

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

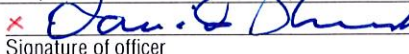
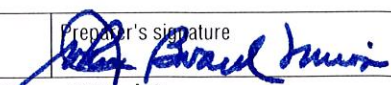
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LINDSAY WILDLIFE MUSEUM</b> <b>DBA LINDSAY WILDLIFE EXPERIENCE</b>		<b>D</b> Employer identification number <b>94-6104179</b>
	Doing business as <b>LINDSAY WILDLIFE EXPERIENCE</b>		<b>E</b> Telephone number <b>(925) 935-1978</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>2,622,515.</b>
	<b>1931 FIRST AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WALNUT CREEK, CA 94597</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>GABE TOGNERI</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.LINDSAYWILDLIFE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1955</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPECT FOR THE WORLD WE SHARE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>76</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>475</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,022,323.</b>	<b>Current Year</b> <b>1,516,935.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>453,363.</b>	<b>504,091.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>87,022.</b>	<b>27,718.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>81,064.</b>	<b>117,881.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,643,772.</b>	<b>2,166,625.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,553,075.</b>	<b>1,703,585.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>409,685.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>923,455.</b>	<b>1,153,246.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,476,530.</b>	<b>2,856,831.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,167,242.</b>	<b>-690,206.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>6,098,175.</b>	<b>End of Year</b> <b>5,501,393.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>161,693.</b>	<b>179,352.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,936,482.</b>	<b>5,322,041.</b>

**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.

<b>Sign Here</b>	<b>Signature of officer</b> 	<b>Date</b> <b>1/19/17</b>
	<b>DAVID SHUNICK, TREASURER</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <b>JOHN BOVARD MIRON</b>	<b>Preparer's signature</b> 
	<b>Firm's name</b> <b>QUIGLEY &amp; MIRON, CPA'S</b>	<b>Firm's EIN</b> <b>95-4656881</b>
	<b>Firm's address</b> <b>3550 WILSHIRE BLVD., #1660</b> <b>LOS ANGELES, CA 90010</b>	
<b>Phone no.</b> (213) 639-3550		<b>Check if self-employed</b> <input type="checkbox"/> <b>PTIN</b> <b>P01358141</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

FOUNDED IN 1955, THE MUSEUM'S MISSION IS TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPONSIBILITY AND RESPECT FOR THE WORLD WE SHARE. THE MUSEUM IS A UNIQUE NATURAL HISTORY, ENVIRONMENTAL EDUCATION CENTER AND WILDLIFE REHABILITATION CENTER.

**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 \$ 618,310. including grants of \$ ) (Revenue \$ )WILDLIFE REHABILITATION/VETERINARY

AS THE FIRST FORMALLY ESTABLISHED WILDLIFE REHABILITATION CENTER IN THE NATION, LINDSAY'S WILDLIFE REHABILITATION HOSPITAL HAS SERVED AS A MODEL FOR WILDLIFE TREATMENT CENTERS THROUGHOUT THE WORLD. SINCE 1970, WE HAVE TREATED AND RELEASED MORE THAN 110,000 NATIVE CALIFORNIA WILD ANIMALS BACK INTO NATURAL HABITATS. DATA SHOW THAT SINCE 2004, MORE THAN 5,600 WILD ANIMALS HAVE BEEN ACCESSIONED INTO THE HOSPITAL ANNUALLY, WITH HIGH RATES OF ACCESSION OCCURRING BETWEEN APRIL AND AUGUST, WHEN BIRDS AND MAMMALS ARE BREEDING AND RAISING OFFSPRING. THE NUMBER OF ANIMAL PATIENT ACCESSIONS FOR THE SEASON BEGINNING IN FY15-16 IS LIKELY TO EXCEED THAT ESTIMATE. MORE THAN 475 VOLUNTEERS CURRENTLY SUPPORT THE HOSPITAL, WORKING ON-SITE OR PROVIDING PALLIATIVE HOME CARE

**4b** (Code: ) (Expenses \$ 574,625. including grants of \$ ) (Revenue \$ 275,146.)EDUCATION PROGRAMS

USING LINDSAY'S UNIQUE EDUCATIONAL, WILDLIFE AND NATURAL HISTORY RESOURCES, OUR EDUCATION DEPARTMENT COLLABORATES WITH TEACHERS, K-12 SCHOOL DISTRICTS, AND INSTITUTIONS OF HIGHER LEARNING THROUGHOUT THE GREATER BAY AREA TO PROVIDE EVIDENCED-BASED, INQUIRY-DRIVEN, EXPERIENTIAL LEARNING OPPORTUNITIES TO CHILDREN AND ADULTS. LINDSAY'S EDUCATORS DEVELOP INNOVATIVE ENVIRONMENTAL CURRICULA FOCUSED ON K-12 STUDENTS, INTEGRATING WILD ANIMALS INTO ROBUST SCIENCE, MATH AND ENVIRONMENTAL STUDIES CORE REQUIREMENTS. PROGRAMMING INCLUDES SITE-BASED EVENTS SUCH AS MINI-MONDAYS, A MONTHLY PROGRAM FOR CHILDREN AGED 2-5 YEARS, AS WELL AS THEMATIC WORKSHOPS FOR ELEMENTARY SCHOOL CHILDREN, CURRICULA FOR HOME-SCHOOLERS, AND SUMMER CAMPS. SCHOOL-BASED

**4c** (Code: ) (Expenses \$ 370,697. including grants of \$ ) (Revenue \$ )ANIMAL ENCOUNTERS

LINDSAY'S LIVE COLLECTION COMPRISES MORE THAN 50 ANIMAL AMBASSADORS - WILDLIFE THAT HAVE BEEN TOO SERIOUSLY INJURED TO BE RELEASED BACK INTO NATURAL HABITATS OR THOSE THAT HAVE BECOME SO HABITUATED TO HUMANS THAT THEIR ABILITY TO SURVIVE IN THE WILD HAS BEEN COMPROMISED. THE MEDICAL CARE AND HUSBANDRY OF LINDSAY'S ANIMAL AMBASSADORS IS REGULATED BY THE U.S. DEPARTMENT OF AGRICULTURE, U.S. FISH AND WILDLIFE SERVICE, AND THE CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE. LINDSAY HAS COMMITTED TO PROVIDING MEDICAL CARE, HOUSING, AND BEHAVIORAL ENRICHMENT FOR THESE ANIMALS FOR THE REST OF THEIR LIVES. LINDSAY IS ESPECIALLY WELL-KNOWN FOR ITS COLLECTION OF RAPTORS, OWLS AND RAVENS, AND PROVIDES "UP CLOSE AND PERSONAL" EXPERIENCES WITH SMALL MAMMALS, REPTILES, AND AMPHIBIANS.

**4d** Other program services (Describe in Schedule O.)(Expenses \$ 511,837. including grants of \$ ) (Revenue \$ 313,392.)**4e** Total program service expenses 2,075,469.

**LINDSAY WILDLIFE MUSEUM  
DBA LINDSAY WILDLIFE EXPERIENCE**

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**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)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
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? If "Yes," complete Schedule D, Part I		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>X</b>	
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? If "Yes," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
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? If "Yes," complete Schedule D, Part VI	<b>X</b>	
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? If "Yes," complete Schedule D, Part VII	<b>X</b>	
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? If "Yes," complete Schedule D, Part VIII		<b>X</b>
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? If "Yes," complete Schedule D, Part IX		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
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)? If "Yes," complete Schedule D, Part X	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
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? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
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? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
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? If "Yes," complete Schedule G, Part I		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>

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**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> 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? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

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**LINDSAY WILDLIFE MUSEUM**  
**DBA LINDSAY WILDLIFE EXPERIENCE**

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**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	25		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
<b>2a</b> 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	76		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <small>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</small>		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
<b>b</b> If "Yes," enter the name of the foreign country: _____ <small>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</small>			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> 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>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <small>Note. See the instructions for additional information the organization must report on Schedule O.</small>			
<b>b</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			
<b>c</b> Enter the amount of reserves on hand			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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**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 in Schedule O. See instructions.

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

☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.	<b>18</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>18</b>	
<b>2</b> 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?	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> 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?	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> 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 in Schedule O	<b>9</b>	<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</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?	<b>16b</b>	

**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 (or 1024 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 in Schedule O)

**19** Describe in 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: **►**  
**FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - 408-513-8703**  
**3180 NEWBERRY DRIVE, SUITE 200, SAN JOSE, CA 95118**

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**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(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			
(1) MARILYN FOWLER VICE-PRESIDENT	4.00	X		X				0.	0.	0.
(2) JAMES A. PEZZAGLIA BOARD MEMBER	2.00	X		X				0.	0.	0.
(3) ROSANNE SIINO BOARD MEMBER	2.00	X						0.	0.	0.
(4) MATT LAWSON BOARD MEMBER	2.00	X						0.	0.	0.
(5) MARC KAPLAN BOARD MEMBER	2.00	X						0.	0.	0.
(6) CHARLIE ABRAMS BOARD MEMBER	2.00	X						0.	0.	0.
(7) HOLLY ARMSTRONG BOARD MEMBER	2.00	X						0.	0.	0.
(8) STEWART BAILEY BOARD MEMBER	2.00	X						0.	0.	0.
(9) MARK E. BROWN BOARD MEMBER	2.00	X						0.	0.	0.
(10) BARNEY HOWARD BOARD MEMBER	2.00	X						0.	0.	0.
(11) NAN HUDSON BOARD MEMBER	2.00	X						0.	0.	0.
(12) DAVID SHONICK TREASURER	4.00	X						0.	0.	0.
(13) KEVIN SCHWARTZ BOARD MEMBER	2.00	X						0.	0.	0.
(14) MICHAEL STEAD BOARD MEMBER	2.00	X						0.	0.	0.
(15) MARTHA STROCK BOARD MEMBER	2.00	X						0.	0.	0.
(16) GABE TOGNERI PRESIDENT	4.00	X		X				0.	0.	0.
(17) NAN WALZ BOARD MEMBER	2.00	X						0.	0.	0.

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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)	(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	Individual trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE ROSS SECRETARY	4.00	X		X				0.	0.	0.
(19) NORMA BISHOP (RESIGNED 12/15/15) EXECUTIVE DIRECTOR	40.00			X				122,880.	0.	0.
(20) CHERYL MCCORMICK EXECUTIVE DIRECTOR	40.00			X				0.	0.	0.
<b>1b Sub-total</b>								122,880.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								122,880.	0.	0.

**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 1

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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



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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 164,087.				
	<b>c</b> Fundraising events	<b>1c</b> 173,294.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 75,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,104,554.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	151,535.				
	<b>h</b> Total. Add lines 1a-1f		1,516,935.			
<b>Program Service Revenue</b>	<b>2 a</b> EDUCATIONAL PROGRAMS	Business Code 611600	275,146.	275,146.		
	<b>b</b> MUSEUM ADMISSIONS	713990	228,945.	228,945.		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		504,091.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		29,651.			29,651.
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>Other Revenue</b>	<b>6 a</b> Gross rents	(i) Real 18,891. (ii) Personal				
	<b>b</b> Less: rental expenses	0.				
	<b>c</b> Rental income or (loss)	18,891.				
	<b>d</b> Net rental income or (loss)		18,891.			18,891.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities 300,838. (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	302,771.				
	<b>c</b> Gain or (loss)	-1,933.				
	<b>d</b> Net gain or (loss)		-1,933.			-1,933.
	<b>8 a</b> Gross income from fundraising events (not including \$ 173,294. of contributions reported on line 1c). See Part IV, line 18	a 58,051.				
	<b>b</b> Less: direct expenses	b 58,051.				
	<b>c</b> Net income or (loss) from fundraising events		0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	a 179,515.				
	<b>b</b> Less: cost of goods sold	b 95,068.				
	<b>c</b> Net income or (loss) from sales of inventory		84,447.	84,447.		
	<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11 a</b> OTHER INCOME	900099	14,543.			14,543.	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		14,543.				
<b>12</b> Total revenue. See instructions.		2,166,625.	588,538.	0.	61,152.	

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**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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	160,524.	48,157.	80,262.	32,105.
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	1,292,921.	976,828.	96,744.	219,349.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	142,334.	100,395.	21,831.	20,108.
10 Payroll taxes	107,806.	75,815.	13,268.	18,723.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	60,474.	32,933.	24,514.	3,027.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	128,847.	88,106.	18,774.	21,967.
12 Advertising and promotion	50,985.	47,324.	493.	3,168.
13 Office expenses	131,511.	46,979.	27,752.	56,780.
14 Information technology	87,216.	72,658.	12,220.	2,338.
15 Royalties				
16 Occupancy	157,774.	145,156.	7,977.	4,641.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,468.	75,485.	5,592.	3,391.
20 Interest	278.		278.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	169,232.	141,622.	27,610.	
23 Insurance	27,370.	23,962.	2,266.	1,142.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	159,079.	137,787.	19,180.	2,112.
b <b>OTHER EXPENSES</b>	96,012.	62,262.	12,916.	20,834.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,856,831.	2,075,469.	371,677.	409,685.
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 ☐ If following SOP 98-2 (ASC 958-720)

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**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
<b>Assets</b>	1 Cash - non-interest-bearing	188,262.	1	181,940.
	2 Savings and temporary cash investments	177,570.	2	1,796,831.
	3 Pledges and grants receivable, net	3,111,478.	3	29,396.
	4 Accounts receivable, net	4,404.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	51,769.	8	61,796.
	9 Prepaid expenses and deferred charges	23,592.	9	18,427.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,964,456.	10a	
	b Less: accumulated depreciation	3,005,521.	10b	
		1,772,061.	10c	1,958,935.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	769,039.	12	1,454,068.
	13 Investments - program-related. See Part IV, line 11		13	
14 Intangible assets		14		
15 Other assets. See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,098,175.	16	5,501,393.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	137,494.	17	168,004.
	18 Grants payable		18	
	19 Deferred revenue	24,199.	19	11,348.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	161,693.	26	179,352.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,306,909.	27	4,733,907.
	28 Temporarily restricted net assets	3,258,923.	28	217,484.
	29 Permanently restricted net assets	370,650.	29	370,650.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	5,936,482.	33	5,322,041.	
34 <b>Total liabilities and net assets/fund balances</b>	6,098,175.	34	5,501,393.	

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,166,625.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,856,831.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-690,206.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,936,482.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	75,765.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,322,041.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 in Schedule O.		<input checked="" type="checkbox"/>
<b>2a</b> 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	<b>2a</b>	<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>
<b>c</b> 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 in Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>	<b>X</b>
<b>b</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 in Schedule O and describe any steps taken to undergo such audits	<b>3b</b>	

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### 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

QMH No. 1545.0047

2015

**Open to Public Inspection**

Name of the organization	LINDSAY WILDLIFE MUSEUM DBA LINDSAY WILDLIFE EXPERIENCE	Employer identification number	94-6104179
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<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, 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 or 990-EZ).)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 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						



## LINDSAY WILDLIFE MUSEUM

Schedule A (Form 990 or 990-EZ) 2015 DBA LINDSAY WILDLIFE EXPERIENCE

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**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,621,902.	933,912.	1,593,749.	4,022,323.	1,469,831.	9,641,717.
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	1,621,902.	933,912.	1,593,749.	4,022,323.	1,469,831.	9,641,717.
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)						2,764,685.
6 Public support. Subtract line 5 from line 4.						6,877,032.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,621,902.	933,912.	1,593,749.	4,022,323.	1,469,831.	9,641,717.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,338.	43,691.	44,179.	25,607.	48,542.	214,357.
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.)	1,208.	14,502.	7,009.	29,537.	14,544.	66,800.
11 Total support. Add lines 7 through 10						9,922,874.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2015 (line 6, column (f) divided by line 11, column (f))	14	69.30	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	68.73	%
16a 33 1/3% support test - 2015. 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 checked="" type="checkbox"/>
b 33 1/3% support test - 2014. 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 - 2015. 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 type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. 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"/>

Schedule A (Form 990 or 990-EZ) 2015

## LINDSAY WILDLIFE MUSEUM

Schedule A (Form 990 or 990-EZ) 2015 DBA LINDSAY WILDLIFE EXPERIENCE

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 ☐

**Part IV** Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV** Supporting Organizations (continued)**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 in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

**1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

**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? 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

**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)? 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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

**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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

**3** By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) 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? 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 those activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in those activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

## LINDSAY WILDLIFE MUSEUM

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**Part V Type III Non-Functionally Integrated 508(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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	<b>Adjusted Net Income</b> (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 (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2015



## LINDSAY WILDLIFE MUSEUM

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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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015 DBA LINDSAY WILDLIFE EXPERIENCE

## Part VI

[illegible]

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

LINDSAY WILDLIFE MUSEUM  
DBA LINDSAY WILDLIFE EXPERIENCE

Employer identification number

94-6104179

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 foundationCheck 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 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

LINDSAY WILDLIFE MUSEUM

DBA LINDSAY WILDLIFE EXPERIENCE

Employer identification number

94-6104179

**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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 143,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 150,000.	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

Employer identification number

LINDSAY WILDLIFE MUSEUM  
DBA LINDSAY WILDLIFE EXPERIENCE

94-6104179

**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

Employer identification number

LINDSAY WILDLIFE MUSEUM

DBA LINDSAY WILDLIFE EXPERIENCE

94-6104179

**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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **LINDSAY WILDLIFE MUSEUM  
DBA LINDSAY WILDLIFE EXPERIENCE**

Employer identification number  
**94-6104179**

**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 8.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☒ Public exhibition  
 b ☐ Scholarly research  
 c ☒ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	870,907.	916,402.	832,862.	761,396.	713,804.
b Contributions	2,311,525.	100,000.		60.	29,921.
c Net investment earnings, gains, and losses	94,718.	49,217.	96,049.	71,398.	17,671.
d Grants or scholarships					
e Other expenditures for facilities and programs	167,000.	194,712.	12,509.		
f Administrative expenses					
g End of year balance	3,110,150.	870,907.	916,402.	832,862.	761,396.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 86.86 %  
 b Permanent endowment ☒ 11.92 %  
 c Temporarily restricted endowment ☒ 1.22 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,724,762.	1,258,610.	1,466,152.
c Leasehold improvements				
d Equipment				
e Other		2,239,694.	1,746,911.	492,783.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,958,935.

Schedule D (Form 990) 2015

## LINDSAY WILDLIFE MUSEUM

Schedule D (Form 990) 2015

DBA LINDSAY WILDLIFE EXPERIENCE

94-6104179 Page 3

**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>EQUITIES AND MUTUAL FUNDS</b>	<b>1,454,068.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>1,454,068.</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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015

## LINDSAY WILDLIFE MUSEUM

Schedule D (Form 990) 2015

DBA LINDSAY WILDLIFE EXPERIENCE

94-6104179 Page 4

**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	2,337,458.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	75,765.
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	75,765.
3	Subtract line 2e from line 1	3	2,261,693.
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	
b	Other (Describe in Part XIII.)	4b	-95,068.
c	Add lines 4a and 4b	4c	-95,068.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,166,625.

**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	2,951,899.
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	95,068.
e	Add lines 2a through 2d	2e	95,068.
3	Subtract line 2e from line 1	3	2,856,831.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,856,831.

**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 III, LINE 1A:**

INEXHAUSTIBLE COLLECTIONS INCLUDE A LIVE ANIMAL COLLECTION, A NATURAL HISTORY COLLECTION, AND OTHER ITEMS OF SIGNIFICANCE. THE LIVE ANIMAL COLLECTION IS ACQUIRED THROUGH THE APPROPRIATE CHANNELS WITH THE APPROPRIATE STATE AND FEDERAL PERMITS. ALL OTHER COLLECTION ITEMS HAVE EITHER BEEN CREATED INTERNALLY BY MUSEUM STAFF OR DONATED TO THE MUSEUM. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY SIMILAR ORGANIZATIONS AND AS ALLOWED BY ASC 958, THE MUSEUM DOES NOT CAPITALIZE ITS COLLECTION ITEMS. ACCORDINGLY, CONTRIBUTED COLLECTIONS ARE NOT RECOGNIZED AS REVENUES OR GAINS UPON RECEIPT. PURCHASED COLLECTION ITEMS ARE EXPENSED AS INCURRED. IN ACCORDANCE WITH ASC 958, ALL COLLECTION ITEMS ARE SUBJECT TO AN ORGANIZATIONAL POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF



**Part XIII** Supplemental Information (continued)

COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION.

PART III, LINE 4:

THE MUSEUM'S COLLECTIONS INCLUDE BOTH LIVE ANIMALS AND NATURAL HISTORY SPECIMENS. THE LIVE ANIMAL COLLECTION INCLUDES WILD ANIMAL SPECIES NATIVE TO CALIFORNIA AND A COLLECTION OF DOMESTIC RODENTS, RABBITS AND NON-NATIVE INSECTS AND SPIDERS. THE NATURAL HISTORY COLLECTION INCLUDES APPROXIMATELY 16,000 OBJECTS, INCLUDING ANIMAL MOUNTS, SKINS, BONES, WINGS, FEATHERS, INSECTS, SPIDERS, BOTANY, FOSSILS, GEOLOGIC SPECIMENS AND NATIVE AMERICAN ARTIFACTS. WHERE NECESSARY, PROPER DOCUMENTATION AND PERMITS ARE MAINTAINED FOR RESTRICTED ITEMS. THE LIVE ANIMAL AND NATURAL HISTORY COLLECTIONS ARE MAINTAINED AS A VITAL RESOURCE TO SUPPORT THE MUSEUM'S MISSION TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPONSIBILITY AND RESPECT FOR THE WORLD WE SHARE. THE PRIMARY PURPOSE OF THE COLLECTIONS IS EDUCATIONAL AND THE COLLECTIONS ARE USED IN EXHIBIT HALL PROGRAMMING, EDUCATIONAL CLASSES, PROGRAMS, FIELD TRIPS AND SPECIAL EVENTS. THE NATURAL HISTORY COLLECTION IS SECONDARILY USED FOR EXHIBIT PURPOSES AS WELL AS A REFERENCE FOR ARTISTS AND FOR CLASSROOM TEACHERS TO COMPLEMENT THEIR CLASSROOM CURRICULUMS.

PART V, LINE 4:

THE MUSEUM HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO OPERATIONS AND PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE MUSEUM MUST HOLD IN PERPETUITY, AS WELL AS BOARD-DESIGNATED FUNDS. UNDER THIS POLICY, AS APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS, THE ENDOWMENT FUNDS ARE INVESTED IN

**Part XIII** Supplemental Information (continued)

A MANNER THAT IS INTENDED TO PRODUCE AVERAGE ANNUAL RETURNS WHICH ARE APPROPRIATE IN LIGHT OF THE ENDOWMENT FUND'S TIME HORIZON, LIQUIDITY NEEDS, RISK TOLERANCE AND PERFORMANCE EXPECTATION.

## PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHOLD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2016 AND 2015. GENERALLY, THE EXPERIENCE'S INFORMATION RETURNS REMAIN OPEN FOR EXAMINATION FOR A PERIOD OF THREE (FEDERAL) OR FOUR (STATE OF CALIFORNIA) YEARS FROM THE DATE OF FILING.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF SALES	-95,068.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES	95,068.
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## (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

UMB No. 1545-0047

# 2015

**Open to Public Inspection**

Name of the organization **LINDSAY WILDLIFE MUSEUM**  
**DBA LINDSAY WILDLIFE EXPERIENCE**

Employer identification number  
94-6104179

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

1. <b>NAME OF THE COMPANY</b> _____ _____ _____	
2. <b>ADDRESS OF THE COMPANY</b> _____ _____ _____ _____ _____	
3. <b>NAME OF THE DIRECTOR</b> _____ _____ _____	
4. <b>NAME OF THE SECRETARY</b> _____ _____ _____	
5. <b>NAME OF THE MANAGER</b> _____ _____ _____	
6. <b>NAME OF THE CHAIRMAN</b> _____ _____ _____	
7. <b>NAME OF THE MEMBER</b> _____ _____ _____	
8. <b>NAME OF THE MEMBER</b> _____ _____ _____	
9. <b>NAME OF THE MEMBER</b> _____ _____ _____	
10. <b>NAME OF THE MEMBER</b> _____ _____ _____	
11. <b>NAME OF THE MEMBER</b> _____ _____ _____	
12. <b>NAME OF THE MEMBER</b> _____ _____ _____	
13. <b>NAME OF THE MEMBER</b> _____ _____ _____	
14. <b>NAME OF THE MEMBER</b> _____ _____ _____	
15. <b>NAME OF THE MEMBER</b> _____ _____ _____	
16. <b>NAME OF THE MEMBER</b> _____ _____ _____	
17. <b>NAME OF THE MEMBER</b> _____ _____ _____	
18. <b>NAME OF THE MEMBER</b> _____ _____ _____	
19. <b>NAME OF THE MEMBER</b> _____ _____ _____	
20. <b>NAME OF THE MEMBER</b> _____ _____ _____	

**LINDSAY WILDLIFE MUSEUM**

Schedule G (Form 990 or 990-EZ) 2015 **DBA LINDSAY WILDLIFE EXPERIENCE**

94-6104179 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>GALA</b> (event type)	(b) Event #2 <b>VA DI VI RECEPTION</b> (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	164,285.	67,060.		231,345.
	<b>2</b> Less: Contributions .....	109,859.	63,435.		173,294.
	<b>3</b> Gross income (line 1 minus line 2) .....	54,426.	3,625.		58,051.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	2,503.			2,503.
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	24,250.	290.		24,540.
	<b>8</b> Entertainment .....	4,495.	992.		5,487.
	<b>9</b> Other direct expenses .....	23,178.	2,343.		25,521.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				58,051.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					0.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

LINDSAY WILDLIFE MUSEUM

Schedule G (Form 990 or 990-EZ) 2015 DBA LINDSAY WILDLIFE EXPERIENCE

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- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

[illegible]

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **LINDSAY WILDLIFE MUSEUM**  
**DBA LINDSAY WILDLIFE EXPERIENCE** Employer identification number **94-6104179**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	189	97,104	AMOUNT RECEIVED AT S
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>PROGRAM SUPPL</u> )	X	999	54,431	ESTIMATED FAIR MARKE
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which is not required to be used for  
exempt purposes for the entire holding period?

Yes No

30a X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

32a X

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) (2015)

LINDSAY WILDLIFE MUSEUM

Schedule M (Form 990) (2015) DBA LINDSAY WILDLIFE EXPERIENCE

94-6104179

Page 2

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

LINDSAY WILDLIFE MUSEUM  
DBA LINDSAY WILDLIFE EXPERIENCE

Employer identification number

94-6104179

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

FOR INJURED, ABANDONED, AND/OR SICK WILDLIFE. THE HOSPITAL IS MANAGED BY A FULL-TIME DIRECTOR OF VETERINARY SERVICES (DVM), ASSOCIATE VETERINARIAN, VETERINARY TECHNICIANS AND INTERNS. THE HOSPITAL'S ACTIVITIES ARE REGULATED UNDER THE AUSPICES OF THE U.S. FISH AND WILDLIFE AND THE CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE. LINDSAY'S REPUTATION FOR ITS STAFF'S EXPERTISE IN TREATING AND SURGICALLY REPAIRING DELICATE FLIGHT MECHANISMS OF RAPTOR SPECIES HAS ELEVATED ITS STATUS AMONG PEER ORGANIZATIONS. WHAT WE LEARN FROM CARING FOR AND REHABILITATING OUR WILDLIFE IN THE HOSPITAL INFORMS LINDSAY'S EXHIBITS AND EDUCATIONAL PROGRAMS. LINDSAY CONTINUES TO PARTNER WITH VARIOUS RESEARCH INSTITUTIONS, INCLUDING UC DAVIS, UC BERKELEY, AND EAST BAY REGIONAL PARKS TO TRACK WILDLIFE DISEASES, ANNUAL MIGRATORY PATTERNS, AND ANTHROPOGENIC IMPACTS. DATA SHARED WITH GOVERNMENT AGENCIES AND RESEARCH INSTITUTIONS IS PUBLISHED IN PEER-REVIEWED RESEARCH PAPERS AND USED TO INFORM WILDLIFE MANAGEMENT POLICY AND PLANNING.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

PROGRAMS FOCUS ON STEM SUBJECTS THAT ENHANCE GRADE APPROPRIATE CURRICULA. FIELD-BASED CLASSES OFFER STUDENTS AN OPPORTUNITY TO VISIT AN ENDANGERED HABITAT AND LEARN FROM HANDS-ON ACTIVITIES. OUR ADULT PROGRAMS INCLUDE MONTHLY WILDLIFE SPEAKERS, NATURE HIKEs LED BY WILDLIFE EXPERTS, AND ARTISTS AND AUTHORS WHOSE WORK IS BASED ON WILDLIFE THEMES AND SUBJECT MATTER.

**LINDSAY'S INTERPRETIVE GUIDE (IG) PROGRAM IS A YEAR-ROUND EDUCATION**

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

Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-07-15

Name of the organization	LINDSAY WILDLIFE MUSEUM DBA LINDSAY WILDLIFE EXPERIENCE	Employer identification number	94-6104179
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PROGRAM THAT PROVIDES TEENS (AGES 12 - 16) AN OPPORTUNITY TO LEARN ABOUT ANIMALS AND NATURE, EXPLORE NATURE-BASED CAREER OPTIONS, CONNECT WITH PEERS WHO SHARE SIMILAR INTERESTS, AND ADOPT AN ACTIVE ROLE IN THEIR COMMUNITY. THE IG PROGRAM IS A UNIQUE OPPORTUNITY FOR TEENS TO INTERACT WITH AND PROVIDE INTERPRETIVE PROGRAMMING TO LINDSAY'S VISITORS WHILE LEARNING LIFE SKILLS WITHIN A PROFESSIONAL ORGANIZATIONAL SETTING. APPROXIMATELY 20 IG PARTICIPANTS ARE SELECTED ANNUALLY FROM A HIGHLY COMPETITIVE POOL OF CANDIDATES.

IN FY15-16, LINDSAY'S EDUCATION PROGRAMS REACHED MORE THAN 109,000 INDIVIDUALS ANNUALLY, INCLUDING 32,000 CHILDREN. BECAUSE OUR PROGRAMS ARE DESIGNED FOR BOTH CHILDREN AND ADULTS, WE ARE SUPPORTED BY THREE GENERATIONS OF VISITORS. CHILDREN WHO VISITED US WHEN WE FIRST OPENED IN 1955 CONTINUE TO VISIT WITH THEIR GRANDCHILDREN. ADDITIONALLY, LINDSAY'S YOUTH PROGRAMS LEAD TO AN INCREASED INTEREST IN STEM CAREERS, AND MANY OF GRADUATES OF THE IG PROGRAM ATTEND COLLEGE TO MAJOR IN CONSERVATION RELATED FIELDS LEADING TO PROFESSIONAL CAREERS WITHIN THOSE FIELDS.

AS AN EXPRESSION OF LINDSAY'S COMMITMENT TO PROVIDING PROGRAM OPPORTUNITIES FOR ECONOMICALLY, RACIALLY, AND ETHNICALLY DIVERSE COMMUNITIES THROUGHOUT ITS SERVICE AREA, LINDSAY INITIATED A SCHOLARSHIP PROGRAM TO PROVIDE FREE SCHOOL TOURS AND OUTREACH EVENTS FOR TITLE 1 SCHOOLS AND SPECIAL NEEDS CLASSES. GRANT-SUPPORTED SCHOLARSHIPS ALSO PROVIDE FUNDING FOR TEENAGERS TO PARTICIPATE IN LINDSAY'S YOUTH IG PROGRAM. MOREOVER, THE ORGANIZATION PROVIDES THOUSANDS OF FREE PASSES TO LIBRARIES AND COMMUNITY CENTERS TO DISTRIBUTE TO ECONOMICALLY CHALLENGED FAMILIES. LINDSAY PROVIDES DAILY

Name of the organization	LINDSAY WILDLIFE MUSEUM DBA LINDSAY WILDLIFE EXPERIENCE	Employer identification number	94-6104179
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FREE PROGRAMS FEATURING OUR ANIMAL AMBASSADORS IN LARKEY PARK, ADJACENT TO ITS FACILITY. ADDITIONALLY, WE HOST MONTHLY FREE ADMISSION DAYS (FREE FRIDAYS) TO INVITE THE COMMUNITY AT LARGE TO EXPERIENCE LINDSAY'S AMBASSADOR PROGRAMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN MARCH 2016, LINDSAY UNVEILED A NEW EXHIBIT, WHAT'S WILD-WHAT'S NOT, FEATURING DOMESTIC ANIMALS (RABBITS, GUINEA PIGS, RATS, AND BEARDED DRAGONS) THAT MAKE SUITABLE PETS, AS WELL AS DISPLAY WILD SPECIES ANALOGS (E.G., JACK RABBIT, ALLIGATOR LIZARD) THAT PEOPLE SHOULD NEVER ATTEMPT TO MAKE PETS. "WILD ANIMALS DON'T MAKE GOOD PETS, AND PETS DON'T BELONG IN THE WILD" IS A CENTRAL TENANT OF OUR MISSION AND IS THE UNDERPINNING THEME OF THE NEW EXHIBIT.

NATURAL SCIENCE COLLECTION

ACCREDITED BY AAM, LINDSAY HOUSES AN IMPRESSIVE COLLECTION OF MORE THAN 16,000 OBJECTS INCLUDING TAXIDERMY MOUNTS OF WILDLIFE SPECIMENS, NESTS, EGGS, PRESERVED PLANTS, GEOLOGICAL SPECIMENS, AND NATIVE AMERICAN ARTIFACTS. THESE OBJECTS ARE USED IN EXHIBITS AND PROGRAMS, AND ARE LOANED TO OTHER MUSEUMS, CIVIC AGENCIES, AND INSTITUTIONS FOR A MODEST FEE. THESE ITEMS ARE ALSO AVAILABLE TO TEACHERS AND STUDENTS TO USE IN THEIR CLASSES AND EDUCATIONAL WORK TO PROVIDE UNIQUE VISUAL DISPLAYS THAT "BRING THEIR TOPIC TO LIFE".

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MUSEUM OPERATIONS

LINDSAY MAINTAINS A 28,000 SF FACILITY INCLUDING AN 8,000 SF GALLERY

Name of the organization	LINDSAY WILDLIFE MUSEUM DBA LINDSAY WILDLIFE EXPERIENCE	Employer identification number	94-6104179
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WITH A COLLECTION OF NON-RELEASABLE LIVE ANIMALS (OUR "ANIMAL AMBASSADORS"); THE OLDEST AND LARGEST WILDLIFE REHABILITATION HOSPITAL IN THE COUNTRY; GALLERIES THAT HOUSE CHANGING EXHIBITIONS OF WILDLIFE ART AND SPECIAL EVENTS; CLASSROOMS; CHILDREN'S ACTIVITY AREAS; AND OUTDOOR NATIVE PLANT GARDENS. MORE THAN 75,000 ANNUAL VISITORS ARE OFFERED UNIQUE OPPORTUNITIES TO CONNECT "UP CLOSE AND PERSONAL" WITH MAJESTIC WILDLIFE WITHOUT THE BARRIER OF BARS OR CAGES. DAILY PROGRAMS MAY INCLUDE A RAPTOR OR MAMMAL FEEDING DEMONSTRATION. WITH CLOSE SUPERVISION OF STAFF, CHILDREN ARE ABLE TO TOUCH/PET SMALL DOMESTIC ANIMALS, EVEN SOME OF OUR GENTLE REPTILE WILDLIFE! LINDSAY OPERATES A MUSEUM STORE WHICH PROVIDES VISITORS WITH THE OPPORTUNITY TO PURCHASE WILDLIFE-RELATED BOOKS AND OTHER NATURE-RELATED ITEMS TO ENHANCE THEIR UNDERSTANDING OF WILDLIFE AND THEIR HABITATS. LINDSAY ALSO PROVIDES MEMBERS AND OTHERS WITH PERIODIC PRINTED PUBLICATIONS AS WELL AS MUSEUM INFORMATION THROUGH SOCIAL MEDIA.

EXPENSES \$ 511,837. INCLUDING GRANTS OF \$ 0. REVENUE \$ 313,392.

FORM 990, PART VI, SECTION A, LINE 6:  
UNDER THE GOVERNING DOCUMENTS, MEMBERS OF THE MUSEUM HAVE THE RIGHT TO PARTICIPATE IN CERTAIN OTHER GOVERNANCE ACTIVITIES. HOWEVER, NO MEMBER HAS THE RIGHT TO RECEIVE DISTRIBUTIONS OF INCOME OR ASSETS FROM THE MUSEUM. NO MEMBER MAY RECEIVE A SHARE OF THE MUSEUM'S PROFITS OR EXCESS DUES OR A SHARE OF THE MUSEUM'S NET ASSETS UPON DISPOSITION.

FORM 990, PART VI, SECTION A, LINE 7A:  
THE BYLAWS OF THE MUSEUM PROVIDE THAT DUES PAYING MEMBERS ARE ELIGIBLE TO VOTE FOR INDIVIDUALS RUNNING FOR THE BOARD OF DIRECTORS.

Name of the organization	LINDSAY WILDLIFE MUSEUM DBA LINDSAY WILDLIFE EXPERIENCE	Employer identification number	94-6104179
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FORM 990, PART VI, SECTION B, LINE 11:

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE MUSEUM'S EXECUTIVE DIRECTOR, FINANCE DIRECTOR, AND AUDIT COMMITTEE, INCLUDING CERTAIN MEMBERS OF THE BOARD OF DIRECTORS. THIS GROUP OF INDIVIDUALS THEN DISCUSSES THE CONTENTS OF THE RETURN WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE MUSEUM'S VOTING BODY PRIOR TO FILING.

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

NO INTERESTED PERSON OF THE MUSEUM SHALL PARTICIPATE IN MAKING OR ATTEMPTING TO INFLUENCE A DECISION IN WHICH HE OR SHE HAS A REAL OR POTENTIAL FINANCIAL INTEREST. A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL (INCLUDING EMPLOYEES AND VOLUNTEERS) AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE MUSEUM SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE MUSEUM'S POLICIES AND PROCEDURES.

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

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF CERTAIN HIGH-LEVEL PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND

Name of the organization **LINDSAY WILDLIFE MUSEUM**  
**DBA LINDSAY WILDLIFE EXPERIENCE**

Employer identification number  
**94-6104179**

TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND THE MUSEUM'S POLICIES AND  
PROCEDURES. THE COMPENSATION OF OTHER EMPLOYEES IS REVIEWED PERIODICALLY  
BY A MEMBER OF MANAGEMENT. EFFORTS ARE MADE TO SECURE COMPENSATION DATA  
FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND  
APPROPRIATENESS OF SALARIES AND ALL RELATED BENEFITS. ALL DECISIONS ARE  
THEN DOCUMENTED IN THE APPROPRIATE PERSONNEL FILES.

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

THE MUSEUM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL  
STATEMENTS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR  
INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC AT THE MUSEUM'S OFFICE  
IN WALNUT CREEK, CA. TAX RETURNS ARE ALSO POSTED ANNUALLY TO  
WWW.GUIDESTAR.COM.

FORM 990, PART XII, LINE 2C:

THE EXPERIENCE'S OVERSIGHT PROCESS OF THE AUDIT OF ITS FINANCIAL  
STATEMENTS AND THE SELECTION OF ITS INDEPENDENT ACCOUNTANTS IS  
UNCHANGED IN THE CURRENT YEAR FROM THE PRIOR YEAR.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Excl.	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FREEZER - TRAUlsen (REACH-IN, 3)	0131113SL		15.00	17	5,864.			5,864.	1,034.		391.
2	SAMSUNG DIGITAL REDIOGRAPHY	1231112SL		10.00	17	68,829.			68,829.	17,781.		6,883.
3	FRIGIDAIRE PROFESSIONAL REFRIG	092712SL		5.00	17	1,599.			1,599.	906.		320.
4	AAE AVIARIES-FALCONS MIDMARK M11	0531112SL		5.00	17	13,466.			13,466.	8,528.		2,693.
5	SULTRACLAIVE STE	0101112SL		5.00	17	3,512.			3,512.	3,512.		0.
6	LIGHT CENTRY DC-MT TREATMENT	053011SL		5.00	17	2,650.			2,650.	2,208.		442.
7	WASHER-CONTINENTAL BAIR HUGGER-WARMING	0531109SL		5.00	17	9,802.			9,802.	9,802.		0.
8	SUNIT VET SCAN CHEMISTRY	0131109SL		5.00	17	1,099.			1,099.	1,099.		0.
9	ANALYZER	1231108SL		5.00	17	7,592.			7,592.	7,592.		0.
10	SONG BIRD AVIARY	1231108SL		5.00	17	9,188.			9,188.	9,188.		0.
11	DISHWASHER-COMMERCI AL	093008SL		5.00	17	6,239.			6,239.	6,239.		0.
12	ENDOSCOPIC SYSTEM	022908SL		5.00	17	21,694.			21,694.	21,694.		0.
13	LIGHT SOURCE FOR ARTHOSCOPE	0731103SL		5.00	17	2,500.			2,500.	2,500.		0.
14	PULSE OXIMETER	073098SL		5.00	17	1,581.			1,581.	1,581.		0.
15	SNAKE STEP PET EDUCATION	033196SL		5.00	17	2,285.			2,285.	2,285.		0.
16	ENCLOSURE MICROSCOPE	093003SL		5.00	17	6,035.			6,035.	6,035.		0.
17	(DONATED)	073094SL		5.00	17	3,225.			3,225.	3,225.		0.
18	ENVIROSCOPE (JT&A)	093096SL		5.00	17	1,085.			1,085.	1,085.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	I-STAT PORTABEL CLINICAL ANAL	123103SL		5.00	17	4,541.			4,541.	4,541.		0.
20	VET TRAILER	043004SL		5.00	17	119,332.			119,332.	119,332.		0.
21	SHORE LINE CAGES	073093SL		5.00	17	13,768.			13,768.	13,768.		0.
22	OUTSIDE ENCLOSURE	103101SL		5.00	17	2,082.			2,082.	2,082.		0.
23	LC-OCTAGON AVIARY LC-KESTREL	063001SL		5.00	17	2,540.			2,540.	2,540.		0.
24	ENCLOSURE 4'X5'X8'	063002SL		5.00	17	1,632.			1,632.	1,632.		0.
25	LC-5 ADDTN'L PANELS	103104SL		5.00	17	1,203.			1,203.	1,203.		0.
26	LARGE REHAB AVIARY ELLMAN INTN'L	043004SL		5.00	17	25,040.			25,040.	25,040.		0.
27	ELECTRO SURGERY	093096SL		5.00	17	2,250.			2,250.	2,250.		0.
28	EKG MACHINE	053103SL		5.00	17	1,817.			1,817.	1,817.		0.
29	COMMERCIAL DRYER	053104SL		5.00	17	9,160.			9,160.	9,160.		0.
30	COLD STORAGE WALK IN FREEZER	073193SL		5.00	17	8,542.			8,542.	8,542.		0.
31	AQUARIUM CHILLER (GLACIER CORP)	073196SL		5.00	17	563.			563.	563.		0.
32	ANESTHESIA MACHINE-CO2	013106SL		5.00	17	3,033.			3,033.	3,033.		0.
33	ANESTHESIA MACHINE	033002SL		5.00	17	3,052.			3,052.	3,052.		0.
34	ANESTHESIA MACHINE	022803SL		5.00	17	2,593.			2,593.	2,593.		0.
35	ANESTHESIA MACHINE	103104SL		5.00	17	2,429.			2,429.	2,429.		0.
36	2-MAMMAL PENS-LIVE COLLE	022805SL		5.00	17	49,283.			49,283.	49,283.		0.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	EXHIBIT HALL REDESIGN 13-14 SOUND SYSTEM FOR ANIMAL ACT	063014SL	3.00	17	17	17,080.			17,080.	5,693.		5,693.
38	EXHIBIT HALL REDESIGN 12-13 EXHIBIT HALL	113012SL	3.00	17	17	2,070.			2,070.	1,840.		230.
39	EXHIBIT HALL REDESIGN 11-12 #2 EXHIBIT HALL	063013SL	5.00	17	17	135,292.			135,292.	9,092.		4,364.
40	EXHIBIT HALL REDESIGN 11-12 #1 EXHIBIT HALL	063012SL	5.00	17	17	2,401.			2,401.	238.		77.
41	EXHIBIT HALL REDESIGN 10-11 EXHIBIT HALL	123111SL	5.00	17	17	321,051.			321,051.	37,111.		10,356.
42	EXHIBIT HALL REDESIGN 09-10 EXHIBIT HALL	063011SL	5.00	17	17	398,034.			398,034.	52,429.		12,840.
43	EXHIBIT HALL REDESIGN 08-09 EXHIBIT HALL	063010SL	5.00	17	17	53,055.			53,055.	8,699.		1,711.
44	EXHIBIT HALL REDESIGN 07-08 EXHIBIT HALL	063009SL	5.00	17	17	34,781.			34,781.	6,825.		1,122.
45	EXHIBIT HALL REDESIGN 06-07 EXHIBIT HALL	063008SL	5.00	17	17	159,168.			159,168.	36,369.		5,134.
46	EXHIBIT HALL REDESIGN 06-07 EXHIBIT HALL	063007SL	5.00	17	17	48,330.			48,330.	12,602.		1,559.
47	TOUR GUIDE SYSTEM	073101SL	5.00	17	17	15,000.			15,000.	15,000.		0.
48	STAIRCASE	123100SL	5.00	17	17	117,763.			117,763.	52,626.		3,798.
49	SOUND SYSTEM	022801SL	5.00	17	17	3,429.			3,429.	3,429.		0.
50	MEMORIAL WALL	083002SL	15.00	17	17	1,750.			1,750.	1,507.		117.
51	MASTER PLAN	113006SL	10.00	17	17	123,529.			123,529.	107,059.		12,353.
52	EXHIBIT HALL MEMORIAL WALL	013195SL	5.00	17	17	1,390,025.			1,390,025.	914,228.		45,551.
53	HEADER DRAGON/FROG CIRCLE	123102SL	15.00	17	17	72.			72.	61.		5.
54	OF LIFE STATUE	083101SL	10.00	17	17	7,790.			7,790.	7,790.		0.

## 2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	CANYON DESIGN	093014SL		10.00	17	3,735.			3,735.	280.		374.
56	CANYON DESIGN	103114SL		10.00	17	39,744.			39,744.	2,649.		3,974.
57	CANYON DESIGN	113014SL		10.00	17	14,333.			14,333.	955.		1,433.
58	CANYON DESIGN BUILD	083114SL		10.00	17	1,727.			1,727.	115.		173.
59	K BUTLER ELECTRIC	060115SL		10.00	17	1,300.			1,300.	11.		130.
60	KEEPING IT WILD EXHIBIT	033108SL		5.00	17	67,086.			67,086.	67,086.		0.
61	HISTORY EXHIBIT	022805SL		5.00	17	28,252.			28,252.	28,252.		0.
62	EXHIBITS	093014SL		3.00	17	1,644.			1,644.	411.		548.
63	EXECUTIVE "U" DESK	013199SL		7.00	17	1,500.			1,500.	1,500.		0.
64	CORPORATE INTER.	123193SL		7.00	17	16,301.			16,301.	16,301.		0.
65	CORPORATE INTER.	073193SL		7.00	17	16,199.			16,199.	16,199.		0.
66	FURNITURE	063098SL		7.00	17	1,155.			1,155.	1,155.		0.
67	1998 ADDITIONS - IG											
68	SHELVES	043011SL		3.00	17	3,000.			3,000.	3,000.		0.
69	TURTLE SCULPTURE	033103SL		10.00	17	2,165.			2,165.	2,165.		0.
70	POLAR BEAR	073109SL		5.00	17	1,460.			1,460.	1,460.		0.
71	SCULPTURE											
72	LIGHT POLE 10' & OUTDOOR	063009SL		5.00	17	1,218.			1,218.	1,218.		0.
73	CLASSROOM-FY08-09-S											
74	OUTDOOR CLASSROOM	063008SL		5.00	17	2,652.			2,652.	2,652.		0.
75	PAINTINGS											
76	GARDEN											
77	PROJECT/OUTDOOR CLAI	113006SL		10.00	17	31,385.			31,385.	27,204.		3,139.

528102  
04-01-15

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

42.4

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	LANDSCAPING	123119	SL	10.00	17	263,179.			263,179.	263,179.		0.
74	ELEVATOR CONTROL VALVE	012214	SL	10.00	17	4,556.			4,556.	684.		456.
75	HVAC - AC-3 NEW COMPRESS	063013	SL	7.00	17	10,728.			10,728.	3,193.		1,533.
76	FIRE ALARM SYSTEM	093011	SL	10.00	17	7,738.			7,738.	2,967.		774.
77	DOUBLE METAL DOORS	043011	SL	10.00	17	3,025.			3,025.	1,286.		303.
78	LIGHTING SYSTEM	083108	SL	5.00	17	7,505.			7,505.	7,505.		0.
79	RAPTOR ARBORS STEEL TRELLIS	113096	SL	5.00	17	2,326.			2,326.	1,396.		75.
80	NEW OUTSIDE DOOR FOR PUMP	083001	SL	7.00	17	3,146.			3,146.	3,146.		0.
81	ICU & TREATMENT CORIAN COUNTER	033103	SL	7.00	17	7,690.			7,690.	7,690.		0.
82	HVAC UPGRADE TO FC-2	063003	SL	7.00	17	5,020.			5,020.	5,020.		0.
83	WINDOW COVERS FOR HOSPITAL	063001	SL	7.00	17	2,085.			2,085.	2,085.		0.
84	WATER HEATER	083005	SL	10.00	17	6,200.			6,200.	6,148.		52.
85	TRIBUTE BRICK WALL	103196	SL	5.00	17	8,625.			8,625.	5,201.		278.
86	THREE EVAP COOLER MOTORS	103100	SL	7.00	17	6,850.			6,850.	6,850.		0.
87	TELECOMMUNICATIONS WIRING	033197	SL	5.00	17	4,622.			4,622.	2,737.		149.
88	SIGNAGE	033197	SL	5.00	17	575.			575.	339.		19.
89	PUMP HOUSE CORNICE GUTTERS	073005	SL	7.00	17	6,750.			6,750.	6,750.		0.
90	HVAC UPGRADE TO AC #2 & A	083102	SL	7.00	17	14,350.			14,350.	14,350.		0.

## 2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	HVAC - AC-4 NEW COMPRESS	073006SL		10.00	17	6,617.			6,617.	5,956.		661.
92	HVAC - AC-1 REBUILT SUPPLY	043006SL		10.00	17	4,888.			4,888.	4,521.		367.
93	EXHIBIT HALL SIGN COUNTER/REGISTER	093096SL		5.00	17	1,372.			1,372.	831.		44.
94	STAND COUNTER/REGISTER	053102SL		7.00	17	215.			215.	215.		0.
95	STAND	043002SL		7.00	17	2,583.			2,583.	2,583.		0.
96	CORP YARD PROJECT BIRDROOM CORIAN	043004SL		7.00	17	378,996.			378,996.	378,996.		0.
97	COUNTERTOPS	033104SL		7.00	17	2,740.			2,740.	2,740.		0.
98	BACKFLOW PREVENTION DEVICES	073103SL		7.00	17	3,195.			3,195.	3,195.		0.
99	ANIMAL KITCHEN CORIAN COUNTER	043003SL		7.00	17	5,420.			5,420.	5,420.		0.
100	2-PGC CONTROLLERS MONITOR	022802SL		7.00	17	9,775.			9,775.	9,775.		0.
101	FLOOR SINK - LAUNDRY ROOM	033197SL		7.00	17	1,868.			1,868.	1,868.		0.
102	PHASE I-III ACOUSTICAL WORK	103196SL		5.00	17	46,842.			46,842.	28,988.		1,511.
103	EXHIBIT FAN FOR DRYER	053103SL		5.00	17	2,121.			2,121.	2,121.		0.
104	PHASE WIRING AND OUTLETS-HVAC	022897SL		5.00	17	500.			500.	295.		16.
105	MINERAL RIGHTS 640 ACRES	093012SL		5.00	17	1.			1.	1.		0.
106	AXCESS 550.5232 VS VOICE	010814SL		5.00	17	1,599.			1,599.	1,200.		320.
107	DELL OPTIPLEX 3010 DESKTOP	063013SL		5.00	17	822.			822.	822.		0.
108	DELL OPTIPLEX 3010 DESKTOP	063013SL		5.00	17	821.			821.	822.		-1.

529\*02  
04.01.15

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

42.6

## 2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost or Basis	Bus. % Excl.	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
109	DELL OPTIPLEX 3010 DESKTOP	053113SL		5.00	17	886.			886.	886.		0.
110	DELL OPTIPLEX 3010 DESKTOP	053113SL		5.00	17	886.			886.	886.		0.
111	STOVE & REFRIGERATOR	073193SL		7.00	17	1,000.			1,000.	1,000.		0.
112	HOST VIRTUAL SERVER HP LJ P4015X	073111SL		5.00	17	3,920.			3,920.	3,136.		784.
113	PRINTER HP LJ P4014DN	083110SL		5.00	17	2,206.			2,206.	2,169.		37.
114	PRINTER DELL VOST 200 MINI	033110SL		5.00	17	1,263.			1,263.	1,263.		0.
115	TOWER W/KEYBOARD WENZSCOPE EASY-VIEW	073108SL		5.00	17	630.			630.	630.		0.
116	MICRO BLACKBAUD RAISERS	073108SL		5.00	17	2,937.			2,937.	2,937.		0.
117	EDGE LAPTOP-IMB THINK	073108SL		10.00	17	3,548.			3,548.	2,485.		355.
118	PAD WENTZSCOPE	053108SL		3.00	17	1,422.			1,422.	1,422.		0.
119	EASY-VIEW MICRO WENTZSCOPE	043008SL		3.00	17	2,937.			2,937.	2,937.		0.
120	EASY-VIEW MICRO	043008SL		3.00	17	2,936.			2,936.	2,936.		0.
121	SMALL FORM DELL OPTIPLEX 320	103107SL		3.00	17	865.			865.	865.		0.
122	SMALL FORM DELL OPTIPLEX 320	103107SL		3.00	17	865.			865.	865.		0.
123	SMALL FORM DELL OPTIPLEX 320	103107SL		3.00	17	865.			865.	865.		0.
124	SMALL FORM DELL OPTIPLEX 320	103107SL		3.00	17	865.			865.	865.		0.
125	SMALL FORM DELL OPTIPLEX 320	103107SL		3.00	17	865.			865.	865.		0.
126	SMALL FORM DELL OPTIPLEX 320	103107SL		3.00	17	865.			865.	865.		0.

225102  
04-01-15

(D). Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
127	THINKCENTER M52	043007SL		3.00	17	2,149.			2,149.	2,149.		0.
128	KONICA MINOLTA COPIER	040107SL		3.00	17	10,980.			10,980.	10,980.		0.
129	SERVER INTEL PIII600 SYSTEM	031001SL		3.00	17	3,474.			3,474.	3,474.		0.
130	SARE BF1716 (TRSF THRIFT SHOP)	043002SL		3.00	17	1,270.			1,270.	1,270.		0.
131	RETAIL PRO POINT OF SALE	053107SL		10.00	17	19,433.			19,433.	15,871.		1,943.
132	OMNI CEILING LIGHT INTEL CELERON 500	073093SL		3.00	17	1,583.			1,583.	1,583.		0.
133	MHZ COMP HP LASERJET 4PLUS	042700SL		3.00	17	1,725.			1,725.	1,725.		0.
134	PRINTER HP LASERJET 2420DN	013199SL		3.00	17	1,500.			1,500.	1,500.		0.
135	PRINTER HP LASERJET 2420DN	083006SL		3.00	17	660.			660.	660.		0.
136	PRINTER HP LASERJET 2420DN	083006SL		3.00	17	660.			660.	660.		0.
137	PRINTER HP LASERJET 1022	083006SL		3.00	17	660.			660.	660.		0.
138	PRINTER	083006SL		3.00	17	195.			195.	195.		0.
139	GOOD GUYS TV VCR GATEWAY LAPTOP	073093SL		3.00	17	4,580.			4,580.	4,580.		0.
140	COMPUTER DELLCOMP 500,JZ	083003SL		3.00	17	2,055.			2,055.	2,055.		0.
141	128K DELL POWER EDGE	100199SL		3.00	17	1,420.			1,420.	1,420.		0.
142	SERVER DELL POWER EDGE	110606SL		3.00	17	1,867.			1,867.	1,867.		0.
143	SERVER DELL POWER EDGE	110606SL		3.00	17	1,867.			1,867.	1,867.		0.
144	SERVER DELL POWER EDGE	110606SL		3.00	17	1,868.			1,868.	1,868.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
145	DELL OPTIPLEX GX620 ULTRA	11/15/06	SL	3.00	17	926.			926.	926.		0.
146	DELL OPTIPLEX GX620 ULTRA	11/15/06	SL	3.00	17	925.			925.	925.		0.
147	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
148	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
149	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	845.			845.	845.		0.
150	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
151	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
152	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	845.			845.	845.		0.
153	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
154	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
155	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	845.			845.	845.		0.
156	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
157	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
158	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	845.			845.	845.		0.
159	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00	17	844.			844.	844.		0.
160	DELL OPTIPLEX 210L-SMALL	11/06/06	SL	3.00	17	1,218.			1,218.	1,218.		0.
161	DELL OPTIPLEX 210L-SMALL	11/06/06	SL	3.00	17	1,174.			1,174.	1,174.		0.
162	DELL COMPUTER (SUZIE'S OLD)	11/30/95	SL	3.00	17	2,402.			2,402.	2,402.		0.

Asset No.	Description.	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
163	EDGE BLACKBAUD RAISERS	043007SL	SL	10.00	17	8,795.			8,795.	7,257.		880.
164	EDGE BLACKBAUD FINANCIAL	022807SL	SL	10.00	17	16,445.			16,445.	13,834.		1,645.
165	AMSEC SAFE	053000SL	SL	5.00	17	1,191.			1,191.	1,191.		0.
166	ACCPAC 2000 ACCT SOFTWARE	103195SL	SL	3.00	17	2,523.			2,523.	2,523.		0.
167	IBM PC W/MONITOR	083105SL	SL	3.00	17	1,178.			1,178.	1,178.		0.
168	HEWLETT PACKARD 8150 PRINTER	053103SL	SL	3.00	17	1,999.			1,999.	1,999.		0.
169	INTER-TEL PHONE SYSTEM	093003SL	SL	7.00	17	83,026.			83,026.	83,026.		0.
170	COMPUTER EQUIPMENT (THEATER IMPROVEMENT)	103114SL	SL	3.00	17	10,500.			10,500.	2,625.		3,500.
171	COMPUTER EQUIPMENT (THEATER IMPROVEMENT)	123114SL	SL	3.00	17	8,175.			8,175.	1,590.		2,725.
172	COMPUTER EQUIPMENT	013115SL	SL	3.00	17	3,512.			3,512.	585.		1,171.
173	WEBSITE	050115SL	SL	3.00	17	17,144.			17,144.	953.		5,715.
174	IPAD FOR EDUCATION	060215SL	SL	3.00	17	2,265.			2,265.	63.		755.
175	2002 FORD WINDSTAR VAN	053107SL	SL	5.00	17	3,380.			3,380.	3,380.		0.
176	1999 TOYOTA TRUCK	083199SL	SL	5.00	17	20,963.			20,963.	20,963.		0.
177	EXHIBITS	040116SL	SL	5.00	19B	304,262.			304,262.			15,213.
178	EXHIBIT IN PROGRESS	063016		.000	16	34,331.			34,331.			0.
179	OBSERVATION WINDOWS	090115SL	SL	7.00	19C	6,820.			6,820.			853.
180	COMPUTER EQUIPMENT	102715SL	SL	3.00	19A	1,300.			1,300.			271.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus. % Exc.	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
181	APPLIANCE	11/30/15	SL	5.00	19B	4,521.			4,521.			565.
182	APPLIANCE	08/30/15	SL	5.00	19B	4,872.			4,872.			853.
	* TOTAL 990 PAGE 10 DEPR					4,964,456.		0.	4,964,456.	2,836,289.	0.	169,232.
	CURRENT ACTIVITY											
	BEGINNING BALANCE					4,608,350.		0.	4,608,350.	2,836,289.		
	ACQUISITIONS					356,106.		0.	356,106.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					4,964,456.		0.	4,964,456.	2,836,289.		
	ENDING ACCUM DEPR									3,005,521.		
	ENDING BOOK VALUE									1,958,935.		

# Depreciation and Amortization

(Including Information on Listed Property)

990

OMB No. 1545-0172

2015

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (990)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

Business or activity to which this form relates

Identifying number

LINDSAY WILDLIFE MUSEUM  
DBA LINDSAY WILDLIFE EXPERIENCE

FORM 990 PAGE 10

94-6104179

## 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	500,000.
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	2,000,000.
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 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

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

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

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

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

### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	151,477.
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		

### Section B - Assets Placed in Service During 2015 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		1,300.	3 YRS.	MQ	SL	271.
b 5-year property		313,655.	5 YRS.	MQ	SL	16,631.
c 7-year property		6,820.	7 YRS.	MQ	SL	853.
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 2015 Tax Year Using the Alternative Depreciation System

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

## Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	169,232.
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	

**LINDSAY WILDLIFE MUSEUM  
DBA LINDSAY WILDLIFE EXPERIENCE**

Form 4562 (2015)

94-6104179 Page 2

**Part V** Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See 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
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>26</b>	

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			SL			
		%			SL			
		%			SL			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

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

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

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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2015 tax year:					
<b>43</b> Amortization of costs that began before your 2015 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

- **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**  
• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐ **I**

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. <b>LINDSAY WILDLIFE MUSEUM DBA LINDSAY WILDLIFE EXPERIENCE</b>	Employer identification number (EIN) or <b>94-6104179</b>
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. <b>1931 FIRST AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WALNUT CREEK, CA 94597</b>	

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 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

## **FINANCIAL ADMINISTRATIVE SUPPORT SERVICES**

- The books are in the care of ► **3180 NEWBERRY DRIVE, SUITE 200 - SAN JOSE, CA 95118**  
Telephone No. ► **408-513-8703** Fax No. ► ☐  
• If the organization does not have an office or place of business in the United States, check this box ☐  
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year ☐ or  
► ☒ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

- 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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>0.</b>
<b>b</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.	<b>3b</b>	\$ <b>0.</b>
<b>c</b> 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.	<b>3c</b>	\$ <b>0.</b>

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