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CLIENT'S COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Taxpayer identification number (TIN) 95-2536475
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1003B O'REILLY AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94129	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **L.S.B. LEAKEY FDN FOR RESEARCH - P O BOX 29346, 1003B O'REILLY AVENUE - SAN FRANCISCO, CA 94129-1359**

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **JULY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **SEP 1**, 20 **23**, and ending **AUG 31**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024

B Check if applicable: C Name of organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL
D Employer identification number 95-2536475
E Telephone number (415) 561-4646
G Gross receipts \$ 4,499,305.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.LEAKEYFOUNDATION.ORG
K Form of organization: Corporation
L Year of formation: 1968
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO INCREASE SCIENTIFIC KNOWLEDGE, EDUCATION, AND PUBLIC UNDERSTANDING OF HUMAN ORIGINS, 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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: JEANNE NEWMAN, BOARD PRESIDENT
Preparer: RONALD SIMONIAN, CBIZ ADVISORS, LLC
Date: 02/21/25
PTIN: P00232207
Firm's EIN: 34-1874260
Phone no. 415-397-4444

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
**TO INCREASE SCIENTIFIC KNOWLEDGE, EDUCATION, AND PUBLIC UNDERSTANDING
OF HUMAN ORIGINS, EVOLUTION, BEHAVIOR, AND SURVIVAL. WE FUND
SCIENTIFIC RESEARCH THAT EXPLORES THE MANY FACETS OF HUMAN ORIGINS,
AND THROUGH INNOVATIVE EDUCATIONAL PROGRAMS, WE SHARE THIS INFORMATION**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,973,302. including grants of \$ 1,525,460.) (Revenue \$ 167,901.)
**DURING THE FISCAL YEAR 82 RESEARCH GRANTS WERE AWARDED TO STUDENTS,
PHYSICIANS, SCIENTISTS AND RESEARCHERS TO PROMOTE FURTHER STUDY AND
RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL.**

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,973,302.**

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
L.S.B. LEAKEY FDN FOR RESEARCH - 415-561-4646
P O BOX 29346, 1003B O'REILLY AVENUE, SAN FRANCISCO, CA 94129-1359

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) H. BODEN GREGORY PROGRAM OFFICER	40.00				X		166,433.	0.	21,458.	
(2) ARIELLE JOHNSON EDUCATION DIRECTOR	40.00				X		141,890.	0.	15,981.	
(3) MEREDITH JOHNSON COMMUNICATIONS DIRECTOR	40.00				X		160,000.	0.	22,823.	
(4) JOSEPH B. UPCHURCH SENIOR DEVELOPMENT ANALYST	40.00				X		126,152.	0.	15,222.	
(1) SHARAL CAMISA EXECUTIVE DIRECTOR	37.50			X			255,151.	0.	43,106.	
(2) GORDON P. GETTY CHAIRMAN OF THE BOARD	1.00	X		X			0.	0.	0.	
(3) JEANNE NEWMAN PRESIDENT	3.00	X		X			0.	0.	0.	
(4) DR. DIANA MCSHERRY VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(5) WILLIAM PAUL GETTY VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(6) DUGGAN JENSEN TREASURER	0.50	X		X			0.	0.	0.	
(7) DANA LAJOIE SECRETARY	0.50	X		X			0.	0.	0.	
(8) CAMILLA D. SMITH TRUSTEE	0.50	X					0.	0.	0.	
(9) ALICE MARKS CORNING TRUSTEE	1.00	X					0.	0.	0.	
(10) J. MICHAEL GALLAGHER TRUSTEE	1.00	X					0.	0.	0.	
(11) JULIE M. LA NASA TRUSTEE	0.50	X					0.	0.	0.	
(12) NINA L. CARROLL TRUSTEE	0.50	X					0.	0.	0.	
(13) DONALD E. DANA TRUSTEE	1.00	X					0.	0.	0.	

L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(14) MARK JORDAN TRUSTEE	0.50	X						0.	0.	0.
(15) DR. HENRY W. GILBERT TRUSTEE	0.50	X						0.	0.	0.
(16) NAOMA TATE TRUSTEE	1.00	X						0.	0.	0.
(17) MARK GETTY TRUSTEE	0.50	X						0.	0.	0.
(18) MICHAEL R. SMITH TRUSTEE	0.50	X						0.	0.	0.
(19) CHESTER KAMIN TRUSTEE	0.50	X						0.	0.	0.
(20) DR. ANNE MAGGIONCALDA TRUSTEE	0.50	X						0.	0.	0.
(21) JORGE LEIS TRUSTEE	0.50	X						0.	0.	0.
(22) ELISE BROWN ERSOY TRUSTEE	0.50	X						0.	0.	0.
1b Subtotal								849,626.	0.	118,590.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								849,626.	0.	118,590.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990

95-2536475

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(23) ERICA BROWN GADDIS TRUSTEE	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	930,739.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			930,739.			
Program Service Revenue	2 a GRANT REFUNDS	Business Code	611710	163,382.	163,382.		
	b SYMPOSIUMS & LECTURES		611710	4,519.	4,519.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			167,901.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			888,839.		888,839.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	35,848.			
			(ii) Personal				
	b Less: rental expenses	6b		0.			
	c Rental income or (loss)	6c		35,848.			
	d Net rental income or (loss)			35,848.		35,848.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,475,978.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		1,720,725.			
	c Gain or (loss)	7c		755,253.			
	d Net gain or (loss)			755,253.		755,253.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,778,580.	167,901.	0.	1679940.	

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	721,429.	721,429.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	804,031.	804,031.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,459.	227,489.	45,795.	40,175.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	798,597.	579,571.	116,670.	102,356.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,054.	39,229.	7,897.	6,928.
9 Other employee benefits	80,852.	58,678.	11,811.	10,363.
10 Payroll taxes	79,092.	57,400.	11,555.	10,137.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,586.	3,141.	1,065.	380.
c Accounting	42,923.	29,396.	9,971.	3,556.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	75,796.		75,796.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	175,154.	119,954.	40,688.	14,512.
12 Advertising and promotion				
13 Office expenses	34,844.	20,114.	2,517.	12,213.
14 Information technology	79,502.	54,367.	8,171.	16,964.
15 Royalties				
16 Occupancy	182,522.	152,590.	15,820.	14,112.
17 Travel	180,061.	83,202.	46,470.	50,389.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,648.	4,716.	490.	442.
23 Insurance	8,685.	7,252.	754.	679.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL DEVELOPMEN	10,577.	7,676.	1,545.	1,356.
b MISCELLANEOUS	3,907.	3,067.	0.	840.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	3,655,719.	2,973,302.	397,015.	285,402.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	349,987.	1	175,258.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	750.	3	114,903.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,233.	8	6,912.
	9 Prepaid expenses and deferred charges	36,923.	9	51,078.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 116,893.		
	b Less: accumulated depreciation	10b 64,862.	10c	52,031.
	11 Investments - publicly traded securities	36,680,032.	11	41,174,384.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,201,697.	15	1,053,923.
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,310,902.	16	42,628,489.	
Liabilities	17 Accounts payable and accrued expenses	716,271.	17	684,467.
	18 Grants payable		18	
	19 Deferred revenue	62,000.	19	21,715.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,208,419.	25	1,074,877.
	26 Total liabilities. Add lines 17 through 25	1,986,690.	26	1,781,059.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,428,340.	27	19,300,909.
	28 Net assets with donor restrictions	19,895,872.	28	21,546,521.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	36,324,212.	32	40,847,430.
	33 Total liabilities and net assets/fund balances	38,310,902.	33	42,628,489.

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

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,778,580.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,655,719.
3	Revenue less expenses. Subtract line 2 from line 1	3	-877,139.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,324,212.
5	Net unrealized gains (losses) on investments	5	5,400,357.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,847,430.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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 exempt 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).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1406326.	3808034.	1920403.	4674110.	930,739.	12739612.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1406326.	3808034.	1920403.	4674110.	930,739.	12739612.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6679624.
6 Public support. Subtract line 5 from line 4.						6059988.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1406326.	3808034.	1920403.	4674110.	930,739.	12739612.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	980,274.	1039185.	1815703.	1071686.	924,687.	5831535.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						18571147.
12 Gross receipts from related activities, etc. (see instructions)					12	23,969.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	32.63 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	30.33 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED
TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL 95-2536475 Page 3

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED
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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d.	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2023 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

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

Employer identification number

95-2536475

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

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

Employer identification number

95-2536475

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNE MAGGIONCALDA 4050 EL CERRITO RD PALO ALTO, CA 94306	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALICE CORNING 209 ETHEL AVE MILL VALLEY, CA 94941	\$ 25,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JEANNE NEWMAN 2626 LYON STREET SAN FRANCISCO, CA 94123	\$ 27,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NINA CARROLL 3098 PACIFIC AVE SAN FRANCISCO, CA 94115	\$ 19,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NAOMA TATE BIG HAT RANCH, 153 HIDDEN VALLEY ROAD CODY, WY 82414	\$ 56,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CAMILLA SMITH 3425 JACKSON STREET SAN FRANCISCO, CA 94118	\$ 100,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL

Employer identification number

95-2536475

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GORDON GETTY C/O VALLEJO INVESTMENTS, 101 MONTGOMERY ST, STE 2650 SAN FRANCISCO, CA 94104	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	J MICHAEL GALLAGHER 39 ROSS TERRACE KENTFIELD, CA 94904	\$ 21,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KELLY STEWART HARCOURT 26711 CASSIDY LANE DAVIS, CA 95616	\$ 5,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JORGE LEIS 503 ARCHWOOD TRAIL HOUSTON, TX 77007	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	KAY WOODS 3570 JACKSON STREET SAN FRANCISCO, CA 94118	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ABIGAIL BERNHARDT 208 EAST 28TH ST, APT 3G NEW YORK, NY 10016	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DUGGAN JENSEN 450 NORTH STREET GREENWICH, CT 06830	\$ 10,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	JOHN SWIFT 750 2ND STREET, APT. 802 SAN FRANCISCO, CA 94107-2151	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MICHAEL SMITH 19 TANGLEWOOD RD BERKELEY, CA 94705	\$ 20,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	WILLIAM WIRTHLIN 402 CANYON OAK WAY SALT LAKE CITY, UT 84103	\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DAVID HITZ 1801 PAGE MILL ROAD PALO ALTO, CA 94304	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JOHN MITANI 1415 ARBORVIEW BLVD ANN ARBOR, MI 48103	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MARY ALICE AND WILLIAM YUND 723 WOODHAVEN ROAD BERKELEY, CA 94708	\$ 5,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	W BOWMAN CUTTER THE CEDARS FOUNDATION, C/O ROOSEVELT INSTITUTE, 570 LEXINGTON AVENUE, 5TH F NEW YORK, NY 10022	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BARBARA BAILEY 3725 DON BENITO COURT PASADENA, CA 91107	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	HENRY GILBERT 4177 WHEATLAND ROAD WHEATLAND, CA 95692-9252	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	DANA LAJOIE 315 HOLLANDER ROAD ORONO, MN 55391	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MARK GETTY C/O TONY STONE IMAGES, WORLD WIDE HOUSE LONDON, NW1 OBA, UNITED KINGDOM	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ANNE STONE 64 WEST HOLLY STREET PHOENIX, AZ 85003	\$ 5,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	CHERYL CHIP 70 LITTLE LULU LANE RICHMOND HILL, GA 31324	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DAVID THURM 151 S KILKEA DRIVE LOS ANGELES, CA 90048	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	JO RODGERS 18500 MONTPERE WAY SARATOGA, CA 95070	\$ 5,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions 3-9 regarding modifications, monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

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

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SHORT TERM LEASE LIABILITY	143,349.
(3) LONG TERM LEASE LIABILITY	931,528.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,074,877.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,103,141.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,400,357.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	5,400,357.	
3	Subtract line 2e from line 1	3	2,702,784.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,796.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	75,796.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,778,580.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,579,923.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,579,923.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,796.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	75,796.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,655,719.	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF FUNDS WHOSE CORPUS IS TO REMAIN INTACT AND MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED TERM AND INVESTMENT EARNINGS ON ENDOWMENT NET ASSETS. THE BOARD OF TRUSTEES HAVE DEVELOPED AN INVESTMENT POLICY AND SPENDING RATE POLICY TO PROVIDE A PREDICTABLE STREAM OF FUNDING SUFFICIENT TO SUPPORT CURRENT AND FUTURE PROGRAMS AND MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT FUNDS.

PART X, LINE 2:

THE FOUNDATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AND THE CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

Part XIII Supplemental Information (continued)

ACCORDINGLY, THE FOUNDATION HAS PAID NO INCOME TAXES AND THE FINANCIAL STATEMENTS INCLUDE NO PROVISION FOR INCOME TAXES.

U.S. GAAP PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE FOUNDATION IN ITS FEDERAL AND STATE TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	RESEARCH GRANTS WERE MADE TO INDIVIDUALS IN THE REGION	457,535.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	RESEARCH GRANTS WERE MADE TO INDIVIDUALS IN THE REGION	113,970.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	RESEARCH GRANTS WERE MADE TO INDIVIDUALS IN THE REGION	96,165.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	RESEARCH GRANTS WERE MADE TO INDIVIDUALS IN THE REGION	53,645.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DIJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	RESEARCH GRANTS WERE MADE TO INDIVIDUALS IN THE REGION	82,716.
3 a Subtotal	0	0			804,031.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			804,031.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

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

95-2536475

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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

95-2536475

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH GRANT	EUROPE (INCLUDING ICELAND & GREENLAND) -	23	457,535.	CHECK OR WIRE TRANSFER	0.		
RESEARCH GRANT	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	6	96,165.	CHECK OR WIRE TRANSFER	0.		
RESEARCH GRANT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	8	113,970.	CHECK OR WIRE TRANSFER	0.		
RESEARCH GRANT	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	2	53,645.	CHECK OR WIRE TRANSFER	0.		
RESEARCH GRANT	MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	4	82,716.	CHECK OR WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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 General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESEARCH GRANTS	39	721,429.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION AWARDS RESEARCH GRANTS SPECIFICALLY RELATED TO HUMAN ORIGINS, INCLUDING PALEOANTHROPOLOGY, PRIMATE BEHAVIOR, AND STUDIES OF MODERN HUNTER-GATHERER GROUPS TO QUALIFIED INDIVIDUALS IN THE U.S. AND/OR FOREIGN COUNTRIES. THE GRANTS ARE PAID EITHER VIA WIRE TRANSFER TO THE UNIVERSITY OF THE INDIVIDUAL'S CHOICE AND/OR REIMBURSED TO THE INDIVIDUALS UPON PRESENTATION OF THE REQUIRED DOCUMENTS PER THE FOUNDATION'S GRANT POLICIES AND AGREEMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

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 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) H. BODEN GREGORY PROGRAM OFFICER	(i)	166,433.	0.	0.	12,870.	8,588.	187,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ARIELLE JOHNSON EDUCATION DIRECTOR	(i)	141,890.	0.	0.	10,913.	5,068.	157,871.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEREDITH JOHNSON COMMUNICATIONS DIRECTOR	(i)	160,000.	0.	0.	12,150.	10,673.	182,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARAL CAMISA EXECUTIVE DIRECTOR	(i)	255,151.	0.	0.	20,728.	22,378.	298,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

(This area contains horizontal lines for supplemental information.)

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EVOLUTION, BEHAVIOR, AND SURVIVAL. WE FUND SCIENTIFIC RESEARCH THAT
EXPLORES THE MANY FACETS OF HUMAN ORIGINS, AND THROUGH INNOVATIVE
EDUCATIONAL PROGRAMS, WE SHARE THIS INFORMATION WITH THE PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS THE PRESIDENT AND THE CHAIR OF FINANCE REVIEW THE TAX
RETURNS BEFORE THEY ARE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S BOARD OF TRUSTEES MONITORS ITS CONFLICT OF INTEREST
POLICY BY HAVING THOSE INDIVIDUALS PROMPTLY DISCLOSE IN WRITING ALL
POSSIBLE CONFLICTS AND RELEVANT AND MATERIAL FACTS TO THE CHAIR OF THE
BOARD'S GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION GATHERS INFORMATION ABOUT OTHER EXEMPT ORGANIZATIONS OF
SIMILAR SIZE AND FUNCTION FOR COMPARABILITY DATA AND PRESENTS INCREASES
DURING THE BUDGETING PROCESS TO THE CHAIRS OF THE GOVERNANCE AND THE
FINANCE COMMITTEES FOR APPROVAL. VETTED INCREASES ARE THEN APPROVED AT THE
FOLLOWING BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization L.S.B. LEAKEY FDTN. FOR RESEARCH RELATED TO HUMAN ORIGINS, BEHAVIOR AND SURVIVAL	Employer identification number 95-2536475
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THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, ITS ARTICLES OF INCORPORATION AND BY-LAWS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE NOT DISCLOSED AS IT IS NOT REQUIRED.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT REVIEWS THE FINANCIAL STATEMENTS BEFORE THEY ARE FINALIZED AND ARE RESPONSIBLE FOR SELECTION OF AN IDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
66	L/H IMPROVEMENTS	01/01/05	SL	7.00		16	978.				978.	978.		0.	978.
77	L/H IMPROVEMENTS	01/26/06	SL	5.00		16	2,343.				2,343.	2,343.		0.	2,343.
	* 990 PAGE 10 TOTAL BUILDINGS						3,321.				3,321.	3,321.		0.	3,321.
	FURNITURE & FIXTURES														
3	FURNITURE	07/09/94	SL	5.00		16	306.				306.	306.		0.	306.
23	OFFICE EQUIPMENT	03/10/98	SL	5.00		16	693.				693.	693.		0.	693.
25	FURNITURE- DONATED	02/11/98	SL	5.00		16	2,202.				2,202.	2,202.		0.	2,202.
26	FURNITURE- DONATED	02/01/98	SL	5.00		16	750.				750.	750.		0.	750.
74	PROJECTION SCREEN	11/07/05	SL	5.00		16	752.				752.	752.		0.	752.
104	STAND UP DESK	11/17/16	SL	5.00		16	860.				860.	860.		0.	860.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						5,563.				5,563.	5,563.		0.	5,563.
	MACHINERY & EQUIPMENT														
82	CASTINGS - NATL MUSEUM OF KENYA	02/05/10	SL	5.00		16	2,980.				2,980.	2,980.		0.	2,980.
83	BONECLONES	01/13/10	SL	5.00		16	1,053.				1,053.	1,053.		0.	1,053.
85	TIGER DIRECT/NEW EGG - NEW SERVER	01/06/10	SL	5.00		16	1,168.				1,168.	1,168.		0.	1,168.
86	IMAC FOR COMMUNICATIONS - BETH	12/07/10	SL	5.00		16	1,124.				1,124.	1,124.		0.	1,124.
88	IMAC FOR GRANTS (JAMES)	02/14/11	SL	5.00		16	1,124.				1,124.	1,124.		0.	1,124.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	SHARAL LAPTOP	10/01/11	SL	5.00		16	1,199.				1,199.	1,199.		0.	1,199.
92	CAMERA	03/18/14	SL	5.00		16	756.				756.	756.		0.	756.
95	DELL COMPUTER FOR ACCOUNTING	04/01/15	SL	5.00		16	540.				540.	540.		0.	540.
98	PROJECTOR	04/04/16	SL	5.00		16	782.				782.	782.		0.	782.
99	APPLE LAPTOP FOR OUTREACH	09/10/15	SL	5.00		16	1,524.				1,524.	1,524.		0.	1,524.
100	IPAD	04/27/16	SL	5.00		16	652.				652.	652.		0.	652.
101	APPLE LAPTOP FOR COMMUNICATIONS	07/11/16	SL	5.00		16	2,230.				2,230.	2,230.		0.	2,230.
102	SHARAL'S LAPTOP	10/12/16	SL	3.00		16	1,956.				1,956.	1,956.		0.	1,956.
103	KRISTIN'S LAPTOP	04/12/17	SL	3.00		16	1,954.				1,954.	1,954.		0.	1,954.
106	PADDY'S COMPUTER	02/13/19	SL	3.00		16	1,523.				1,523.	1,523.		0.	1,523.
107	DISHWASHER	10/24/19	SL	5.00		16	1,154.				1,154.	885.		231.	1,116.
108	H'S LAPTOP	12/15/20	SL	3.00		16	1,597.				1,597.	1,441.		155.	1,597.
109	MEREDITH'S LAPTOP	07/02/21	SL	3.00		16	2,330.				2,330.	1,683.		647.	2,330.
110	SHARAL'S LAPTOP	07/06/21	SL	3.00		16	1,515.				1,515.	1,094.		421.	1,515.
111	ARIELLE'S LAPTOP	07/10/21	SL	3.00		16	4,089.				4,089.	2,953.		1,136.	4,089.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						31,250.				31,250.	28,621.		2,590.	31,212.
	OTHER														
97	ADOBE PHOTOSHOP	09/01/14	SL	3.00		16	600.				600.	600.		0.	600.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
105	BLACKBAUD FOR GRANTS	10/21/17	SL	3.00		16	21,109.				21,109.	21,108.		0.	21,108.
112	DESIGN ACTION COLLECTIVE	06/25/24	SL	3.00		16	28,075.				28,075.			1,559.	1,559.
113	DESIGN ACTION COLLECTIVE	06/25/24	SL	3.00		16	7,575.				7,575.			421.	421.
114	DESIGN ACTION COLLECTIVE	06/25/24	SL	3.00		16	19,400.				19,400.			1,078.	1,078.
	* 990 PAGE 10 TOTAL OTHER						76,759.				76,759.	21,708.		3,058.	24,766.
	* GRAND TOTAL 990 PAGE 10 DEPR						116,893.				116,893.	59,213.		5,648.	64,862.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						61,843.			0.	61,843.	59,213.			61,804.
	ACQUISITIONS						55,050.			0.	55,050.	0.			3,058.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						116,893.			0.	116,893.	59,213.			64,862.
	ENDING ACCUM DEPR											64,862.			
	ENDING BOOK VALUE											52,031.			

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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

FORM 990 PAGE 10

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)	1	1,160,000.
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	2,890,000.
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 2022 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 don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,648.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18 If you are electing 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 2023 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 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 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	5,648.
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	

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

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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 the 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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't 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 aren't 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 the 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," don't 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 2023 tax year:					
43 Amortization of costs that began before your 2023 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **09/01/2023**, and ending (mm/dd/yyyy) **08/31/2024**

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

California corporation number
0543766

Additional information. See instructions.

FEIN
95-2536475

Street address (suite or room)
1003B O'REILLY AVENUE

PMB no.

City
SAN FRANCISCO

State
CA ZIP code
94129

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return Yes No
- B** Amended return Yes No
- C** IRC Section 4947(a)(1) trust Yes No
- D** Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy) _____
- E** Check accounting method: (1) Cash (2) Accrual (3) Other
- F** Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G** Is this a group filing? See instructions Yes No
- H** Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K** Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** Is the organization a limited liability company? Yes No
- M** Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O** Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,568,566	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	930,739	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	4,499,305	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,720,725	00
	7	Total costs. Add line 5 and line 6	7	1,720,725	00
	8	Total gross income. Subtract line 7 from line 4	8	2,778,580	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,655,719	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-877,139	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer **BOARD PRESIDEN** Title Date Telephone

Paid Preparer's Use Only
Preparer's signature **RONALD SIMONIAN** Date **02/21/25** Check if self-employed **P00232207** PTIN

Firm's name (or yours, if self-employed) and address **CBIZ ADVISORS, LLC** **34-1874260** Firm's FEIN

44 MONTGOMERY ST, SUITE 1000 **415-397-4444** Telephone

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

95-2536475

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	888,839	00	
	4	Gross rents	•	4	35,848	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	2,475,978	00	
	7	Other income SEE STATEMENT 3	•	7	167,901	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	3,568,566	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	1,525,460	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	313,459	00	
	12	Other salaries and wages	•	12	798,597	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	79,092	00
		15	Rents	•	15	182,522	00
		16	Depreciation and depletion (See instructions)	•	16	5,648	00
		17	Other expenses and disbursements SEE STATEMENT 6	•	17	750,941	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,655,719	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		349,987		• 175,258
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories		3,233		• 6,912
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 7		36,680,032		• 41,174,384
10 a Depreciable assets	97,493		116,893	
b Less accumulated depreciation	59,213	38,280	64,862	52,031
11 Land				•
12 Other assets STMT 8		1,239,370		• 1,219,904
13 Total assets		38,310,902		42,628,489
Liabilities and net worth				
14 Accounts payable		716,271		• 684,467
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 9		1,270,419		1,096,592
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		36,324,212		• 40,847,430
22 Total liabilities and net worth		38,310,902		42,628,489

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 4,523,218	7 Income recorded on books this year not included in this return. Attach schedule *	• 5,400,357
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	5,400,357
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	-877,139
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	4,523,218		

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ANNE MAGGIONCALDA	4050 EL CERRITO RD PALO ALTO, CA 94306		25,000.
ALICE CORNING	209 ETHEL AVE MILL VALLEY, CA 94941		25,218.
JEANNE NEWMAN	2626 LYON STREET SAN FRANCISCO, CA 94123		27,012.
NINA CARROLL	3098 PACIFIC AVE SAN FRANCISCO, CA 94115		19,535.
NAOMA TATE	BIG HAT RANCH, 153 HIDDEN VALLEY ROAD CODY, WY 82414		56,284.
CAMILLA SMITH	3425 JACKSON STREET SAN FRANCISCO, CA 94118		100,090.
GORDON GETTY	C/O VALLEJO INVESTMENTS, 101 MONTGOMERY ST, STE 2650 SAN FRANCISCO, CA 94104		165,000.
J MICHAEL GALLAGHER	39 ROSS TERRACE KENTFIELD, CA 94904		21,698.
KELLY STEWART HARCOURT	26711 CASSIDY LANE DAVIS, CA 95616		5,874.
JORGE LEIS	503 ARCHWOOD TRAIL HOUSTON, TX 77007		8,750.
KAY WOODS	3570 JACKSON STREET SAN FRANCISCO, CA 94118		7,000.
ABIGAIL BERNHARDT	208 EAST 28TH ST, APT 3G NEW YORK, NY 10016		5,000.
DUGGAN JENSEN	450 NORTH STREET GREENWICH, CT 06830		10,997.
JOHN SWIFT	750 2ND STREET, APT. 802 SAN FRANCISCO, CA 94107-2151		10,000.

STATEMENT(S) 1

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

95-2536475

MICHAEL SMITH	19 TANGLEWOOD RD BERKELEY, CA 94705	20,965.
WILLIAM WIRTHLIN	402 CANYON OAK WAY SALT LAKE CITY, UT 84103	102,000.
DAVID HITZ	1801 PAGE MILL ROAD PALO ALTO, CA 94304	10,000.
JOHN MITANI	1415 ARBORVIEW BLVD ANN ARBOR, MI 48103	6,000.
MARY ALICE AND WILLIAM YUND	723 WOODHAVEN ROAD BERKELEY, CA 94708	5,785.
W BOWMAN CUTTER	THE CEDARS FOUNDATION, C/O ROOSEVELT INSTITUTE, 570 LEXINGTON AVENUE, 5TH FL	15,000.
BARBARA BAILEY	3725 DON BENITO COURT PASADENA, CA 91107	5,300.
HENRY GILBERT	4177 WHEATLAND ROAD WHEATLAND, CA 95692-9252	11,000.
DANA LAJOIE	315 HOLLANDER ROAD ORONO, MN 55391	12,000.
MARK GETTY	C/O TONY STONE IMAGES, WORLD WIDE HOUSE LONDON, NW1 OBA, UNITED KINGDOM	10,000.
ANNE STONE	64 WEST HOLLY STREET PHOENIX, AZ 85003	5,704.
CHERYL CHIP	70 LITTLE LULU LANE RICHMOND HILL, GA 31324	5,000.
DAVID THURM	151 S KILKEA DRIVE LOS ANGELES, CA 90048	5,000.
JO RODGERS	18500 MONTPERE WAY SARATOGA, CA 95070	5,741.
TOTAL INCLUDED ON LINE 3		<u><u>706,953.</u></u>

<u>CA 199</u>		<u>GROSS AMOUNT FROM SALE OF ASSETS</u>		<u>STATEMENT 2</u>	
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>		
PUBLICLY TRADED SECURITIES	08/31/23	08/31/24	PURCHASED		
<u>NAME OF BUYER</u>	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>	
PUBLIC	1,720,725.	0.	0.	2,475,978.	
TOTAL TO FORM 199, PAGE 2, LN 6	<u>1,720,725.</u>	<u>0.</u>	<u>0.</u>	<u>2,475,978.</u>	

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
GRANT REFUNDS	163,382.
SYMPOSIUMS & LECTURES	4,519.
TOTAL TO FORM 199, PART II, LINE 7	167,901.

CA 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 4

ACTIVITY CLASSIFICATION: RESEARCH GRANTS

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SEMAW, SILESHI	PASEO SIERRA DE ATAPUERCA - BURGOS, SPAIN 09002	NONE	30,000.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KIRCHHOFF, CLAIRE	1250 W WISCONSIN AVE - MILWAUKEE, WI 53233	NONE	30,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GILL, JAYSON	438 WHITNEY ROAD EXT, UNIT 1113 - STORRS, CT 06269-1113	NONE	30,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PARKINSON, JENNIFER	5998 ALCALA PARK - SAN DIEGO, CA 92110	NONE	29,996.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BEHRENSMEYER, ANNA	PO BOX 37012, MRC1205 - WASHINGTON, DC 20013-7012	NONE	29,981.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARTER, ALECIA	14 TAVITON ST - LONDON, WC1H 0BW, UNITED KINGDOM	NONE	29,974.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RECTOR, AMY	907 FLOYD AVE - RICHMOND, VA 23284	NONE	29,964.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NAMEN, ABAY	53, KABANBAY BATYR AVENUE, NURA DISTRICT - ASTANA, KAZAKHSTAN	NONE	29,805.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GALLO, GIULIA	COLLEGE OF FRANCE, 11 PLACE MARCELIN BERTHELOT - PARIS, CEDEX 05, FRANCE 752	NONE	29,727.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ZEWDU, KIFLE	BAHIR DAR UNIVERSITY, WISDOM TOWER, P. O. BOX 79 - BAHIR DAR, ETHIOPIA	NONE	29,700.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GROGAN, KATHLEEN	PO BOX 21022 - CINCINATTI, OH 45221-0222	NONE	29,671.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOBE, RENE	313 N WATER AVE - IDAHO FALLS, ID 83402	NONE	29,598.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/21/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCHMITT, CHRISTOPHER	1500 REMOUNT RD - FRONT ROYAL, VA 22740	NONE	29,537.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GARCIA-MARTINEZ, DANIEL		AVENIDA DE SENECA 2 - MADRID, SPAIN 28040	NONE	29,200.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
05/04/24	0.	N/A	N/A	

NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
GARCIA DE LA CHICA, ALBA		50 LAUREL CREST ROAD - MADISON, CT 06443	NONE	29,045.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
12/02/23	0.	N/A	N/A	

NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
CAPELLI, CRISTIAN		STR. DELL'UNIVERSITA, 12 - PARMA, ITALY 43121	NONE	28,800.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
05/04/24	0.	N/A	N/A	

NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ZAIDNER, YOSSI		MOUNT SCOPUS CAMPUS - JERUSALEM, ISRAEL 91905	NONE	28,760.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
05/04/24	0.	N/A	N/A	

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LOUYS, JULIEN	170 KESSELS ROAD - NATHAN, QUEENSLAND, AUSTRALIA 4111	NONE	28,645.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAMEI, SIAVASH	600 W WALNUT ST - DANVILLE, KY 40422	NONE	28,310.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BARKER, GRAEME	UNIVERSITY OF CAMBRIDGE - CAMBRIDGE, UNITED KINGDOM CB2 1Q2	NONE	27,247.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ZHANG, PEIQI	35 PLACE PEY BERLAND - BORDEAUX, FRANCE 33000	NONE	26,070.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MACLATCHY, LAURA	1109 GEDDES AVE - ANN ARBOR, MI 48109-1079	NONE	25,790.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JENSEN-SEAMAN, MICHAEL	RUA ALFREDO ALLEN, 208 - PORTO, PORTUGAL 4200-135	NONE	25,656.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHARPENTIER, MARIE	AM OBSTBERG 1 - RADOLFZELL, GERMANY 78315	NONE	25,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
01/23/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HARRIS, JACK	PO BOX 40658 - NAIROBI, KENYA 00100	NONE	25,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/13/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RUPPERT, NADINE	210, JALAN SEROJA, TAMAN SEROJA - KULIM, KEDAH, MALAYSIA 09000	NONE	25,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/05/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MAGOHE, STEPHEN	2500 UNIVERSITY DRIVE NW - CALGARY, ALBERTA, CANADA T2N 1N4	NONE	24,624.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THOMPSON GONZALEZ, NICOLE	UC SANTA BARBARA - SANTA BARBARA, CA 93106	NONE	23,205.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SNYDER, WILLIAM	GESHWISTER-SCHOLL-PLATZ - TUBINGEN, GERMANY 72074	NONE	20,873.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHOUDHARY, DEEPAK	HUNTER COLLEGE, 230 WEST 41ST STREET, 7TH FLOOR - NEW YORK, NY 10036	NONE	20,735.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VEATCH, ELIZABETH	955 OLIVER ROAD - THUNDER BAY, ONTARIO, CANADA P7B 5E1	NONE	20,411.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARREIROS, JOAO	LUDWIG-LINDENSCHMIT-FORUM 1 - MAINZ, GERMANY 55116	NONE	20,206.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FORNOF, LILLIA	1033 MASSACHUSSETS AVENUE - CAMBRIDGE, MA 02138	NONE	20,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WARD, LYNDEE	2204 W PRAIRIE ST - DENTON, TX 76201	NONE	20,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GARNETT, JACQUELINE	CAMPUS BOX 1034, 700 ROSEDALE AVENUE - ST. LOUIS, MO 63112-1048	NONE	19,986.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MILLER, MCKENSEY	3003 S. STATE STREET, 1ST FLOOR - ANN ARBOR, MI 48109	NONE	19,977.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARIENCHECK, CLARA	1918 F STREET NW - WASHINGTON, DC 20147	NONE	19,946.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WURZ, SARAH	PRIVATE BAG 3, WITS UNIVERSITY - BRAAMFONTEIN, SOUTH AFRICA 2050	NONE	19,925.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASMUNSDOTTIR, RAGNHEIOUR	NOERREGADE 10, - COPENHAGEN, DENMARK DK1172	NONE	19,745.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOHNSTON, AMANDA	615 WEST 131ST STREET, MAIL CODE 8747 - NEW YORK, NY 10027	NONE	19,728.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DEPASQUALE, ALLEGRA	2500 UNIVERSITY DRIVE NW - CALGARY, ALBERTA, CANADA T2N 1N4	NONE	19,600.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NDAYISHIMIYE, ERIC	50 SHAKESPEARE STREET - NOTTINGHAM, UNITED KINGDOM NG1 4FQ	NONE	18,833.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VALET, ANTOINE	67 BD PINEL - BRON, FRANCE 69500	NONE	18,800.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MASHAKA, HUSANA	PO BOX 870303 - TEMPE, AZ 85287	NONE	18,425.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARLSON, MEREDITH	1 SHIELDS AVE - DAVIS, CA 95616-8500	NONE	18,160.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PELISSERO, ALEX	6003 CAMPUS DELIVERY - FORT COLLINS, CO 80523	NONE	17,030.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WIKBERG, EVA	ONE UTSA CIRCLE - SAN ANTONIO, TX 78249	NONE	16,201.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MENDEZ QUINTAS, EDUARDO	CAMPUS LAGOAS MARCOSENDE, S/N - VIGO, PONTEVEDRA, SPAIN 36310	NONE	16,106.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KELLY, MADELEINE	6054 S DREXEL AVENUE, SUITE 300 - CHICAGO, IL 60637	NONE	15,965.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TAEZAZ, MR. HAFTOM BERHANE	PRIVATE BAG 3, WITS UNIVERSITY - JOHANNESBURG, SOUTH AFRICA 2050	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MURIITHI, CHARLES	2500 UNIVERSITY DRIVE NW - CALGARY, ALBERTA, CANADA T2N 1N4	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SANKAU, MISS LINET TITO	660 S MILL AVE, SUITE 204 - TEMPE, AZ 85281	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GATEGEKO, ALEXANDRE	3003 S. STATE STREET - ANN ARBOR, MI 48109	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EDEL TIN, LOTAN	YAM KINERRET ST. #12 - LAPID, ISRAEL	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASEGAHEGN, BAHRU ZINAYE	ALBERTUS-MAGNUS-PLATZ - KOLN, GERMANY 50931	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAMARGO PENA, GINNA	PO BOX 9 - ALBANY, NY 12201	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JACOBS, BABALOLA	660 S MILL AVE - TEMPE, AZ 85281-3670	NONE	15,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JOMBELA, MS. SALMAH	P.O BOX 7062 - KAMPALA, UGANDA	NONE	14,985.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WEMANYA, MS. SYLVIA NABALAYO	6100 MAIN ST., MS-91 - HOUSTON, TX 77005	NONE	14,952.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GEBREKIDAN, EPHREM	PO BOX 876011 - TEMPE, AZ 85287-6011	NONE	14,928.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ABDALLA, ALTAYEB	VIA PARADISO, 12 - FERRARA , ITALY 44121	NONE	14,900.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
BAYU, MR. TEFERA TAREKEGN		LUCIOLES 1 - 250 RUE ALBERT EINSTEIN - VALBONNE, FRANCE 06560	NONE	14,590.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
05/04/24	0.	N/A	N/A	
NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MWAMBWIGA, ALOYCE		2500 UNIVERSITY DRIVE NW - CALGARY, ALBERTA, CANADA T2N 1N4	NONE	14,530.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
05/04/24	0.	N/A	N/A	
NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ORLIKOFF, EMILY		1109 GEDDES AVE - ANN ARBOR, MI 48109	NONE	14,079.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
12/02/23	0.	N/A	N/A	
NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
HOZER, CLARA		FAUBOURG DE L'HOPITAL 106 - NEUCHATEL, SWITZERLAND CH-2000	NONE	11,388.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
12/02/23	0.	N/A	N/A	
NAME OF DONEE		ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
ROBERT BEGOUEN		CHATEAU DE PUJOL - MONTESQUIEU AVANTES, FRANCE 09200	NONE	10,000.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE	
11/29/23	0.	N/A	N/A	

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DEVARA, MR. ANIL KUMAR	HOFGARTENSTRABE 8 - MEUNCHEN, GERMANY D-80539	NONE	10,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
01/01/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PREVOST, MARION	HEBREW UNIVERSITY, MOUNT SCOPUS CAMPUS - JERUSALEM, ISRAEL 91905	NONE	9,151.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KOVACH, TANNER	438 WHITNEY ROAD EXT, UNIT 1113 - STORRS, CT 06269	NONE	8,400.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VENTRELLA, MIRANDA	DURHAM UNIVERSITY, PALATINE CENTRE, STOCKTON ROAD - DURHAM, UNITED KINGDOM D	NONE	7,920.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
12/02/23	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VECINO GAZABON, ALESSANDRA	AMERICAN MUSEUM OF NATURAL HISTORY - NEW YORK, NY 10024	NONE	7,721.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARTINON-TORRES, MARIA	PASEO SIERRA DE ATAPUERCA S/N - BURGOS, SPAIN 09002	NONE	7,500.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
02/13/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FURTNER, MARGARET	LOUISIANA STATE UNIVERSITY - BATON ROUGE, LA 70803	NONE	7,020.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BRAUN, DAVID	45155 RESEARCH PLACE, 3RD FLR - ASHBURN, VA 20147	NONE	6,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CARVALHO, SUSAN	313 N WATER AVE - IDAHO FALLS, ID 83402	NONE	5,500.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
07/02/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BUNDALA, MARIAM	COLLEGE OF HUMANITIES, UNIVERSITY OF DAR ES SALAAM, - TANZANIA 66C2+Q77	NONE	5,160.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
08/19/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HARRIS, JACK	45155 RESEARCH PLACE, 3RD FLR - ASHBURN, VA 20147	NONE	5,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
02/13/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PARGETER, DR JUSTIN	P.O. BOX 2260 - TEMPE, AZ 85280-2260	NONE	3,579.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/04/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUSIBA, DR. CHARLES	MAIL STOP F428, 13001 E 17TH PLACE, ROOM W1124 - AURORA, CO 80045-2571	NONE	3,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
03/05/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MUSIBA, DR. CHARLES	MALIMBE CAMPUS, POST CODE 33113, LUCHELELE ROAD - NYAMAGANA DISTRICT, MWANZA	NONE	2,500.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
07/02/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TOCHERI, MATTHEW	681 STRACHAN CRESCENT - THUNDER BAY, ONTARIO, CANADA P7C 5K7	NONE	2,000.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
01/09/24	0.	N/A	N/A

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MESFIN, ISIS ISABELLA	CNR KINGSWAY AND UNIVERSITY ROAD, PO BOX 524, AUCKLAND PARK - JOHANNESBURG,	NONE	1,700.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
05/31/24	0.	N/A	N/A

TOTAL FOR THIS ACTIVITY 1,525,460.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,525,460.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
H. BODEN GREGORY 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	PROGRAM OFFICER 40.00	0.
ARIELLE JOHNSON 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	EDUCATION DIRECTOR 40.00	0.
MEREDITH JOHNSON 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	COMMUNICATIONS DIRECTOR 40.00	0.
RACHEL ROBERTS 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	DIRECTOR OF FINANCE & ADMI 40.00	0.
JOSEPH B. UPCHURCH 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	SENIOR DEVELOPMENT ANALYST 40.00	0.
SHARAL CAMISA 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	EXECUTIVE DIRECTOR 37.50	313,459.
GORDON P. GETTY 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	CHAIRMAN OF THE BOARD 1.00	0.

JEANNE NEWMAN 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	PRESIDENT 3.00	0.
DR. DIANA MCSHERRY 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	VICE PRESIDENT 0.50	0.
WILLIAM PAUL GETTY 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	VICE PRESIDENT 0.50	0.
DUGGAN JENSEN 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TREASURER 0.50	0.
DANA LAJOIE 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	SECRETARY 0.50	0.
CAMILLA D. SMITH 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
ALICE MARKS CORNING 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 1.00	0.
J. MICHAEL GALLAGHER 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 1.00	0.
JULIE M. LA NASA 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
NINA L. CARROLL 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
DONALD E. DANA 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 1.00	0.
MARK JORDAN 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.

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

95-2536475

DR. HENRY W. GILBERT 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
NAOMA TATE 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 1.00	0.
MARK GETTY 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
MICHAEL R. SMITH 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
CHESTER KAMIN 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
DR. ANNE MAGGIONCALDA 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
JORGE LEIS 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
ELISE BROWN ERSOY 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.
ERICA BROWN GADDIS 1003B O'REILLY AVENUE SAN FRANCISCO, CA 94129	TRUSTEE 0.50	0.

TOTAL TO FORM 199, PART II, LINE 11

313,459.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
PROFESSIONAL DEVELOPMEN		10,577.
MISCELLANEOUS		3,907.
PENSION PLAN CONTRIBUTIONS		54,054.
OTHER EMPLOYEE BENEFITS		80,852.
LEGAL FEES		4,586.
ACCOUNTING FEES		42,923.
INVESTMENT MANAGEMENT FEES		75,796.
OTHER PROFESSIONAL FEES		175,154.
OFFICE EXPENSES		34,844.
INFORMATION TECHNOLOGY		79,502.
TRAVEL		180,061.
INSURANCE		8,685.
TOTAL TO FORM 199, PART II, LINE 17		750,941.

CA 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	36,680,032.	41,174,384.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	36,680,032.	41,174,384.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	750.	114,903.
PREPAID EXPENSES AND DEFERRED CHARGES	36,923.	51,078.
SECURITY DEPOSITS	12,500.	12,500.
RIGHT OF USE - OPERATING	1,189,197.	1,041,423.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,239,370.	1,219,904.

CA 199	OTHER LIABILITIES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SHORT TERM LEASE LIABILITY	133,542.	143,349.
LONG TERM LEASE LIABILITY	1,074,877.	931,528.
DEFERRED REVENUE	62,000.	21,715.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,270,419.	1,096,592.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 10
DESCRIPTION	AMOUNT	
UNREALIZED GAIN	5,400,357.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	5,400,357.	

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-2536475

Corporation name

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

California corporation number

0543766

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	11	116,893.	59,213.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	5,648

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	<input checked="" type="radio"/>	16	5,648
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	<input checked="" type="radio"/>	17	5,648
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	<input checked="" type="radio"/>	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					<input checked="" type="radio"/>	22

CA 3885

DEPRECIATION

STATEMENT 11

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
3 FURNITURE	07/09/94	306.	306.	SL	5.00	0.	
23 OFFICE EQUIPMENT	03/10/98	693.	693.	SL	5.00	0.	
25 FURNITURE- DONATED	02/11/98	2,202.	2,202.	SL	5.00	0.	
26 FURNITURE- DONATED	02/01/98	750.	750.	SL	5.00	0.	
66 L/H IMPROVEMENTS	01/01/05	978.	978.	SL	7.00	0.	
74 PROJECTION SCREEN	11/07/05	752.	752.	SL	5.00	0.	
77 L/H IMPROVEMENTS	01/26/06	2,343.	2,343.	SL	5.00	0.	
82 CASTINGS - NATL MUSEUM OF KENYA	02/05/10	2,980.	2,980.	SL	5.00	0.	
83 BONECLONES	01/13/10	1,053.	1,053.	SL	5.00	0.	
85 TIGER DIRECT/NEW EGG - NEW SERVER	01/06/10	1,168.	1,168.	SL	5.00	0.	
86 IMAC FOR COMMUNICATIONS - BETH	12/07/10	1,124.	1,124.	SL	5.00	0.	
88 IMAC FOR GRANTS (JAMES)	02/14/11	1,124.	1,124.	SL	5.00	0.	
91 SHARAL LAPTOP	10/01/11	1,199.	1,199.	SL	5.00	0.	
92 CAMERA	03/18/14	756.	756.	SL	5.00	0.	
95 DELL COMPUTER FOR ACCOUNTING	04/01/15	540.	540.	SL	5.00	0.	
97 ADOBE PHOTOSHOP	09/01/14	600.	600.	SL	3.00	0.	
98 PROJECTOR	04/04/16	782.	782.	SL	5.00	0.	
99 APPLE LAPTOP FOR OUTREACH	09/10/15	1,524.	1,524.	SL	5.00	0.	
100 IPAD	04/27/16	652.	652.	SL	5.00	0.	
101 APPLE LAPTOP FOR COMMUNICATIONS	07/11/16	2,230.	2,230.	SL	5.00	0.	
102 SHARAL'S LAPTOP	10/12/16	1,956.	1,956.	SL	3.00	0.	
103 KRISTIN'S LAPTOP	04/12/17	1,954.	1,954.	SL	3.00	0.	
104 STAND UP DESK	11/17/16	860.	860.	SL	5.00	0.	
105 BLACKBAUD FOR GRANTS	10/21/17	21,109.	21,108.	SL	3.00	0.	
106 PADDY'S COMPUTER	02/13/19	1,523.	1,523.	SL	3.00	0.	
107 DISHWASHER	10/24/19	1,154.	885.	SL	5.00	231.	
108 H'S LAPTOP	12/15/20	1,597.	1,441.	SL	3.00	155.	

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95-2536475

109 MEREDITH'S LAPTOP					
07/02/21	2,330.	1,683.	SL	3.00	647.
110 SHARAL'S LAPTOP					
07/06/21	1,515.	1,094.	SL	3.00	421.
111 ARIELLE'S LAPTOP					
07/10/21	4,089.	2,953.	SL	3.00	1,136.
112 DESIGN ACTION COLLECTIVE					
06/25/24	28,075.		SL	3.00	1,559.
113 DESIGN ACTION COLLECTIVE					
06/25/24	7,575.		SL	3.00	421.
114 DESIGN ACTION COLLECTIVE					
06/25/24	19,400.		SL	3.00	1,078.
TOTAL TO FORM 3885	<u>116,893.</u>	<u>59,213.</u>			<u>5,648.</u>

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
WEBSITE ADDRESS:
www.oag.ca.gov/charities

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

List all DBAs and names the organization uses or has used

1003B O'REILLY AVENUE
Address (Number and Street)

SAN FRANCISCO, CA 94129
City or Town, State, and ZIP Code

(415) 561-4646
Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 009936

Corporation or Organization No. _____

Federal Employer ID No. 95-2536475

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 09/01/2023 ending 08/31/2024) list:

Total Revenue (including noncash contributions) \$ 2,778,580 Noncash Contributions \$ 0 Total Assets \$ 42,628,489
Program Expenses \$ 2,973,302 Total Expenses \$ 3,655,719

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JEANNE NEWMAN

BOARD PRESIDENT

Signature of Authorized Agent

Printed Name

Title

Date