
e	Educational policies?	33 e	
f	Use of facilities?	33 f	
g	Athletic programs?	33 g	
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33 h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a	
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	34 b	
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 instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
(The term 'expenditures' means amounts paid or incurred.)				
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table –	41		
	If the amount on line 40 is –			The lobbying nontaxable amount is –
	Not over \$500,000			20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000			\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000			\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000			\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720				

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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

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

NET REALIZED GAINS	\$ 21,144.
NET UNREALIZED LOSSES	-28,155.
TOTAL	\$ -7,011.

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	12,054.	8,369.	1,663.	2,022.
ALLIANCE	15,495.	15,495.		
CONTRACTUAL AND OUTSIDE SERVIC	641,445.	341,683.	19,314.	280,448.
DOCENT COUNCIL	2,342.	2,342.		
FEES AND BANK CHARGES	26,944.	3,112.	23,792.	40.
INSURANCE	84,510.	76,079.	8,431.	
LICENSES AND PERMITS	1,686.	1,101.		585.
OTHER	7,835.	5,576.	1,537.	722.
STORE OPERATIONS	112,720.	112,720.		
UTILITIES	90,465.	90,202.		263.
TOTAL	\$ 995,496.	\$ 656,679.	\$ 54,737.	\$ 284,080.

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

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

**STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EDUCATIONAL PROGRAMS: THE MUSEUM OFFERS A WIDE VARIETY OF ENVIRONMENTAL EDUCATION PROGRAMS FOR ALL AGES BOTH ON- AND OFF-SITE. MOST PROGRAMS CAN BE TAILORED TO THE NEEDS, ABILITIES AND INTERESTS OF ANY GROUP. LIVE ANIMALS, INTERACTIVE PRESENTATIONS AND AUDIENCE PARTICIPATION MAKE LEARNING ABOUT WILDLIFE FUN AND EDUCATIONAL. ADDITIONALLY, THE MUSEUM OPERATES SEVERAL PROGRAMS INVOLVED IN SAVING THE BAY AREA'S NATURAL ENVIRONMENT.		738,465.

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11 23AM

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
INCLUDES FOREIGN GRANTS: NO		
WILDLIFE REHABILITATION: VOLUNTEERS TREAT NEARLY 6,000 INJURED OR ORPHANED ANIMALS EVERY YEAR. SOME ANIMALS THAT CANNOT BE RETURNED TO THEIR NATURAL HOME IN THE WILD BECOME PART OF THE MUSEUM'S LIVE COLLECTION.		252,533.
INCLUDES FOREIGN GRANTS: NO		
MUSEUM OPERATIONS: THE MUSEUM OPERATES A FULLY FUNCTIONING LIVE ANIMAL MUSEUM, INCLUDING BIRDS, REPTILES, AND OTHER LIVING CREATURES. THE MUSEUM'S 8,000 SQUARE-FOOT EXHIBIT HALL IS FILLED WITH OVER 50 SPECIES OF LIVE, NON-RELEASABLE NATIVE WILD ANIMALS, A LEARNING THEATRE AND A DISCOVERY ROOM WITH HANDS-ON OPPORTUNITIES FOR CHILDREN.		412,178.
INCLUDES FOREIGN GRANTS: NO		
LIVE COLLECTIONS: THE MUSEUM EXPENDS RESOURCES TO ENHANCE ITS COLLECTION OF ANIMALS AND RELATED WILDLIFE.		208,972.
INCLUDES FOREIGN GRANTS: NO		
COMMUNICATIONS: AS PART OF ITS CIVIC RESPONSIBILITY, THE MUSEUM EXPENDS RESOURCES TO PRODUCE LITERATURE TO INFORM THE PUBLIC OF ITS VARIOUS PROGRAMS.		85,945.
INCLUDES FOREIGN GRANTS: NO		
RETAIL OPERATIONS: THE MUSEUM OPERATES A STORE WITH EDUCATIONAL MATERIALS FOR ITS YOUNG VISITORS. THE MUSEUM ALSO OPERATED A THRIFT STORE IN CONCORD, BUT CLOSED THE FACILITY IN SEPTEMBER 2005.		253,121.
INCLUDES FOREIGN GRANTS: NO		
VETERINARY: THE MUSEUM OPERATES A VETERINARY CLINIC TO CARE FOR ANIMALS. THE WILDLIFE HOSPITAL IS OPEN EVERY DAY TO ACCEPT INJURED OR ORPHANED NATIVE WILD ANIMALS BROUGHT TO THE MUSEUM BY LOCAL CITIZENS.		109,075.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 2,060,289.</u>

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 530,954.	\$ 0.	\$ 530,954.
MACHINERY AND EQUIPMENT	292,268.	0.	292,268.
BUILDINGS	1,659,358.	0.	1,659,358.
IMPROVEMENTS	267,687.	1,390,900.	-1,123,213.

10/31/06

11:23AM

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 546,111.	\$ 0.	\$ 546,111.
TOTAL	<u>\$ 3,296,378.</u>	<u>\$ 1,390,900.</u>	<u>\$ 1,905,478.</u>

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

OBLIGATION UNDER CAPITAL LEASE

	\$ 53,453.
TOTAL	<u>\$ 53,453.</u>

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SATISFACTION OF PERM RESTRICTIONS
 SATISFACTION OF TEMP RESTRICTIONS

	\$ 3,563.
	25,000.
TOTAL	<u>\$ 28,563.</u>

STATEMENT 8
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

RESTRICTED INTEREST & DIVIDENDS
 TEMPORARILY RESTRICTED CONTRIBUTIONS

	\$ 3,563.
	253,000.
TOTAL	<u>\$ 256,563.</u>

STATEMENT 9
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

DEPRECIATION EXPENSE

	\$ 217,252.
TOTAL	<u>\$ 217,252.</u>

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11:23AM

**STATEMENT 10
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LOREN BEHR 1931 FIRST AVENUE WALNUT CREEK, CA 94597	EXEC DIRECTOR 40	\$ 0.	\$ 0.	\$ 0.
JAMES A. PEZZAGLIA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	PRESIDENT 8	0.	0.	0.
MARC KAPLAN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	VICE PRESIDENT 8	0.	0.	0.
SANDRA ARECHAEDERRA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	VICE PRESIDENT 8	0.	0.	0.
JOHN M. KIKUCHI 1931 FIRST AVENUE WALNUT CREEK, CA 94597	TREASURER 8	0.	0.	0.
MEGAN LINDBERG 1931 FIRST AVENUE WALNUT CREEK, CA 94597	SECRETARY 8	0.	0.	0.
HOLLY ARMSTRONG 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
PEDRO BABIAK 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
MARK E. BROWN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
NATALIE S. DAVIS 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
STEPHEN L. DEMARIA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
TERESA HERRERA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11:23AM

STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
IRA HILLYER 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	\$ 0.	\$ 0.	\$ 0.
BARNEY HOWARD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
NAN HUDSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
MICHAEL MILTON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
PETE MUSSER 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
JOHN C. OSMER, M.D. 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
JOEL J. PARROTT, D.V.M. 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
NANCY PULLEN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
JOHN ROBINSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
DAVE ROCHLIN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
ERNEST G. SIMPSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
JOAN R. SMITH 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11:23AM

STATEMENT 10 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHAEL STEAD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	\$ 0.	\$ 0.	\$ 0.
TIM TIKALSKY 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
PAUL WARD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 4	0.	0.	0.
EUNICE VALENTINE 1931 FIRST AVENUE WALNUT CREEK, CA 94597	FORMER EXEC DIR 0	71,667.	0.	0.
TOTAL		<u>\$ 71,667.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 11
FORM 990, PART VII, LINE 103
OTHER REVENUE

OTHER REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
ALLIANCE			3	\$ 36,658.	
DOCENT COUNCIL			3	2,863.	
FUNDRAISING			1	76,878.	
MUSEUM STORE			3	160,740.	
OTHER			1	10,339.	
THRIFT STORE			3	43,470.	
TOTAL		<u>\$ 0.</u>		<u>\$ 330,948.</u>	<u>\$ 0.</u>

STATEMENT 12
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
EUNICE VALENTINE 1931 FIRST AVENUE WALNUT CREEK, CA 94597	EXEC DIRECTOR 40	71,667.	0.	0.
NANCY ANDERSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	DEPUTY DIRECTOR 40	78,208.	0.	2,125.

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11 23AM

**STATEMENT 12 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUTIO EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
SUZIE MAHAFFAY 1931 FIRST AVENUE WALNUT CREEK, CA 94597	FINANCE DIR. 40	60,671.	0.	0.
SHERRILL COOK 1931 FIRST AVENUE WALNUT CREEK, CA 94597	EXTERNAL AFFAIR 40	58,000.	0.	903.
	TOTAL	<u>\$ 268,546.</u>	<u>\$ 0.</u>	<u>\$ 3,028.</u>

**STATEMENT 13
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

LINDSAY WILDLIFE MUSEUM EMPLOYED EUNICE VALENTINE AS ITS EXECUTIVE DIRECTOR. MS. VALENTINE WAS PAID \$71,667 IN TOTAL SALARY DURING THE FISCAL YEAR ENDED JUNE 30, 2006.

**STATEMENT 14
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME**

<u>DESCRIPTION</u>	<u>(A) 2004</u>	<u>(B) 2003</u>	<u>(C) 2002</u>	<u>(D) 2001</u>	<u>(E) TOTAL</u>
OTHER FUNDRAISING, MUSEUM STORE & THRIFT STORE	\$ 3,749.	\$ -6,608.	\$ -30,133.	\$ -24,475.	\$ -57,467.
	498,551.	490,476.	514,121.	336,487.	1,839,635.
TOTAL	<u>\$ 502,300.</u>	<u>\$ 483,868.</u>	<u>\$ 483,988.</u>	<u>\$ 312,012.</u>	<u>\$ 1,782,168.</u>

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11 23AM

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

CONTRIBUTOR	2004	2003	2002	2001	TOTAL
CITY OF WALNUT CREEK	\$ 108,800.	\$ 100,000.	\$ 100,000.	\$ 100,000.	\$ 408,800.
ESTATE OF VENDLA WIL	0.	0.	241,765.	0.	241,765.
OTTER COVE FOUNDATION	134,721.	100,000.	100,000.	100,000.	434,721.
WILLIAM KERR FOUNDAT	100,000.	200,000.	0.	0.	300,000.
				TOTAL	\$ 1,385,286.
				LINE 26A X 4 (# OF CONTRIBUTORS)	-762,816.
				EXCESS CONTRIBUTIONS	\$ 622,470.

PROJECTED SUPPORT SCHEDULE FOR 2006

THIS WORKSHEET PROJECTS IF THE ORGANIZATION WILL MEET THE SUPPORT TEST FOR THE TAX YEAR 2006 BASED ON THE DATA ENTERED IN SCREEN 55 FOR THE COLUMN 2005 .

SUPPORT ITEMS	2005 (A)	2004 (B)	2003 (C)	2002 (D)	TOTAL (E)
15. GIFTS, GRANTS, AND CONTRIBUTIONS	1,572,987.	1,770,751.	2,407,810.	2,230,843.	7,982,391.
16. MEMBERSHIP FEES RECEIVED					0.
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 PURPOSE	770,787.	687,183.	586,084.	653,651.	2,697,705.
18. GROSS INCOME FROM INTEREST, DIVIDENDS, SAMOUNT RECEIVED FROM PAYMENTS ON SECURITIES LOANS, RENTS, ROYALTIES, AND UNRELATED BUSINESS TAXABLE INCOME FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER 6/30/1975	24,982.	30,707.	33,144.	51,640.	140,473.
19. NET INCOME FROM UNRELATED BUSINESS ACTIVITIES NOT INCLUDED IN LINE 18					0.
20. TAX REVENUES LEVIED FOR THE ORGANIZATION'S BENEFIT AND EITHER PAID TO IT OR EXPENDED ON ITS BEHALF					0.
21. THE VALUE OF SERVICES OR FACILITIES FURISHED 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					0.
22. OTHER INCOME. DO NOT INCLUDE GAIN (OR LOSS) FROM SALE OF CAPITAL ASSETS	340,580.	502,300.	483,868.	483,988.	1,810,736.
23. TOTAL OF LINES 15 THROUGH 22	2,709,336.	2,990,941.	3,510,906.	3,420,122.	12,631,305.
24. LINE 23 MINUS LINE 17	1,938,549.	2,303,758.	2,924,822.	2,766,471.	9,933,600.

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11 23AM

PROJECTED SUPPORT SCHEDULE FOR 2006 (CONTINUED)

THIS WORKSHEET PROJECTS IF THE ORGANIZATION WILL MEET THE SUPPORT TEST FOR THE TAX YEAR 2006 BASED ON THE DATA ENTERED IN SCREEN 55 FOR THE COLUMN 2005 .

25 ENTER 1% OF LINE 23	19,385.	29,909.	35,109.	34,201.
------------------------	---------	---------	---------	---------

ORGANIZATIONS DESCRIBED ON LINES 10 OR 11:

26A. 2% OF AMOUNT IN COLUMN (E), LINE 24	198,672.
26B. TOTAL OF ALL INDIVIDUAL CONTRIBUTIONS THAT EXCEED THE LINE 26A AMOUNT	690,598.
26C. TOTAL SUPPORT FOR SECTION 509(A)(1) TEST (LINE 24, COLUMN (E))	9,933,600.
26D. ADD THE AMOUNTS FROM COLUMN (E) FOR LINES 18, 19, 22, AND 26B	2,641,807.
26E. PUBLIC SUPPORT (LINE 26C MINUS LINE 26D)	7,291,793.
26F. PUBLIC SUPPORT PERCENTAGE (LINE 26E DIVIDED BY LINE 26C)	73.41%

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11:23AM

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

UNRESTRICTED	\$	838,397.
TEMPORARILY RESTRICTED		253,000.
PERMANENTLY RESTRICTED		0.
CITY OF WALNUT CREEK		100,000.
TOTAL	\$	<u>1,191,397.</u>

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

VEHICLE DONATIONS	\$	332,822.
IN-KIND DONATIONS		48,768.
TOTAL	\$	<u>381,590.</u>

CLIENT 96016

LINDSAY WILDLIFE MUSEUM

94-6104179

10/31/06

11.23AM

INVESTMENTS

INVESTMENTS CONSIST OF THE FOLLOWING AT JUNE 30, 2006 AND 2005:

	2006		2005	
	COST	MARKET VALUE	COST	MARKET VALUE
MONEY MARKET FUNDS	\$ 294,291	294,291	245,886	245,886
LIMITED PARTNERSHIPS	28,215	3,648	51,728	6,688
GOVERNMENT BONDS	200,000	194,774	200,000	198,742
CORPORATE BONDS AND NOTES	101,004	102,400	131,774	137,005
COMMON STOCK & MUTUAL FUNDS	-	-	81,393	100,743
TOTALS	\$ 623,510	595,113	710,781	689,064

DURING THE YEARS ENDED JUNE 30, 2006 AND 2005, PROCEEDS FROM SALE OF INVESTMENTS WERE REINVESTED INTO OTHER INVESTMENTS.

PROPERTY AND EQUIPMENT

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING AT JUNE 30, 2006 AND 2005:

	2006	2005
LANDSCAPING	\$ 267,687	267,687
EXHIBIT HALL	1,659,358	1,634,483
EXHIBITS	264,747	264,747
FURNISHINGS, EQUIPMENT AND VEHICLES	266,207	264,124
ANIMAL EQUIPMENT	292,268	288,143
LEASEHOLD IMPROVEMENTS	546,111	543,551
LESS: ACCUMULATED DEPRECIATION	(1,390,900)	(1,188,327)
NET PROPERTY AND EQUIPMENT	\$ 1,905,478	2,074,408

DEPRECIATION EXPENSE AMOUNTED TO \$217,252 AND \$207,131 FOR THE YEARS ENDED JUNE 30, 2006 AND 2005, RESPECTIVELY. DURING THE YEARS ENDED JUNE 30, 2006 AND 2005, THE MUSEUM DISPOSED OF FULLY-DEPRECIATED PROPERTY WITH AN ORIGINAL COST BASIS AND ACCUMULATED DEPRECIATION BALANCE OF \$14,679 AND \$-0-, RESPECTIVELY.

403(B) ANNUITY PLAN

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