

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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	C Name of organization LINDSAY WILDLIFE MUSEUM Doing business as LINDSAY WILDLIFE EXPERIENCE Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1931 FIRST AVENUE City or town, state or province, country, and ZIP or foreign postal code WALNUT CREEK, CA 94597 F Name and address of principal officer: LOU EBER SAME AS C ABOVE	D Employer identification number 94-6104179 E Telephone number (925) 935-1978 G Gross receipts \$ 2,710,574. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.LINDSAYWILDLIFE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1955		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPECT FOR THE WORLD WE SHARE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	67
6	Total number of volunteers (estimate if necessary)	6	509
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,592,419.	Current Year 1,475,329.
	9 Program service revenue (Part VIII, line 2g)	456,469.	567,485.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,144.	63,596.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,289.	111,701.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,218,321.	2,218,111.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,661,745.	1,788,927.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,078.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,017,716.	1,140,597.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,679,461.	2,929,524.
19 Revenue less expenses. Subtract line 18 from line 12	-461,140.	-711,413.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,193,501.	End of Year 4,655,836.
	21 Total liabilities (Part X, line 26)	208,828.	211,981.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,984,673.	4,443,855.

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.

Sign Here	Signature of officer LOU EBER, TREASURER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name JOHN BOVARD MIRON	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01358141
	Firm's name ▶ QUIGLEY & MIRON	Firm's EIN ▶ 32-0530003	Firm's address ▶ 3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010		
					Phone no. (213) 639-3550

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOUNDED IN 1955, LINDSAY'S MISSION IS TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPONSIBILITY AND RESPECT FOR THE WORLD WE SHARE. LINDSAY 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 [X] 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 [X] 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 \$ 648,550. including grants of \$) (Revenue \$ 259,195.)
EDUCATION AND EXHIBITS-
EDUCATION PROGRAMS - LINDSAY'S EDUCATION DEPARTMENT CREATE WILDLIFE AND ENVIRONMENTAL PROGRAMS THAT ARE INQUIRY-BASED, HANDS-ON, MULTI-SENSORY, AND UNIQUELY INTIMATE. OPPORTUNITIES EXIST FOR GUESTS OF ALL AGES, EDUCATIONAL LEVELS, AND ABILITIES. BY FOCUSING ON THE DIVERSITY OF GUESTS' INTERESTS, LINDSAY SPARKS INTEREST IN THE BIOLOGICAL SCIENCES, CRITICAL THINKING, AND CONSERVATION FOR THOUSANDS OF LIFELONG LEARNERS. DESCRIPTIONS OF SELECT EDUCATIONAL PROGRAMS AND FEATURES ARE PROVIDED BELOW.

EXHIBIT HALL AND DAILY PROGRAMS-THE MAJOR FEATURES ENJOYED BY NEARLY 100,000 MUSEUM GUESTS ANNUALLY ARE TWELVE INDOOR EXHIBIT SPACES, TWO
4b (Code:) (Expenses \$ 578,090. including grants of \$) (Revenue \$)
WILDLIFE REHABILITATION-
AS ONE OF THE FIRST FORMALLY ESTABLISHED WILDLIFE REHABILITATION CENTERS IN THE NATION, LINDSAY'S WILDLIFE REHABILITATION HOSPITAL HAS SERVED AS A BEST-PRACTICE MODEL FOR WILDLIFE TREATMENT CENTERS THROUGHOUT THE WORLD. SINCE 1970, WE HAVE TREATED AND RELEASED MORE THAN 116,000 NATIVE CALIFORNIA WILD ANIMALS, COMPRISING OVER 200 SPECIES, BACK INTO NATURAL HABITATS. 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 SPANNING FY17-18 EXCEEDED THAT ESTIMATE. MORE THAN 300 VOLUNTEERS CURRENTLY SUPPORT THE HOSPITAL,

4c (Code:) (Expenses \$ 259,942. including grants of \$) (Revenue \$)
ANIMAL ENCOUNTERS
LINDSAY'S LIVE COLLECTION COMPRISES MORE THAN 60 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 \$ 702,814. including grants of \$) (Revenue \$ 380,978.)

4e Total program service expenses 2,189,396.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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

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) ROSANNE SIINO PRESIDENT	4.00	X		X				0.	0.	0.
(2) JULIE ROSS SECRETARY	4.00	X		X				0.	0.	0.
(3) DAVID SHUNICK TREASURER	4.00	X		X				0.	0.	0.
(4) LOU EBER BOARD MEMBER	2.00	X						0.	0.	0.
(5) MARILYN FOWLER BOARD MEMBER	2.00	X						0.	0.	0.
(6) NAN HUDSON BOARD MEMBER (RESIGNED 7/2017)	2.00	X						0.	0.	0.
(7) LAURA J. JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
(8) MARC KAPLAN BOARD MEMBER	2.00	X						0.	0.	0.
(9) MATT LAWSON BOARD MEMBER	2.00	X						0.	0.	0.
(10) ELIZABETH MCWHORTER, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(11) RYAN MISASI BOARD MEMBER	2.00	X						0.	0.	0.
(12) ROGER PETTEY BOARD MEMBER (RESIGNED 10/2017)	2.00	X						0.	0.	0.
(13) JIM PEZZAGLIA BOARD MEMBER	2.00	X						0.	0.	0.
(14) JEREMY SEYMOUR BOARD MEMBER	2.00	X						0.	0.	0.
(15) HEATHER STEAD BOARD MEMBER	2.00	X						0.	0.	0.
(16) GABE TOGNERI BOARD MEMBER	2.00	X						0.	0.	0.
(17) NAN WALZ BOARD MEMBER (RESIGNED 9/2017)	2.00	X						0.	0.	0.

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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHERYL MCCORMICK EXECUTIVE DIRECTOR	40.00			X				146,303.	0.	13,543.
1b Sub-total								146,303.	0.	13,543.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								146,303.	0.	13,543.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	241,872.				
	c Fundraising events	1c	113,806.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	82,561.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,037,090.				
	g Noncash contributions included in lines 1a-1f: \$		159,309.				
	h Total. Add lines 1a-1f		1,475,329.				
Program Service Revenue	2 a MUSEUM ADMISSIONS	Business Code 713990	308,290.	308,290.			
	b EDUCATIONAL PROGRAMS	611600	259,195.	259,195.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		567,485.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		52,098.			52,098.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	24,866.				
		(ii) Personal					
		Less: rental expenses	0.				
	c Rental income or (loss)		24,866.				
	d Net rental income or (loss)		24,866.			24,866.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	309,839.				
		(ii) Other					
		Less: cost or other basis and sales expenses	298,341.				
		c Gain or (loss)	11,498.				
	d Net gain or (loss)		11,498.			11,498.	
	8 a Gross income from fundraising events (not including \$ 113,806. of contributions reported on line 1c). See Part IV, line 18	a	74,800.				
b Less: direct expenses		74,800.					
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	192,010.					
	b Less: cost of goods sold	119,322.					
	c Net income or (loss) from sales of inventory		72,688.	72,688.			
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	14,147.			14,147.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		14,147.					
12 Total revenue. See instructions.		2,218,111.	640,173.	0.	102,609.		

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	159,517.	47,855.	31,904.	79,758.
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	1,397,248.	1,080,029.	190,951.	126,268.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,284.	3,382.	2,902.	
9 Other employee benefits	112,856.	60,359.	48,603.	3,894.
10 Payroll taxes	113,022.	82,415.	16,106.	14,501.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	54,448.	49,003.	3,267.	2,178.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,806.		10,806.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	251,966.	210,804.	32,171.	8,991.
12 Advertising and promotion	39,431.	39,431.		
13 Office expenses	161,055.	92,788.	14,264.	54,003.
14 Information technology				
15 Royalties				
16 Occupancy	159,527.	144,631.	8,938.	5,958.
17 Travel	17,387.	10,137.	5,092.	2,158.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	206,335.	178,175.	28,160.	
23 Insurance	28,620.	25,770.	1,710.	1,140.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	152,079.	115,819.	22,715.	13,545.
b ANIMAL HUSBANDRY	43,927.	43,864.	63.	
c OTHER EXPENSES	9,088.	3,649.	5,234.	205.
d ALLIANCE	4,479.			4,479.
e All other expenses	1,449.	1,285.	164.	
25 Total functional expenses. Add lines 1 through 24e	2,929,524.	2,189,396.	423,050.	317,078.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	241,311.	1	239,911.
	2 Savings and temporary cash investments	675,002.	2	308,672.
	3 Pledges and grants receivable, net	42,400.	3	39,580.
	4 Accounts receivable, net		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	39,291.	8	38,659.
	9 Prepaid expenses and deferred charges	11,560.	9	17,889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,119,245.		
	b Less: accumulated depreciation	10b 3,426,426.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,329,558.	12	2,318,306.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,193,501.	16	4,655,836.	
Liabilities	17 Accounts payable and accrued expenses	204,680.	17	211,381.
	18 Grants payable		18	
	19 Deferred revenue	4,148.	19	600.
	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 Total liabilities. Add lines 17 through 25	208,828.	26	211,981.
Net Assets or Fund Balances	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	4,315,391.	27	3,877,537.
	28 Temporarily restricted net assets	298,632.	28	195,668.
	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 Total net assets or fund balances	4,984,673.	33	4,443,855.
34 Total liabilities and net assets/fund balances	5,193,501.	34	4,655,836.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,218,111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,929,524.
3	Revenue less expenses. Subtract line 2 from line 1	3	-711,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,984,673.
5	Net unrealized gains (losses) on investments	5	170,595.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,443,855.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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?		X
3b	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		

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,802,023.	4,251,018.	1,503,764.	1,592,419.	1,475,529.	10,624,753.
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	1,802,023.	4,251,018.	1,503,764.	1,592,419.	1,475,529.	10,624,753.
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)						2,613,913.
6 Public support. Subtract line 5 from line 4.						8,010,840.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,802,023.	4,251,018.	1,503,764.	1,592,419.	1,475,529.	10,624,753.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	66,268.	25,607.	48,542.	76,567.	76,964.	293,948.
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.)	7,009.	23,482.	14,543.	14,451.	14,147.	73,632.
11 Total support. Add lines 7 through 10						10,992,333.
12 Gross receipts from related activities, etc. (see instructions)					12	3,206,676.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	72.88 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	71.75 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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 .		

Section B. Type I Supporting Organizations

	Yes	No
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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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 these 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 these 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.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

OMB No. 1545-0047

2017

Name of the organization

LINDSAY WILDLIFE MUSEUM

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 foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't 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) (2017)

Name of organization LINDSAY WILDLIFE MUSEUM	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	CAR DONATION SERVICES 4971 PACHECO BOULEVARD MARTINEZ, CA 94553-4324	\$ 114,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF WALNUT CREEK 1666 NORTH MAIN ST WALNUT CREEK, CA 94596	\$ 74,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ELIZABETH VINTON SANDERSON FOUNDATION FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, CA 19809	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MARC AND MARILYN KAPLAN 3450 SHANGRI-LA ROAD LAFAYETTE, CA 94549	\$ 81,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SHIRLEY NOOTBAAR 1300 CASTLE ROCK ROAD WALNUT CREEK, CA 94598	\$ 50,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STEPHEN BALL ESTATE 2220 SEMERIA AVE BELMONT, CA 94002	\$ 60,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LINDSAY WILDLIFE MUSEUM	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
7	WILLIAM A. KERR FOUNDATION P.O. BOX 1119 ALAMO, CA 94507	\$ 50,000.	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.)
	_____ _____ _____	\$ _____	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.)
	_____ _____ _____	\$ _____	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 LINDSAY WILDLIFE MUSEUM	Employer identification number 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 LINDSAY WILDLIFE MUSEUM	Employer identification number 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	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization LINDSAY WILDLIFE MUSEUM **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 6.

	(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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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 7/25/06, 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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	2,930,421.	3,110,150.	870,907.	916,402.	832,862.
b Contributions	5,101.		2,311,525.	100,000.	
c Net investment earnings, gains, and losses	222,902.	179,095.	94,718.	49,217.	96,049.
d Grants or scholarships					
e Other expenditures for facilities and programs	600,207.	358,824.	167,000.	194,712.	12,509.
f Administrative expenses					
g End of year balance	2,558,217.	2,930,421.	3,110,150.	870,907.	916,402.

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

- a Board designated or quasi-endowment 81.50 %
- b Permanent endowment 14.50 %
- c Temporarily restricted endowment 4.00 %

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 checked="" type="checkbox"/>
(ii) related organizations		<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		1,880,500.	1,228,846.	651,654.
c Leasehold improvements				
d Equipment		2,059,529.	1,296,341.	763,188.
e Other		1,179,216.	901,239.	277,977.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,692,819.

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) EQUITIES, BONDS, MUTUAL		
(B) FUNDS	2,318,306.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,318,306.	

Part VIII Investments - Program Related.

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

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

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	2,497,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 170,595.		
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	170,595.
3	Subtract line 2e from line 1		3	2,326,627.
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 10,806.		
b	Other (Describe in Part XIII.)	4b -119,322.		
c	Add lines 4a and 4b		4c	-108,516.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,218,111.

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

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

1	Total expenses and losses per audited financial statements		1	3,038,040.
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 119,322.		
e	Add lines 2a through 2d		2e	119,322.
3	Subtract line 2e from line 1		3	2,918,718.
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 10,806.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	10,806.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,929,524.

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:

COLLECTIONS - LINDSAY'S COLLECTIONS INCLUDE BOTH LIVE ANIMAL 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 LINDSAY'S MISSION TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPONSIBILITY AND RESPECT FOR THE WORLD WE SHARE. THE PRIMARY PURPOSE OF

Part XIII Supplemental Information (continued)

THE COLLECTIONS IS EDUCATION 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 III, LINE 4:

COLLECTIONS - LINDSAY'S COLLECTIONS INCLUDE BOTH LIVE ANIMAL 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 LINDSAY'S MISSION TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPONSIBILITY AND RESPECT FOR THE WORLD WE SHARE. THE PRIMARY PURPOSE OF THE COLLECTIONS IS EDUCATION 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:

LINDSAY 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

Part XIII Supplemental Information (continued)

ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT LINDSAY 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 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 UPHELD 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, 2018. GENERALLY, LINDSAY'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	-119,322.
---------------	-----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES	119,322.
---------------	----------

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) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	VA DE VI RECEPTION	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	142,445.	46,161.		188,606.
	2 Less: Contributions	75,990.	37,816.		113,806.
	3 Gross income (line 1 minus line 2)	66,455.	8,345.		74,800.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,931.			7,931.
	6 Rent/facility costs				
	7 Food and beverages	22,901.			22,901.
	8 Entertainment				
	9 Other direct expenses	35,623.	8,345.		43,968.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				74,800.
11 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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 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: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHERYL MCCORMICK EXECUTIVE DIRECTOR	(i)	146,303.	0.	0.	7,950.	5,593.	159,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **LINDSAY WILDLIFE MUSEUM** 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	251	114,750.	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 (PROGRAM SUPPL)	X	213	44,559.	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** 5

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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 M, LINE 32B:

LINDSAY IS A PARTICIPANT IN A VEHICLE DONATION PROGRAM OPERATED BY A THIRD-PARTY AGENCY WHICH PHYSICALLY COLLECTS, REPAIRS, AND SUBSEQUENTLY SELLS DONATED VEHICLES, WITH 60 PERCENT OF THE NET PROCEEDS PAID TO LINDSAY.

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

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

OUTDOOR PROGRAM AREAS, ELEVEN DAILY EDUCATIONAL PROGRAMS, AND MORE THAN 30 ANIMAL AMBASSADORS ON PUBLIC DISPLAY. THE DAILY PROGRAMS ARE DYNAMIC, ENGAGING, GUEST-CENTERED, AND MISSION-DRIVEN, WHILE THE ANIMAL AMBASSADORS ARE OUT AND CONNECTING WITH GUESTS THROUGHOUT THE ENTIRE DAY.

SCHOOL FIELD TRIPS - IN SEPTEMBER 2018, LINDSAY LAUNCHED A NEW LINEUP OF ELEMENTARY SCHOOL FIELD TRIPS BASED ON THE NEXT GENERATION SCIENCE STANDARDS (NGSS) FOR PRE-KINDERGARTEN THROUGH FIFTH GRADE. THE NGSS REPRESENT THE LATEST RESEARCH-BACKED PRINCIPLES AND INSTRUCTIONAL GUIDELINES FOR BOTH FORMAL AND INFORMAL EDUCATORS. THE PROGRAMS ARE MULTI-SENSORY, ENCOURAGE OBSERVATION AND CRITICAL THINKING, AND HELP EQUIP YOUNG MINDS TO BE FUTURE SCIENTISTS AND CONSERVATIONISTS. WITH THIS IMPORTANT OVERHAUL, LWE MAINTAINS A LEADING AND INNOVATIVE POSITION IN EDUCATION. DURING THE 2017-2018 ACADEMIC YEAR, LWE HOSTED 225 SCHOOL FIELD TRIPS. UPON COMPLETION OF THE 2018-2019 SCHOOL YEAR, ANOTHER 208 FIELD TRIPS WILL HAVE OCCURRED.

LINDSAY IN THE CLASSROOM - THE LINDSAY PROGRAMS DELIVERED AT SCHOOLS - KNOWN AS LINDSAY IN THE CLASSROOM - ARE DESIGNED FOR 30 STUDENTS IN PRE-KINDERGARTEN THROUGH FIFTH GRADE, LAST ONE HOUR, AND ALWAYS INCLUDE THE PRESENCE OF ANIMAL AMBASSADORS. THE TITLES OF THE FIVE CLASSROOM PROGRAMS ARE MEET AND GREET, ANIMALS OF MT. DIABLO, ANIMAL HOMES, OWLS, AND BATS. MANY OF THE ANIMAL AMBASSADORS ARE TOUCHABLE, WITH THE EXCEPTION OF OWLS AND BATS. ALL PROGRAMS FEATURE INQUIRY-BASED LEARNING

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

Schedule O (Form 990 or 990-EZ) (2017)

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

AND AGE-APPROPRIATE ACTIVITIES. LWE DELIVERED PROGRAMS TO 134 CLASSES IN THE 2017-2018 ACADEMIC YEAR; ANOTHER 143 CLASSES WILL HAVE BEEN VISITED DURING THE 2018-2019 SCHOOL YEAR.

CLASSES: HOMESCHOOL, PRESCHOOL, AND AFTERSCHOOL-LINDSAY MAKES USE OF TWO CLASSROOM SPACES ON ITS FIRST FLOOR TO OFFER THREE CATEGORIES OF SCIENCE CLASSES: HOMESCHOOL, PRESCHOOL, AND AFTERSCHOOL. THE PRESCHOOL CLASSES HAPPEN THROUGHOUT THE YEAR, HOMESCHOOL CLASSES FOLLOW A TYPICAL ACADEMIC CALENDAR, AND AFTERSCHOOL CLASSES OCCUR SPORADICALLY. A SUMMARY OF THESE CLASSES ENROLLMENT STATISTICS DURING THE YEAR ENDED JUNE 30, 2018 IS PROVIDED BELOW:

- 602 ENROLLMENTS FOR HOMESCHOOL CLASSES
- 245 ENROLLMENTS FOR PRESCHOOL CLASSES
- 9 ENROLLMENTS FOR AFTERSCHOOL PROGRAMS

OUTSTANDING WILDLIFE LEADERS (OWLS) AND KEEPERS IN TRAINING (KITS)-THE TWO YOUTH DEVELOPMENT PROGRAMS IN THE EDUCATION DEPARTMENT ARE THE OWLS AND KITS. THE OWLS PROGRAM INVITES APPROXIMATELY 50 PARTICIPANTS BETWEEN THE AGES OF 12 AND 18 TO DEVELOP SKILLS IN WILDLIFE EDUCATION, BASIC ANIMAL HUSBANDRY TASKS, AND TEAMWORK. AS INDIVIDUALS LEAVE THE PROGRAM, MOSTLY THROUGH GRADUATION OR "AGING OUT," NEW RECRUITS ARE WELCOMED INTO THE YEAR-ROUND SCHEDULE. LWE BENEFITS FROM THE ENERGY AND ENTHUSIASM OF THE OWLS, AND THE YOUTH RECEIVE KNOWLEDGE AND SKILLS USEFUL IN SCIENCE, EDUCATION, AND CITIZENSHIP. THE APPROXIMATELY 50 OWLS ARE A STEADY PRESENCE AT LWE THROUGH 2.5 HOUR-LONG SHIFTS SIX DAYS PER WEEK. KITS IS A SIMILAR PROGRAM BUT THE FOCUS IS EXCLUSIVELY ANIMAL HUSBANDRY. KITS COMPLETE THEIR ANIMAL CARE SHIFTS ON MONDAYS. A LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE TO PROSPECTIVE NATURALISTS.

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

SPECIAL PROGRAMS - THE PROGRAMS DESCRIBED IN THE PREVIOUS SECTIONS ARE MOSTLY DESIGNED FOR SCHOOL-AGE CHILDREN AND YOUTH. HOWEVER, MANY OTHER LINDSAY PROGRAMS ARE DIVERSE AND MEANT TO APPEAL TO ALL AUDIENCES. HERE IS A PARTIAL LISTING OF THOSE OFFERINGS: HIKES OF THE MT. DIABLO REGION; MINI-MONDAYS; MT. VIEW SANITARY DISTRICT CLASSROOM AND WETLAND PROGRAMS; SCOUT PROGRAMS; V.I.PEEK ENCOUNTERS; WILD@NIGHT EVENING EVENTS; AND WORKSHOPS IN ART AND SCIENCE.

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

WORKING ON-SITE OR PROVIDING PALLIATIVE HOME CARE FOR INJURED, ABANDONED, AND/OR SICK WILDLIFE. THE HOSPITAL IS STAFFED BY A FULL-TIME, STATE-LICENSED VETERINARIAN, SEVERAL ON-CALL VETERINARIANS, WILDLIFE REHABILITATION TECHNICIANS AND VETERINARY INTERNS. THE HOSPITAL'S ACTIVITIES ARE REGULATED UNDER THE AUSPICES OF THE U.S. FISH AND WILDLIFE AND THE CALIFORNIA DEPARTMENT OF FISH AND GAME. 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

IN OCTOBER 2016, LINDSAY UNVEILED A NEW NORTH AMERICAN PORCUPINE EXHIBIT, FEATURING OUR MARQUIS MAMMAL AMBASSADOR, HOUSED IN A NATURALISTIC COAST REDWOOD HABITAT. THE KEY MESSAGING OF THIS EXHIBIT IS THE PROTECTION OF UNIQUE KEYSTONE ECOSYSTEMS IN CALIFORNIA, WHICH IS 'HOME' TO A NUMBER OF UNIQUE ANIMALS WITH INTERESTING ADAPTATIONS, SUCH AS THE NORTH AMERICAN PORCUPINE.

IN ADDITION, LINDSAY HAS EXPANDED THE DIVERSITY AND ABUNDANCE OF ITS LIVE COLLECTION, WITH THE ACQUISITION OF TWELVE CHARISMATIC WILDLIFE SPECIES, INCLUDING MEMBERS OF EVERY TAXA AND TWO STATE AND FEDERALLY ENDANGERED LISTED SPECIES.

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

MUSEUM OPERATIONS, COMMUNICATIONS, AND RETAIL OPERATIONS

MUSEUM OPERATIONS

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

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

MEMBERS AND OTHERS WITH PERIODIC PRINTED PUBLICATIONS AS WELL AS MUSEUM INFORMATION THROUGH SOCIAL MEDIA.

EXPENSES \$ 702,814. INCLUDING GRANTS OF \$ 0. REVENUE \$ 380,978.

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

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY LINDSAY'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 LINDSAY'S VOTING BODY PRIOR TO FILING.

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

NO INTERESTED PERSON OF LINDSAY 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. LINDSAY SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH LINDSAY'S POLICIES AND PROCEDURES.

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

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF CERTAIN

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

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 TRANSPARENT IN ACCORDANCE WITH IRS GUIDELINES AND LINDSAY'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:

LINDSAY'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 LINDSAY'S OFFICE IN WALNUT CREEK, CA. TAX RETURNS ARE ALSO POSTED ANNUALLY TO WWW.GUIDESTAR.ORG.

FORM 990, PART XII, LINE 2C:

LINDSAY'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT PROCESS OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT ACCOUNTANTS. THIS RESPONSIBILITY IS UNCHANGED IN THE CURRENT YEAR FROM THE PRIOR YEAR.

2017

California Exempt Organization Annual Information Return

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **07/01/2017**, and ending (mm/dd/yyyy) **06/30/2018**

Corporation/Organization name LINDSAY WILDLIFE MUSEUM		California corporation number 0305145	
Additional information. See instructions.		FEIN 94-6104179	
Street address (suite or room) 1931 FIRST AVENUE		PMB no.	
City WALNUT CREEK		State CA	ZIP code 94597
Foreign country name		Foreign province/state/country	
		Foreign postal code	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
--	---

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,235,245.00
	2 Gross dues and assessments from members and affiliates	2	241,872.00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,233,457.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,710,574.00
	5 Cost of goods sold STMT 2	5	119,322.00
	6 Cost or other basis, and sales expenses of assets sold	6	298,341.00
	7 Total costs. Add line 5 and line 6	7	417,663.00
	8 Total gross income. Subtract line 7 from line 4	8	2,292,911.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	3,004,324.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-711,413.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Information K	12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16 Penalties and Interest. See General Information J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title TREASURER	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P01358141
	Firm's name (or yours, if self-employed) and address QUIGLEY & MIRON 3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010			• FEIN 32-0530003
				• Telephone (213) 639-3550

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

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

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	266,810.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	52,098.00	
	4	Gross rents	•	4	24,866.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	•	6	309,839.00	
	7	Other income SEE STATEMENT 4	•	7	581,632.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,235,245.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	159,517.00	
	12	Other salaries and wages	•	12	1,397,248.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	113,022.00
		15	Rents	•	15	159,527.00
		16	Depreciation and depletion (See instructions)	•	16	206,335.00
		17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	968,675.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,004,324.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		916,313.		548,583.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories		39,291.		38,659.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments STMT 7		2,329,558.		2,318,306.
10 a	Depreciable assets	5,074,470.		5,119,245.	
b	Less accumulated depreciation	(3,220,091.)	1,854,379.	(3,426,426.)	1,692,819.
11	Land				
12	Other assets STMT 8		53,960.		57,469.
13	Total assets		5,193,501.		4,655,836.
Liabilities and net worth					
14	Accounts payable		204,680.		211,381.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 9		4,148.		600.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		4,984,673.		4,443,855.
22	Total liabilities and net worth		5,193,501.		4,655,836.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-540,818.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5	•	-540,818.
7	Income recorded on books this year not included in this return STMT 10	•	170,595.
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8	•	170,595.
10	Net income per return. Subtract line 9 from line 6	•	-711,413.

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ADELE ALLEN	1660 OAK PARK BLVD #209 PLEASANT HILL, CA 94523	06/30/18	10,544.
ANN C. TAYLOR	208 OAKRIDGE DR DANVILLE, CA 94506	06/30/18	5,000.
ANONYMOUS	1931 FIRST AVENUE WALNUT CREEK, CA 94597	06/30/18	22,740.
ARTHUR H. SUTTER	1032 DRY CREEK RD HEALDSBURG, CA 95448	06/30/18	5,000.
BARLOW FAMILY FOUNDATION	PO BOX 1667 LAFAYETTE, CA 94549	06/30/18	5,000.
BETTY A. HAGSTROM	2604 SAKLAN INDIAN DR #1 WALNUT CREEK, CA 94595	06/30/18	5,201.
CAR DONATION SERVICES	4971 PACHECO BOULEVARD MARTINEZ, CA 94553-4324	06/30/18	114,750.
CAROL V. AUSTIN TRUST	1136 ROCKLEDGE LN #2 WALNUT CREEK, CA 94595	06/30/18	20,000.
CHEVRON HUMANKIND EMPLOYEE FUNDS/MATCHING GIFTS	P. O. BOX 2160 PRINCETON, NJ 08543-2160	06/30/18	7,531.
CITY OF WALNUT CREEK	1666 NORTH MAIN ST WALNUT CREEK, CA 94596	06/30/18	74,500.
CLEMENT GLYNN	224 MONTAIR DR DANVILLE, CA 94526-3726	06/30/18	5,000.
CONTRA COSTA COUNTY FISH AND WILDLIFE	CONTRA COSTA COUNTY, DEPARTMENT OF CONSERVATION AND DEVELOPMENT MARTINEZ, CA	06/30/18	7,811.
DAVID SHUNICK	50 STARK KNOLL PLACE OAKLAND, CA 94618	06/30/18	14,583.
DONALD ENGLE	21 LESLYN LN LAFAYETTE, CA 94549	06/30/18	8,500.
DYANN BLAINE	20 QUEENSBROOK PLACE ORINDA, CA 94563	06/30/18	7,888.

LINDSAY WILDLIFE MUSEUM

94-6104179

ELIZABETH VINTON SANDERSON FOUNDATION	FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, CA 19809	06/30/18	30,000.
JOHN M. KIKUCHI AND DEBRA COGGINS	5 GILMORE COURT LAFAYETTE, CA 94549-6242	06/30/18	5,000.
KAREN MARCUS	3811 NORTHRIDGE DRIVE RICHMOND, CA 94806	06/30/18	6,043.
KATHY AND LANCE GYORFI	1730 MANZANITA DRIVE OAKLAND, CA 94611	06/30/18	10,500.
MARATHON	150 SOLANO WAY MARTINEZ, CA 94553	06/30/18	21,420.
MARC AND MARILYN KAPLAN	3450 SHANGRI-LA ROAD LAFAYETTE, CA 94549	06/30/18	81,956.
MARILYN AND RICK FOWLER	4036 COWELL ROAD CONCORD, CA 94518	06/30/18	5,575.
MARIN COMMUNITY FOUNDATION	5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949	06/30/18	10,000.
MECHANICS BANK	3170 HILLTOP RD RICHMOND, CA 94806	06/30/18	10,000.
MICHAEL STEAD	402 HORSETRAIL CT ALAMO, CA 94507	06/30/18	20,200.
NAN (AMALIE) WALZ	1564 SILVER DELL RD LAFAYETTE, CA 94549	06/30/18	5,280.
NICOLA PLACE AND CHRIS BEESON	PO BOX 695 DIABLO, CA 94528-0695	06/30/18	7,883.
NIEBLA FOUNDATION INC	PO BOX 193337 SAN FRANCISCO, CA 94119	06/30/18	5,000.
NOOTBAAR FAMILY FUND AT THE EAST BAY COMMUNITY FOUNDATION	C/O EAST BAY COMMUNITY FOUNDATION 200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	06/30/18	5,000.
PACIFIC GAS AND ELECTRIC COMPANY	77 BEALE STREET SAN FRANCISCO, CA 94177	06/30/18	5,000.
PENNY ADAMS	2043 CALLE LOS CALLADOS DIABLO, CA 94528	06/30/18	5,893.
PGE CORPORATION FOUNDATION	MAIL CODE B27U SAN FRANCISCO, CA 94177	06/30/18	15,000.

LINDSAY WILDLIFE MUSEUM

94-6104179

RONALD L. CLENDENEN	18 LOST VALLEY DRIVE ORINDA, CA 94563	06/30/18	5,000.
ROSANNE M. SIINO	5969 BRUNS CT OAKLAND, CA 94611	06/30/18	9,893.
SCOTT E. SMITH	4412 CANOE BIRCH COURT CONCORD, CA 94521	06/30/18	13,345.
SELMA KING TRUST	1866 SAN MIGUEL DR APT 208 WALNUT CREEK, CA 94596	06/30/18	5,000.
SHELL MARTINEZ REFINERY--SHELL OIL PRODUCTS	P.O. BOX 711 MARTINEZ, CA 94553	06/30/18	17,000.
SHIRLEY NOOTBAAR	1300 CASTLE ROCK ROAD WALNUT CREEK, CA 94598	06/30/18	50,450.
STEPHEN BALL ESTATE	2220 SEMERIA AVE BELMONT, CA 94002	06/30/18	60,556.
SUZANNE ANGELI	401 CAMELBACK ROAD PLEASANT HILL, CA 94523	06/30/18	5,740.
THE JERRY COHEN FOUNDATION	30665 NORTHWESTERN HWY. STE 200 FARMINGTON, MI 48334	06/30/18	8,600.
THE MERVYN L. BRENNER FOUNDATION	C/O RK TAYLOR AND ASSOCIATES 2890 NORTH MAIN ST. #305 WALNUT CREEK, CA 94597	06/30/18	15,000.
WESTPHAL FAMILY FOUNDATION	5130 COMMERCIAL CIR CONCORD, CA 94520	06/30/18	5,000.
WILLIAM A. KERR FOUNDATION	P.O. BOX 1119 ALAMO, CA 94507	06/30/18	50,000.
TOTAL INCLUDED ON LINE 3			<u>809,382.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		39,291
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES	118,690	
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		157,981
7. INVENTORY AT END OF YEAR		38,659
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		119,322

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	3		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED				
			PURCHASED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
				298,341.	0.	0.	309,839.
TOTAL TO FORM 199, PAGE 2, LN 6				298,341.	0.	0.	309,839.

CA 199	OTHER INCOME	STATEMENT	4
DESCRIPTION	AMOUNT		
OTHER INCOME			14,147.
EDUCATIONAL PROGRAMS			259,195.
MUSEUM ADMISSIONS			308,290.
TOTAL TO FORM 199, PART II, LINE 7			581,632.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
ROSANNE SIINO 1931 FIRST AVENUE WALNUT CREEK, CA 94597	PRESIDENT 4.00	0.	
JULIE ROSS 1931 FIRST AVENUE WALNUT CREEK, CA 94597	SECRETARY 4.00	0.	
DAVID SHUNICK 1931 FIRST AVENUE WALNUT CREEK, CA 94597	TREASURER 4.00	0.	
LOU EBER 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.	
MARILYN FOWLER 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.	
NAN HUDSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER (RESIGNED 7/2) 2.00	0.	
LAURA J. JOHNSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.	
MARC KAPLAN 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.	
MATT LAWSON 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.	
ELIZABETH MCWHORTER, PHD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.	
RYAN MISASI 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.	

LINDSAY WILDLIFE MUSEUM

94-6104179

ROGER PETTEY 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER (RESIGNED 10/ 2.00	0.
JIM PEZZAGLIA 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.
JEREMY SEYMOUR 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.
HEATHER STEAD 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.
GABE TOGNERI 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER 2.00	0.
NAN WALZ 1931 FIRST AVENUE WALNUT CREEK, CA 94597	BOARD MEMBER (RESIGNED 9/2 2.00	0.
CHERYL MCCORMICK 1931 FIRST AVENUE WALNUT CREEK, CA 94597	EXECUTIVE DIRECTOR 40.00	159,517.
TOTAL TO FORM 199, PART II, LINE 11		<u>159,517.</u>

CA 199	OTHER EXPENSES	STATEMENT	6
--------	----------------	-----------	---

DESCRIPTION	AMOUNT
SUPPLIES	152,079.
ANIMAL HUSBANDRY	43,927.
OTHER EXPENSES	9,088.
ALLIANCE	4,479.
DIRECT EXPENSES OF FUNDRAISING EVENTS	74,800.
PENSION PLAN CONTRIBUTIONS	6,284.
OTHER EMPLOYEE BENEFITS	112,856.
ACCOUNTING FEES	54,448.
INVESTMENT MANAGEMENT FEES	10,806.
OTHER PROFESSIONAL FEES	251,966.
ADVERTISING AND PROMOTION	39,431.
OFFICE EXPENSES	161,055.
TRAVEL	17,387.
INSURANCE	28,620.
ALL OTHER EXPENSES	1,449.
TOTAL TO FORM 199, PART II, LINE 17	<u>968,675.</u>

CA 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EQUITIES, BONDS, MUTUAL FUNDS		2,329,558.	2,318,306.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		2,329,558.	2,318,306.

CA 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		42,400.	39,580.
PREPAID EXPENSES AND DEFERRED CHARGES		11,560.	17,889.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		53,960.	57,469.

CA 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		4,148.	600.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		4,148.	600.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	10
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		170,595.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		170,595.	

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>105311</u> LINDSAY WILDLIFE MUSEUM <small>Name of Organization</small> <u>1931 FIRST AVENUE</u> <small>Address (Number and Street)</small> <u>WALNUT CREEK, CA 94597</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0305145</u> Federal Employer I.D. No. <u>94-6104179</u>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2017 ending 06/30/2018) list:
 Gross annual revenue \$ 2,218,111. Total assets \$ 4,655,836.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 12	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 13	X	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 14	X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (925) 935-1978

Organization's e-mail address _____

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

LOU EBER
TREASURER

Signature of authorized officer
Printed Name
Title
Date

CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 7

STATEMENT 13

LINDSAY HOLDS A RAFFLE AT THEIR ANNUAL GALA EVENT WHICH TOOK PLACE
SATURDAY, APRIL 21, 2018.

CA RRF-1	EXPLANATION OF VEHICLE DONATIONS PART B, LINE 8	STATEMENT 14
----------	--	--------------

LINDSAY IS A PARTICIPANT IN A VEHICLE DONATION PROGRAM OPERATED BY A THIRD-PARTY AGENCY THAT PHYSICALLY COLLECTS AND SUBSEQUENTLY SELLS DONATED VEHICLES AND SHARES THE PROCEEDS WITH THE MUSEUM. NET EARNINGS FROM VEHICLE DONATIONS FOR THE YEAR ENDED JUNE 30, 2018 ARE INCLUDED IN FORM 990, PART VIII, LINE 1G, AND AMOUNTED TO \$114,750, NET OF FEES.