

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable:	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	D Employer identification number 94-6104179 E Telephone number (925) 935-1978 G Gross receipts \$ 3,008,526. 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 ▶
	F Name and address of principal officer: LOUIS EBER SAME AS C ABOVE	
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

Activities & Governance	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 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 61 6 Total number of volunteers (estimate if necessary) 6 509 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,475,329. 9 Program service revenue (Part VIII, line 2g) 567,485. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 63,596. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 111,701. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,218,111.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,788,927. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 324,516. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,140,597. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,929,524. 19 Revenue less expenses. Subtract line 18 from line 12 -711,413.	Beginning of Current Year End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 4,655,836. 21 Total liabilities (Part X, line 26) 211,981. 22 Net assets or fund balances. Subtract line 21 from line 20 4,443,855.	5,681,472. 132,945. 5,548,527.

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: <i>Louis Eber</i> LOUIS EBER, TREASURER Type or print name and title	Date: <i>July 21, 2020</i> 7/21/20
Paid Preparer Use Only	Print/Type preparer's name: JOHN BOVARD MIRON Firm's name: QUIGLEY & MIRON Firm's address: 3550 WILSHIRE BLVD., #1660 LOS ANGELES, CA 90010	Preparer's signature: <i>John Bovard Miron</i> Date: 7/10/20 Check if self-employed <input type="checkbox"/> PTIN: P01358141 Firm's EIN: 32-0530003 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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

FOUNDED IN 1955, 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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 635,249. including grants of \$) (Revenue \$)
WILDLIFE REHABILITATION-AS ONE OF THE FIRST FORMALLY ESTABLISHED WILDLIFE HOSPITALS AND REHABILITATION CENTERS IN THE NATION, LINDSAY'S WILDLIFE HOSPITAL AND REHABILITATION CENTER HAS SERVED AS A MODEL FOR WILDLIFE CARE CENTERS AROUND THE WORLD. SINCE 1970, WE HAVE TREATED MORE THAN 270,000 NATIVE CALIFORNIA WILD ANIMALS COMPRISING OVER 160 SPECIES, RELEASING ABOUT 50% OF THEM BACK INTO NATURAL HABITATS. SINCE 2004, BETWEEN 5,000 AND 6,000 WILD ANIMALS HAVE BEEN ACCESSIONED INTO THE HOSPITAL EVERY YEAR, 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 FY18-19 EXCEEDED IS APPROXIMATELY 5,500 INDIVIDUALS.

4b (Code:) (Expenses \$ 520,949. including grants of \$) (Revenue \$ 324,930.)
EDUCATION-LINDSAY'S EDUCATION DEPARTMENT, WORKING WITH THE ANIMAL ENCOUNTERS DEPARTMENT (IN CHARGE OF THE LIVING COLLECTION) CREATES 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

4c (Code:) (Expenses \$ 341,855. including grants of \$) (Revenue \$)
ANIMAL ENCOUNTERS-LINDSAY'S LIVE COLLECTION, OF "ANIMAL AMBASSADORS" COMPRISES ABOUT 70 INDIVIDUALS, INCLUDING INDIVIDUALS 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 IS 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 \$ 772,481. including grants of \$) (Revenue \$ 446,455.)

4e Total program service expenses 2,270,534.

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
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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
35b 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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 61		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	274,564.				
	c	Fundraising events	1c	186,838.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	75,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	937,945.				
	g	Noncash contributions included in lines 1a-1f: \$		107,635.				
	h	Total. Add lines 1a-1f		1,474,347.				
	Program Service Revenue	2 a	MUSEUM ADMISSIONS	Business Code 713990	344,175.	344,175.		
b		EDUCATIONAL PROGRAMS	611600	324,930.	324,930.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		669,105.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		52,839.			52,839.
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6 a	Gross rents	(i) Real	46,881.				
		b	Less: rental expenses	(ii) Personal	0.			
		c	Rental income or (loss)		46,881.			
		d	Net rental income or (loss)		46,881.		46,881.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	481,939.				
		b	Less: cost or other basis and sales expenses	(ii) Other	336,404.			
		c	Gain or (loss)		145,535.			
		d	Net gain or (loss)		145,535.		145,535.	
	8 a	Gross income from fundraising events (not including \$ 186,838. of contributions reported on line 1c). See Part IV, line 18		57,266.				
		b	Less: direct expenses		57,266.			
		c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances		218,949.					
	b	Less: cost of goods sold		116,669.				
	c	Net income or (loss) from sales of inventory		102,280.	102,280.			
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099	7,200.			7,200.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		7,200.					
12	Total revenue. See instructions		2,498,187.	771,385.	0.	252,455.		

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

☒ X

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	205,859.	61,757.	41,172.	102,930.
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	1,360,134.	1,089,505.	250,132.	20,497.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	143,971.	109,366.	22,904.	11,701.
10 Payroll taxes	118,214.	87,000.	21,846.	9,368.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	59,150.	26,460.	31,514.	1,176.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,185.		10,185.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	335,608.	245,706.	16,392.	73,510.
12 Advertising and promotion	62,575.	61,650.		925.
13 Office expenses	157,106.	64,445.	22,700.	69,961.
14 Information technology				
15 Royalties				
16 Occupancy	163,869.	153,713.	6,322.	3,834.
17 Travel	10,948.	10,720.	147.	81.
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	205,721.	191,320.	8,229.	6,172.
23 Insurance	33,543.	25,157.	7,044.	1,342.
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	121,956.	90,518.	8,744.	22,694.
b ANIMAL HUSBANDRY	48,832.	48,832.		
c OTHER EXPENSES	22,211.	2,632.	19,579.	
d LICENSES AND PERMITS	4,464.	1,753.	2,386.	325.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,064,346.	2,270,534.	469,296.	324,516.
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 SheetCheck 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	239,911.	1	223,018.
	2 Savings and temporary cash investments	308,672.	2	57,853.
	3 Pledges and grants receivable, net	39,580.	3	75,015.
	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	38,659.	8	33,402.
	9 Prepaid expenses and deferred charges	17,889.	9	17,469.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,165,431.		
	b Less: accumulated depreciation	10b 3,632,146.	10c 1,533,285.	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,318,306.	12	2,061,939.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	1,679,491.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,655,836.	16	5,681,472.	
Liabilities	17 Accounts payable and accrued expenses	211,381.	17	132,345.
	18 Grants payable		18	
	19 Deferred revenue	600.	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	211,981.	26	132,945.
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	3,877,537.	27	2,857,028.
	28 Temporarily restricted net assets	195,668.	28	2,320,849.
	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	4,443,855.	33	5,548,527.
	34 Total liabilities and net assets/fund balances	4,655,836.	34	5,681,472.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck 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	2,498,187.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,064,346.
3	Revenue less expenses. Subtract line 2 from line 1	3	-566,159.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,443,855.
5	Net unrealized gains (losses) on investments	5	-8,660.
6	Donated services and use of facilities	6	1,679,491.
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	5,548,527.

Part XII Financial Statements and ReportingCheck 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,251,018.	1,503,764.	1,592,419.	1,475,529.	1,474,347.	10,297,077.
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	1.	1.	1.	1.	2,143,621.	2,143,625.
4 Total. Add lines 1 through 3	4,251,019.	1,503,765.	1,592,420.	1,475,530.	3,617,968.	12,440,702.
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)						2,466,365.
6 Public support. Subtract line 5 from line 4.						9,974,337.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4,251,019.	1,503,765.	1,592,420.	1,475,530.	3,617,968.	12,440,702.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,607.	48,542.	76,567.	76,964.	99,720.	327,400.
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.)	23,482.	14,543.	14,451.	14,147.	7,200.	73,823.
11 Total support. Add lines 7 through 10						12,841,925.
12 Gross receipts from related activities, etc. (see instructions)					12	3,315,852.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	77.67 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	72.88 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?	11a	
b A family member of a person described in (a) above?	11b	
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.	11c	

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.	1	
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.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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).	2	
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.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
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.	2b		
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.	3a		
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.	3b		

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			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).			

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

2018

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

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

Name of organization	Employer identification number
LINDSAY WILDLIFE MUSEUM	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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 9,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>8,585.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>56,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>6,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>9,558.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>31,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>8,911.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
LINDSAY WILDLIFE MUSEUM	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
13		\$ 100,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LINDSAY WILDLIFE MUSEUM**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
<u>19</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>		\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>		\$ <u>7,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>		\$ <u>8,118.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>		\$ <u>43,750.</u>	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 18,000.	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>		\$ <u>15,374.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>		\$ <u>11,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>		\$ <u>9,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LINDSAY WILDLIFE MUSEUM**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
37		\$ 20,000.	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.)

Employer identification number

94-6104179

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

Name of organization LINDSAY WILDLIFE MUSEUM	Employer identification number 94-6104179
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

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).

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☒ Preservation for future generations

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	2,558,217.	2,930,421.	3,110,150.	870,907.	916,402.
b Contributions	16,351.	5,101.		2,311,525.	100,000.
c Net investment earnings, gains, and losses	179,500.	222,902.	179,095.	94,718.	49,217.
d Grants or scholarships					
e Other expenditures for facilities and programs	640,000.	600,207.	358,824.	167,000.	194,712.
f Administrative expenses					
g End of year balance	2,114,068.	2,558,217.	2,930,421.	3,110,150.	870,907.

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

- a Board designated or quasi-endowment ☒ 57.00 %
 b Permanent endowment ☒ 18.00 %
 c Temporarily restricted endowment ☒ 25.00 %

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.	1,291,546.	588,954.
c Leasehold improvements				
d Equipment		2,090,930.	1,348,989.	741,941.
e Other		1,194,001.	991,611.	202,390.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,533,285.

Schedule D (Form 990) 2018

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	2,061,939.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,061,939.	

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) IN KIND BUILDING AND LAND LEASE	1,679,491.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,679,491.

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	4,739,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-8,660.
b	Donated services and use of facilities	2b	2,143,621.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,134,961.
3	Subtract line 2e from line 1	3	2,604,671.
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	10,185.
b	Other (Describe in Part XIII.)	4b	-116,669.
c	Add lines 4a and 4b	4c	-106,484.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,498,187.

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	3,634,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	464,130.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	116,669.
e	Add lines 2a through 2d	2e	580,799.
3	Subtract line 2e from line 1	3	3,054,161.
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	10,185.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	10,185.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,064,346.

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 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 A SIGNIFICANT CORPUS OF DONOR-RESTRICTED FUNDS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT LINDSAY MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD, AS WELL AS BOARD-DESIGNATED FUNDS. UNDER THE INVESTMENT POLICY, AS APPROVED BY 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, 2019. 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 XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF SALES -116,669.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 116,669.

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

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

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

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

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

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

Total

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

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 (event type)	VA DE VI RECEPTION (event type)	NONE (total number)	
Revenue	1	Gross receipts	152,649.	91,455.	244,104.
	2	Less: Contributions	110,820.	76,018.	186,838.
	3	Gross income (line 1 minus line 2)	41,829.	15,437.	57,266.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	21,246.	850.	22,096.
	6	Rent/facility costs			
	7	Food and beverages	5,688.		5,688.
	8	Entertainment		1,587.	1,587.
	9	Other direct expenses	14,895.	13,000.	27,895.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			57,266.
	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				
	2	Cash prizes				
Direct Expenses	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: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

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 instructions and 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	206	91,218.	NET AMOUNT RECEIVED
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	99	16,417.	MARKET VALUE
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	4		
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?	30a	Yes	No	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?	31			X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X		
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) 2018

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

2018

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:

MORE THAN 300 VOLUNTEERS CURRENTLY SUPPORT THE HOSPITAL, 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 AND OVERSEEN BY THE U.S. FISH AND WILDLIFE AND
THE CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE. LINDSAY'S REPUTATION
FOR ITS STAFF'S EXPERTISE IN TREATING AND SURGICALLY REPAIRING DELICATE
FLIGHT MECHANISMS OF RAPTOR SPECIES HAS ELEVATED ITS STATUS AMONG PEER
ORGANIZATIONS. WHAT WE LEARN FROM CARING FOR AND REHABILITATING
WILDLIFE IN THE HOSPITAL INFORMS LINDSAY'S EXHIBITS AND OUR EDUCATION
AND OUTREACH PROGRAMS. LINDSAY CONTINUES TO PARTNER WITH VARIOUS
RESEARCH INSTITUTIONS, INCLUDING UC DAVIS, UC BERKELEY, AND EAST BAY
REGIONAL PARKS TO TRACK WILDLIFE DISEASES, ANNUAL MIGRATORY PATTERNS,
AND ANTHROPOGENIC IMPACTS. DATA SHARED WITH GOVERNMENT AGENCIES AND
RESEARCH INSTITUTIONS IS PUBLISHED IN PEER-REVIEWED RESEARCH PAPERS AND
USED TO INFORM WILDLIFE MANAGEMENT POLICY AND PLANNING.

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

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.

Name of the organization

LINDSAY WILDLIFE MUSEUM

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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 AND AGE-APPROPRIATE ACTIVITIES. DURING THE FISCAL YEAR LINDSAY CONDUCTED 96 PROGRAMS IN SCHOOL CLASSROOMS FOR 2,488 STUDENTS.

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.

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. LINDSAY 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 LINDSAY 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

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE TO PROSPECTIVE NATURALISTS. TWO SENIOR OWLS ARE PART OF THE BOARD OF DIRECTORS AND YOUTH ADVISORS AND PARTICIPATE IN ALL MEETINGS.

SPECIAL PROGRAMS-SPECIAL PROGRAMS INCLUDE 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.

SCHOOL FIELD TRIPS-BASED ON THE NEXT GENERATION SCIENCE STANDARDS (NGSS) FOR PRE-KINDERGARTEN THROUGH FIFTH GRADE ADOPTED IN 1978, LINDSAY PROVIDES REGIONAL SCHOOLS MULTI-SENSORY, ENCOURAGE OBSERVATION AND CRITICAL THINKING PROGRAMS, HELPING EQUIP YOUNG MINDS TO CONSIDER FUTURE SCIENCE AND CONSERVATION CAREERS. DURING THE FISCAL YEAR LINDSAY CONDUCTED 105 FIELD TRIP PROGRAMS FOR 2,415 STUDENTS.

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

THE ANIMAL AMBASSADORS LIVE IN SPECIALLY CONSTRUCTED ARTIFICIAL HABITATS, AS WELL AS IN AVIARIES, TERRARIA, AND AQUARIA. SOME OF THEM ARE ON PERMANENT DISPLAY IN THE EXHIBIT HALL, WHILE ALL OF THEM PARTICIPATE IN EDUCATIONAL ACTIVITIES DELIVERED TO THE PUBLIC BY STAFF AND TRAINED VOLUNTEERS. EDUCATION PROGRAMS WITH ANIMAL AMBASSADORS TAKE PLACE EVERY DAY INDOORS AND OUTDOORS. THE KEY MESSAGING OF THESE EXHIBIT AND EDUCATION PROGRAMS IS THE PROTECTION OF UNIQUE AND DIVERSE ECOSYSTEMS IN CALIFORNIA, WHICH ARE HOME TO A NUMBER OF UNIQUE ANIMALS WITH INTERESTING ADAPTATIONS AND KEY ROLES IN THE MAINTENANCE OF BIOLOGICAL DIVERSITY AND ECOSYSTEM FUNCTION. LINDSAY'S LIVE COLLECTION

Name of the organization

LINDSAY WILDLIFE MUSEUM

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INCLUDES STATE AND FEDERALLY ENDANGERED LISTED SPECIES.

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

COMMUNICATIONS, GUEST SERVICES, AND MUSEUM OPERATIONS

COMMUNICATIONS-THE COMMUNICATIONS DEPARTMENT PROVIDES A BROAD SCOPE OF

SERVICES TO LINDSAY, INCLUDING THE PRODUCTION OF PRINTED DOCUMENTS,

REPORTS, AND NEWSLETTERS, AS WELL AS MANAGES ALL ONLINE COMMUNICATIONS

INCLUDING THE LINDSAY WILDLIFE EXPERIENCE WEBSITE

(WWW.LINDSAYWILDLIFE.ORG), ALL ONLINE CONTENT FOR SOCIAL MEDIA

(FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE, AND OTHERS), AND POPULATING

SEVERAL ONLINE EDUCATION SITES WITH VIDEO, GRAPHIC, AND WRITTEN

CONTENT.

GUEST SERVICES-GUEST SERVICES OR "GUEST EXPERIENCE" MANAGES THE

ADMISSIONS PROCESS FOR VISITORS LINDSAY'S EXHIBITS AND PROGRAMS, AS

WELL AS THE GIFT SHOP, MEMBERSHIPS, AND VISITOR EXPERIENCES. THEY

COORDINATE WITH ALL DEPARTMENTS FOR THE SMOOTH RUNNING OF ON-SITE

PROGRAMS, EVENTS, AND ACTIVITIES, MANAGE STORE INVENTORIES AND

PURCHASES, AND UNIFORMS FOR STAFF AND VOLUNTEERS.

MUSEUM OPERATIONS-LINDSAY OPENED A LARGE PORTION OF ITS APPROXIMATELY

16,000 NATURAL HISTORY SPECIMENS TO THE PUBLIC THROUGH A NEWLY

RENOVATED EXHIBIT SPACE. GUESTS ARE NOW WELCOME TO EXPLORE, EXAMINE,

HANDLE, AND EVEN SKETCH FASCINATING NATURAL HISTORY OBJECTS DURING A

DAILY PROGRAM CALLED CURIOUS COLLECTIONS. WHILE SOME OF THE SPECIMENS

HAVE BEEN FEATURED IN EXHIBITS OVER THE YEARS, THIS LEVEL OF ACCESS TO

LINDSAY'S IMPRESSIVE COLLECTION IS UNPRECEDENTED. STAFF AND VOLUNTEERS

ARE ENCOURAGED TO OPEN THE ROOM WHEN GUESTS INQUIRE. THE RENTAL OF

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

SPECIMENS BY TEACHERS, ARTISTS, AND SIMILAR INSTITUTIONS CONTINUES AS WELL. LINDSAY FULFILLS APPROXIMATELY 60 SPECIMEN RENTAL REQUESTS PER YEAR.

EXPENSES \$ 772,481. INCLUDING GRANTS OF \$ 0. REVENUE \$ 446,455.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS ANDRE SHEVCHUCK AND MATT LAWSON ARE BROTHERS-IN-LAW.

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

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

PROCEDURES.

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

MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE COMPENSATION OF CERTAIN HIGH-LEVEL PERSONNEL PERIODICALLY IN ACCORDANCE WITH IRS RULES AND REGULATIONS. EFFORTS ARE MADE TO SECURE COMPENSATION DATA FROM INDUSTRY SOURCES IN ORDER TO DETERMINE COMPETITIVENESS AND APPROPRIATENESS OF SALARIES. EVERY EFFORT IS MADE TO ENSURE THAT THE PROCESS IS THOROUGH AND 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 IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	245,706.
MANAGEMENT AND GENERAL EXPENSES	16,392.
FUNDRAISING EXPENSES	73,510.
TOTAL EXPENSES	335,608.

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

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

335,608.

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.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
101	FLOOR SINK - LAUNDRY ROOM	03/31/97	SL	7.00		16	1,868.				1,868.	1,868.		0.	1,868.
	* 990 PAGE 10 TOTAL														
	BUILDINGS						1,868.				1,868.	1,868.		0.	1,868.
	FURNITURE & FIXTURES														
178	EXHIBIT	06/30/16	SL	5.00		16	34,331.				34,331.	12,588.		6,866.	19,454.
185	EXHIBIT 563	11/30/16	SL	5.00		16	48,654.				48,654.	17,162.		9,731.	26,893.
190	KITCHEN IMPROVEMENT	11/30/17	SL	10.00		16	16,286.				16,286.	950.		1,629.	2,579.
	* 990 PAGE 10 TOTAL														
	FURNITURE & FIXTURES						99,271.				99,271.	30,700.		18,226.	48,926.
	MACHINERY & EQUIPMENT														
2	SAMSUNG DIGITAL RADIOGRAPHY	12/31/12	SL	10.00		16	68,829.				68,829.	38,430.		6,883.	45,313.
3	FRIGIDAIRE PROFESSIONAL REFRIGERATOR	09/27/12	SL	5.00		16	1,599.				1,599.	1,599.		0.	1,599.
6	LIGHT CENTRY DC-MT TREATMENT	05/30/11	SL	5.00		16	2,650.				2,650.	2,650.		0.	2,650.
7	WASHER-CONTINENTAL	05/31/09	SL	5.00		16	9,802.				9,802.	9,802.		0.	9,802.
8	BAIR HUGGER-WARMING UNIT	01/31/09	SL	5.00		16	1,099.				1,099.	1,099.		0.	1,099.
9	VET SCAN CHEMISTRY ANALYZER	12/31/08	SL	5.00		16	7,592.				7,592.	7,592.		0.	7,592.
13	LIGHT SOURCE FOR ARTHOSCOPE	07/31/03	SL	5.00		16	2,500.				2,500.	2,500.		0.	2,500.
15	SNAKE STEP	03/31/96	SL	5.00		16	2,285.				2,285.	2,285.		0.	2,285.
16	PET EDUCATION ENCLOSURE	09/30/03	SL	5.00		16	6,035.				6,035.	6,035.		0.	6,035.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	ENVIROSCAPE (JT&A)	09/30/96	SL	5.00		16	1,085.				1,085.	1,085.		0.	1,085.
20	VET TRAILER	04/30/04	SL	5.00		16	119,332.				119,332.	119,332.		0.	119,332.
21	SHORE LINE CAGES	07/30/93	SL	5.00		16	13,768.				13,768.	13,768.		0.	13,768.
22	OUTSIDE ENCLOSURE	10/31/01	SL	5.00		16	2,082.				2,082.	2,082.		0.	2,082.
24	LC-KESTREL ENCLOSURE 4'X5'X8'	06/30/02	SL	5.00		16	1,632.				1,632.	1,632.		0.	1,632.
26	LARGE REHAB AVIARY	04/30/04	SL	5.00		16	25,040.				25,040.	25,040.		0.	25,040.
28	EKG MACHINE	05/31/03	SL	5.00		16	1,817.				1,817.	1,817.		0.	1,817.
29	COMMERCIAL DRYER	05/31/04	SL	5.00		16	9,160.				9,160.	9,160.		0.	9,160.
31	AQUARIUM CHILLER (GLACIER CORP)	07/31/96	SL	5.00		16	563.				563.	563.		0.	563.
32	ANESTHESIA MACHINE-CO2	01/31/06	SL	5.00		16	3,033.				3,033.	3,033.		0.	3,033.
33	ANESTHESIA MACHINE	03/30/02	SL	5.00		16	3,052.				3,052.	3,052.		0.	3,052.
34	ANESTHESIA MACHINE	02/28/03	SL	5.00		16	2,593.				2,593.	2,593.		0.	2,593.
36	2-MAMMAL PENS-LIVE COLLE	02/28/05	SL	5.00		16	49,283.				49,283.	49,283.		0.	49,283.
37	EXHIBIT HALL REDESIGN 13-14	06/30/14	SL	3.00		16	17,080.				17,080.	11,386.		0.	11,386.
40	EXHIBIT HALL REDESIGN 11-12 #2	06/30/12	SL	31.00		16	2,401.				2,401.	471.		77.	548.
41	EXHIBIT HALL REDESIGN 11-12 #1	12/31/11	SL	31.00		16	321,051.				321,051.	68,181.		10,356.	78,537.
42	EXHIBIT HALL REDESIGN 10-11	06/30/11	SL	31.00		16	398,034.				398,034.	90,949.		12,840.	103,789.
45	EXHIBIT HALL REDESIGN 07-08	06/30/08	SL	31.00		16	159,168.				159,168.	51,772.		5,134.	56,906.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
47	TOUR GUIDE SYSTEM	07/31/01	SL	5.00		16	15,000.				15,000.	15,000.		0.	15,000.
49	SOUND SYSTEM	02/28/01	SL	5.00		16	3,429.				3,429.	3,429.		0.	3,429.
51	MASTER PLAN	11/30/06	SL	10.00		16	123,529.				123,529.	123,529.		0.	123,529.
53	MEMORIAL WALL HEADER	12/31/02	SL	15.00		16	72.				72.	72.		0.	72.
54	DRAGON/FROG CIRCLE OF LIFE STATUE	08/31/01	SL	10.00		16	7,790.				7,790.	7,790.		0.	7,790.
55	CANYON DESIGN	09/30/14	SL	10.00		16	3,735.				3,735.	1,401.		374.	1,775.
56	CANYON DESIGN	10/31/14	SL	10.00		16	39,744.				39,744.	14,572.		3,974.	18,546.
59	K BUTLER ELECTRIC	06/01/15	SL	10.00		16	1,300.				1,300.	401.		130.	531.
60	KEEPING IT WILD EXHIBIT	03/31/08	SL	5.00		16	67,086.				67,086.	67,086.		0.	67,086.
61	HISTORY EXHIBIT	02/28/05	SL	5.00		16	28,252.				28,252.	28,252.		0.	28,252.
62	EXHIBITS	09/30/14	SL	3.00		16	1,644.				1,644.	1,644.		0.	1,644.
63	1 MAHOGANY EXECUTIVE "U" DESK	01/31/99	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.
64	CORPORATE INTER. FURNITURE	12/31/93	SL	7.00		16	16,301.				16,301.	16,301.		0.	16,301.
65	CORPORATE INTER. FURNITURE	07/31/93	SL	7.00		16	16,199.				16,199.	16,199.		0.	16,199.
68	POLAR BEAR SCULPTURE	03/31/03	SL	10.00		16	2,165.				2,165.	2,165.		0.	2,165.
73	LANDSCAPING	12/31/95	SL	10.00		16	263,179.				263,179.	263,179.		0.	263,179.
76	FIRE ALARM SYSTEM	09/30/11	SL	10.00		16	7,738.				7,738.	5,288.		774.	6,062.
80	NEW OUTSIDE DOOR FOR PUMP	08/30/01	SL	7.00		16	3,146.				3,146.	3,146.		0.	3,146.

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Asset No.	Description	Date Acquired	Method	Life	C o r v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
81.	ICU & TREATMENT CORIAN COUNTER	03/31/03	SL	7.00	16	16	7,690.				7,690.	7,690.		0.	7,690.
82	HVAC UPGRADE TO FC-2	06/30/03	SL	7.00	16	16	5,020.				5,020.	5,020.		0.	5,020.
84	WATER HEATER	08/30/05	SL	10.00	16	16	6,200.				6,200.	6,200.		0.	6,200.
89	PUMP HOUSE CORNICE GUTTERS	07/30/05	SL	7.00	16	16	6,750.				6,750.	6,750.		0.	6,750.
90	HVAC UPGRADE TO AC #2 & A	08/31/02	SL	7.00	16	16	14,350.				14,350.	14,350.		0.	14,350.
92	HVAC - AC-1 REBUILT SUPPLY	04/30/06	SL	10.00	16	16	4,888.				4,888.	4,888.		0.	4,888.
93	EXHIBIT HALL SIGN	09/30/96	SL	31.00	16	16	1,372.				1,372.	965.		44.	1,009.
94	COUNTER/REGISTER STAND	05/31/02	SL	7.00	16	16	215.				215.	215.		0.	215.
95	COUNTER/REGISTER STAND	04/30/02	SL	7.00	16	16	2,583.				2,583.	2,583.		0.	2,583.
98	BACKFLOW PREVENTION DEVICES	07/31/03	SL	7.00	16	16	3,195.				3,195.	3,195.		0.	3,195.
99	ANIMAL KITCHEN CORIAN COUNTER	04/30/03	SL	7.00	16	16	5,420.				5,420.	5,420.		0.	5,420.
100	2-PGC CONTROLLERS MONITOR	02/28/02	SL	7.00	16	16	9,775.				9,775.	9,775.		0.	9,775.
103	EXHIBIT FAN FOR DRYER	05/31/03	SL	5.00	16	16	2,121.				2,121.	2,121.		0.	2,121.
105	MINERAL RIGHTS 640 ACRES	09/30/12	SL	1.00	16	16	1.				1.	1.		0.	1.
108	DELL OPTIPLEX 3010 DESKTOP	06/30/13	SL	2.00	16	16	821.				821.	821.		0.	821.
110	DELL OPTIPLEX 3010 DESKTOP	05/31/13	SL	2.00	16	16	886.				886.	886.		0.	886.
112	HOST VIRTUAL SERVER	07/31/11	SL	5.00	16	16	3,920.				3,920.	3,920.		0.	3,920.
113	HP LJ P4015X PRINTER	08/31/10	SL	5.00	16	16	2,206.				2,206.	2,206.		0.	2,206.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
114	HP LJ P4014DN PRINTER	03/31/10	SL	5.00		16	1,263.				1,263.	1,263.		0.	1,263.
119	WENTZSCOPE EASY-VIEW MICRO	04/30/08	SL	3.00		16	2,937.				2,937.	2,937.		0.	2,937.
120	WENTZSCOPE EASY-VIEW MICRO	04/30/08	SL	3.00		16	2,936.				2,936.	2,936.		0.	2,936.
121	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
122	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
123	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
124	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
125	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
127	THINKCENTER M52	04/30/07	SL	3.00		16	2,149.				2,149.	2,149.		0.	2,149.
128	KONICA MINOLTA COPIER	04/01/07	SL	3.00		16	10,980.				10,980.	10,980.		0.	10,980.
129	SERVER INTEL PIII600 SYSTEM	03/10/01	SL	3.00		16	3,474.				3,474.	3,474.		0.	3,474.
130	SARE BF1716 (TRSF FR THRIFT SHOP)	04/30/02	SL	3.00		16	1,270.				1,270.	1,270.		0.	1,270.
131	RETAIL PRO POINT OF SALE	05/31/07	SL	10.00		16	19,433.				19,433.	19,433.		0.	19,433.
134	HP LASERJET 4PLUS PRINTER	01/31/99	SL	3.00		16	1,500.				1,500.	1,500.		0.	1,500.
135	HP LASERJET 2420DN PRINTER	08/30/06	SL	3.00		16	660.				660.	660.		0.	660.
136	HP LASERJET 2420 DN PRINTER	08/30/06	SL	3.00		16	660.				660.	660.		0.	660.
137	HP LASERJET 2420DN PRINTER	08/30/06	SL	3.00		16	660.				660.	660.		0.	660.
140	GATEWAY LAPTOP COMPUTER	08/30/03	SL	3.00		16	2,055.				2,055.	2,055.		0.	2,055.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
144	DELL POWER EDGE SERVER	11/06/06	SL	3.00		16	1,868.				1,868.	1,868.		0.	1,868.
145	DELL OPTIPLEX GX620 ULTRA	11/15/06	SL	3.00		16	926.				926.	926.		0.	926.
146	DELL OPTIPLEX GX620 ULTRA	11/15/06	SL	3.00		16	925.				925.	925.		0.	925.
148	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
149	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	845.				845.	845.		0.	845.
153	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
155	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	845.				845.	845.		0.	845.
158	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	845.				845.	845.		0.	845.
160	DELL OPTIPLEX 210L-SMALL	11/06/06	SL	3.00		16	1,218.				1,218.	1,218.		0.	1,218.
166	ACCPAC 2000 ACCT SOFTWARE	10/31/95	SL	3.00		16	2,523.				2,523.	2,523.		0.	2,523.
167	IBM PC W/MONITOR	08/31/05	SL	3.00		16	1,178.				1,178.	1,178.		0.	1,178.
168	HEWLETT PACKARD 8150 PRINTER	05/31/03	SL	3.00		16	1,999.				1,999.	1,999.		0.	1,999.
172	COMPUTER EQUIPMENT	01/31/15	SL	3.00		16	3,512.				3,512.	3,512.		0.	3,512.
174	IPAD FOR EDUCATION	06/02/15	SL	3.00		16	2,265.				2,265.	2,265.		0.	2,265.
176	1999 TOYOTA TRUCK	08/31/99	SL	5.00		16	20,963.				20,963.	20,963.		0.	20,963.
180	COMPUTER EQUIPMENT	10/27/15	SL	3.00		16	1,300.				1,300.	1,191.		109.	1,300.
181	APPLIANCE	11/30/15	SL	5.00		16	4,521.				4,521.	2,336.		904.	3,240.
182	APPLIANCE	08/30/15	SL	5.00		16	4,872.				4,872.	2,842.		974.	3,816.

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(D) - Asset disposed

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183	STERILIZER	08/01/16	SL	5.00		16	10,057.				10,057.	3,855.		2,011.	5,866.
186	EXHIBIT 567	10/31/16	SL	5.00		16	8,575.				8,575.	3,001.		1,715.	4,716.
189	US VET EQUIP	04/20/18	SL	5.00		16	10,812.				10,812.	360.		2,162.	2,522.
194	FORD * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT	11/09/18	SL	5.00		16	31,401.				31,401.			4,187.	4,187.
	TRANSPORTATION EQUIPMENT						2,079,227.				2,079,227.	1,284,638.		52,648.	1,337,286.
25	LC-5 ADDTN'L PANELS	10/31/04	SL	5.00		16	1,203.				1,203.	1,203.		0.	1,203.
170	COMPUTER EQUIPMENT (THEATER IMPROVEMENTS) * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT	10/31/14	SL	3.00		16	10,500.				10,500.	10,500.		0.	10,500.
	OTHER						11,703.				11,703.	11,703.		0.	11,703.
1	FREEZER - TRAUlsen (REACH-IN, 3)	01/31/13	SL	15.00		16	5,864.				5,864.	2,363.		443.	2,806.
4	AE AVIARIES-FALCONS	05/31/12	SL	5.00		16	13,466.				13,466.	13,466.		0.	13,466.
5	MIDMARK M11 ULTRAClave STE	01/01/12	SL	5.00		16	3,512.				3,512.	3,512.		0.	3,512.
10	SONG BIRD AVIARY	12/31/08	SL	5.00		16	9,188.				9,188.	9,188.		0.	9,188.
11	DISHWASHER-COMMERCIAL	09/30/08	SL	5.00		16	6,239.				6,239.	6,239.		0.	6,239.
12	ENDOSCOPIC SYSTEM	02/29/08	SL	5.00		16	21,694.				21,694.	21,694.		0.	21,694.
14	PULSE OXIMETER	07/30/98	SL	5.00		16	1,581.				1,581.	1,581.		0.	1,581.
17	MICROSCOPE (DONATED)	07/30/94	SL	5.00		16	3,225.				3,225.	3,225.		0.	3,225.

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19	I-STAT PORTABEL CLINICAL ANAL	12/31/03	SL	5.00		16	4,541.				4,541.	4,541.		0.	4,541.
23	LC-OCTAGON AVIARY	06/30/01	SL	5.00		16	2,540.				2,540.	2,540.		0.	2,540.
27	ELIMAN INTN'L ELECTRO SURGERY	09/30/96	SL	5.00		16	2,250.				2,250.	2,250.		0.	2,250.
30	COLD STORAGE WALK IN FREEZER	07/31/93	SL	5.00		16	8,542.				8,542.	8,542.		0.	8,542.
35	ANESTHESIA MACHINE	10/31/04	SL	5.00		16	2,429.				2,429.	2,429.		0.	2,429.
38	SOUND SYSTEM FOR ANIMAL ACT	11/30/12	SL	3.00		16	2,070.				2,070.	2,070.		0.	2,070.
39	EXHIBIT HALL REDESIGN 12-13	06/30/13	SL	31.00		16	135,292.				135,292.	22,185.		4,364.	26,549.
43	EXHIBIT HALL REDESIGN 09-10	06/30/10	SL	31.00		16	53,055.				53,055.	13,834.		1,711.	15,545.
44	EXHIBIT HALL REDESIGN 08-09	06/30/09	SL	31.00		16	34,781.				34,781.	10,191.		1,122.	11,313.
46	EXHIBIT HALL REDESIGN 06-07	06/30/07	SL	31.00		16	48,330.				48,330.	17,279.		1,559.	18,838.
48	STAIRCASE	12/31/00	SL	31.00		16	117,763.				117,763.	64,529.		3,968.	68,497.
50	MEMORIAL WALL	08/30/02	SL	15.00		16	1,750.				1,750.	1,750.		0.	1,750.
52	EXHIBIT HALL	01/31/95	SL	31.00		16	1,390,025.				1,390,025.	1,050,170.		45,314.	1,095,484.
57	CANYON DESIGN	11/30/14	SL	10.00		16	14,333.				14,333.	5,255.		1,433.	6,688.
58	CANYON DESIGN BUILD	08/31/14	SL	10.00		16	1,727.				1,727.	634.		173.	807.
66	1998 ADDITIONS - IG SHELVES	06/30/98	SL	7.00		16	1,155.				1,155.	1,155.		0.	1,155.
67	TURTLE SCULPTURE	04/30/11	SL	3.00		16	3,000.				3,000.	3,000.		0.	3,000.
69	LIGHT POLE 10' & FIXTURE	07/31/09	SL	5.00		16	1,460.				1,460.	1,460.		0.	1,460.

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70	OUTDOOR CLASSROOM-FY08-09-S	06/30/09	SL	5.00		16	1,218.				1,218.	1,218.		0.	1,218.
71	OUTDOOR CLASSROOM PAINTINGS	06/30/08	SL	5.00		16	2,652.				2,652.	2,652.		0.	2,652.
72	GARDEN PROJECT/OUTDOOR CLASS	11/30/06	SL	10.00		16	31,385.				31,385.	31,385.		0.	31,385.
74	ELEVATOR CONTROL VALVE	01/22/14	SL	10.00		16	4,556.				4,556.	2,051.		456.	2,507.
75	HVAC - AC-3 NEW COMPRESS	06/30/13	SL	7.00		16	10,728.				10,728.	7,791.		1,533.	9,324.
77	DOUBLE METAL DOORS	04/30/11	SL	10.00		16	3,025.				3,025.	2,194.		303.	2,497.
78	LIGHTING SYSTEM	08/31/08	SL	5.00		16	7,505.				7,505.	7,505.		0.	7,505.
79	RAPTOR ARBORS STEEL TRELLIS	11/30/96	SL	31.00		16	2,326.				2,326.	1,623.		75.	1,698.
83	WINDOW COVERS FOR HOSPITAL	06/30/01	SL	7.00		16	2,085.				2,085.	2,085.		0.	2,085.
85	TRIBUTE BRICK WALL	10/31/96	SL	31.00		16	8,625.				8,625.	6,039.		278.	6,317.
86	THREE EVAP COOLER MOTORS	10/31/00	SL	7.00		16	6,850.				6,850.	6,850.		0.	6,850.
87	TELECOMMUNICATIONS WIRING	03/31/97	SL	31.00		16	4,622.				4,622.	3,184.		149.	3,333.
88	SIGNAGE	03/31/97	SL	31.00		16	575.				575.	395.		19.	414.
91	HVAC - AC-4 NEW COMPRESS	07/30/06	SL	10.00		16	6,617.				6,617.	6,617.		0.	6,617.
96	CORP YARD PROJECT	04/30/04	SL	7.00		16	378,996.				378,996.	378,996.		0.	378,996.
97	BIRDROOM CORIAN COUNTERTOPS	03/31/04	SL	7.00		16	2,740.				2,740.	2,740.		0.	2,740.
102	PHASE I-III ACOUSTICAL WORK	10/31/96	SL	31.00		16	46,842.				46,842.	33,360.		1,511.	34,871.
104	PHASE WIRING AND OUTLETS-HVAC	02/28/97	SL	31.00		16	500.				500.	344.		16.	360.

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106	AXXESS 550.5232 VS & VOICE	01/08/14	SL	2.00		16	1,599.				1,599.	1,599.		0.	1,599.
107	DELL OPTIPLEX 3010 DESKTOP	06/30/13	SL	2.00		16	822.				822.	822.		0.	822.
109	DELL OPTIPLEX 3010 DESKTOP	05/31/13	SL	2.00		16	886.				886.	886.		0.	886.
111	STOVE & REFRIGERATOR	07/31/93	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.
115	DELL VOST 200 MINI TOWER W/KEYBOARD	07/31/08	SL	5.00		16	630.				630.	630.		0.	630.
116	WENZSCOPE EASY-VIEW MICRO	07/31/08	SL	5.00		16	2,937.				2,937.	2,937.		0.	2,937.
117	BLACKBAUD RAISERS EDGE	07/31/08	SL	10.00		16	3,548.				3,548.	3,548.		0.	3,548.
118	LAPTOP-IMB THINK PAD	05/31/08	SL	3.00		16	1,422.				1,422.	1,422.		0.	1,422.
126	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
132	OMNI CEILING LIGHT	07/30/93	SL	3.00		16	1,583.				1,583.	1,583.		0.	1,583.
133	INTEL CELEERON 500 MHZ COMP	04/27/00	SL	3.00		16	1,725.				1,725.	1,725.		0.	1,725.
138	HP LASERJET 1022 PRINTER	08/30/06	SL	3.00		16	195.				195.	195.		0.	195.
139	GOOD GUYS TV VCR	07/30/93	SL	3.00		16	4,580.				4,580.	4,580.		0.	4,580.
141	DELLCOMP 500,JZ 128K	10/01/99	SL	3.00		16	1,420.				1,420.	1,420.		0.	1,420.
142	DELL POWER EDGE SERVER	11/06/06	SL	3.00		16	1,867.				1,867.	1,867.		0.	1,867.
143	DELL POWER EDGE SERVER	11/06/06	SL	3.00		16	1,867.				1,867.	1,867.		0.	1,867.
147	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
150	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.

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151	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
152	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	845.				845.	845.		0.	845.
154	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
156	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
157	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
159	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
161	DELL OPTIPLEX 210L-SMALL	11/06/06	SL	3.00		16	1,174.				1,174.	1,174.		0.	1,174.
162	DELL COMPUTER (SUZIE'S OLD)	11/30/95	SL	3.00		16	2,402.				2,402.	2,402.		0.	2,402.
163	BLACKBAUD RAISERS EDGE	04/30/07	SL	10.00		16	8,795.				8,795.	8,795.		0.	8,795.
164	BLACKBAUD FINANCIAL EDGE	02/28/07	SL	10.00		16	16,445.				16,445.	16,445.		0.	16,445.
165	AMSEC SAFE	05/30/00	SL	5.00		16	1,191.				1,191.	1,191.		0.	1,191.
169	INTER-TEL PHONE SYSTEM	09/30/03	SL	7.00		16	83,026				83,026.	83,026.		0.	83,026.
171	COMPUTER EQUIPMENT (THEATER IMPROVEMENTS)	12/31/14	SL	3.00		16	8,175.				8,175.	8,175.		0.	8,175.
173	WEBSITE	05/01/15	SL	3.00		16	17,144.				17,144.	17,144.		0.	17,144.
175	2002 FORD WINDSTAR VAN	05/31/07	SL	5.00		16	3,380.				3,380.	3,380.		0.	3,380.
177	EXHIBITS	04/01/16	SL	5.00		16	304,262.				304,262.	139,532.		60,852.	200,384.
179	OBSERVATION WINDOWS	09/01/15	SL	7.00		16	6,820.				6,820.	2,761.		974.	3,735.
184	WASHING MACHINE	01/15/17	SL	5.00		16	6,832.				6,832.	2,050.		1,366.	3,416.

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187	EXHIBIT IN PROGRESS	06/30/17	SL	31.00		16	35,896.				35,896.	3,845.		2,614.	6,459.
188	KUDU EQUIPMENT	09/01/17	SL	5.00		16	10,724.				10,724.	1,787.		2,145.	3,932.
191	IMPROVEMENT	06/30/18	SL	10.00		16	6,953.				6,953.			695.	695.
192	IMPROVEMENT - ZOOLOGICAL FAB	08/31/18	SL	5.00		16	6,500.				6,500.			1,083.	1,083.
193	BAID EAGAL BALCONY	01/31/19	SL	5.00		16	8,285.				8,285.			690.	690.
	* 990 PAGE 10 TOTAL OTHER						2,973,362.				2,973,362.	2,097,517.		134,846.	2,232,363.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,165,431.				5,165,431.	8,426,426.		205,720.	3,632,146.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,119,245.			0.	5,119,245.	8,426,426.			3,626,186.
	ACQUISITIONS						46,186.			0.	46,186.	0.			5,960.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						5,165,431.			0.	5,165,431.	8,426,426.			3,632,146.
	ENDING ACCUM DEPR											8,632,146.			
	ENDING BOOK VALUE											1,533,285.			