

Form **990**

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LINDSAY WILDLIFE MUSEUM</b> Doing business as <b>LINDSAY WILDLIFE EXPERIENCE</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1931 FIRST AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>WALNUT CREEK, CA 94597</b> <b>F</b> Name and address of principal officer: <b>SCOTT RHOADES</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-6104179</b> <b>E</b> Telephone number <b>(925) 935-1978</b> <b>G</b> Gross receipts \$ <b>3,683,423.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.LINDSAYWILDLIFE.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1955</b> <b>M</b> State of legal domicile: <b>CA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPECT FOR THE WORLD WE SHARE.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>60</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>600</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>3,373,826.</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>459,478.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>78,640.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>107,983.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>4,019,927.</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,007,634.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>380,014.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,087,642.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>3,095,276.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>924,651.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>6,288,931.</b> <b>21</b> Total liabilities (Part X, line 26) <b>127,118.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>6,161,813.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>6,008,791.</b>	<b>159,980.</b>
		<b>5,848,811.</b>	

**Part II Signature Block**

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

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

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1** Briefly describe the organization's mission:  
**FOUNDED IN 1955, LINDSAY'S MISSION IS TO CONNECT PEOPLE WITH WILDLIFE TO INSPIRE RESPONSIBILITY AND RESPECT FOR THE WORLD WE SHARE. LINDSAY IS A UNIQUE NATURAL HISTORY, ENVIRONMENTAL EDUCATION CENTER AND WILDLIFE REHABILITATION CENTER.**
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 \$ **715,412.** 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 FY20-21 EXCEEDED IS APPROXIMATELY 5,500 INDIVIDUALS.**
- 4b** (Code: ) (Expenses \$ **461,399.** including grants of \$ ) (Revenue \$ **103,335.**)  
**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 \$ **409,359.** 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 on Schedule O.)  
 (Expenses \$ **681,217.** including grants of \$ ) (Revenue \$ **48,948.**)
- 4e** Total program service expenses **2,267,387.**

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	14	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

**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	60
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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 on 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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> 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 on 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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

**Section C. Disclosure**

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

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **FINANCIAL ADMINISTRATIVE SUPPORT SERVICES - 408-513-8703**  
**3180 NEWBERRY DRIVE, SUITE 200, SAN JOSE, CA 95118**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS L. DE LA ROSA EXECUTIVE DIRECTOR	40.00			X				154,363.	0.	10,757.
(2) LOUIS EBER TREASURER	4.00	X		X				0.	0.	0.
(3) JANET KOZLOWSKI PRESIDENT	4.00	X		X				0.	0.	0.
(4) ROSANNE SIINO BOARD MEMBER	4.00	X		X				0.	0.	0.
(5) HEATHER STEAD SECRETARY	4.00	X		X				0.	0.	0.
(6) MATT BERNER BOARD MEMBER	2.00	X						0.	0.	0.
(7) DYANN BLAINE BOARD MEMBER	2.00	X						0.	0.	0.
(8) ALEXANDRA CARABALLO BOARD MEMBER	2.00	X						0.	0.	0.
(9) LYNN COUTURE BOARD MEMBER	2.00	X						0.	0.	0.
(10) DOUG GRIFFITH BOARD MEMBER	2.00	X						0.	0.	0.
(11) LAURA J. JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
(12) MATT LAWSON BOARD MEMBER	2.00	X						0.	0.	0.
(13) RYAN MISASI BOARD MEMBER	2.00	X						0.	0.	0.
(14) SCOTT RHODES BOARD MEMBER	2.00	X						0.	0.	0.
(15) ANDRE SHEVCHUCK BOARD MEMBER	2.00	X						0.	0.	0.
(16) DR. JAMIE PEYTON BOARD MEMBER	2.00	X						0.	0.	0.
(17) JEREMY SEYMOUR BOARD MEMBER	2.00	X						0.	0.	0.

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal .....</b>								<b>154,363.</b>	<b>0.</b>	<b>10,757.</b>
<b>c Total from continuation sheets to Part VII, Section A .....</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c) .....</b>								<b>154,363.</b>	<b>0.</b>	<b>10,757.</b>

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

1

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

## Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within the organization's last year.		
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		0



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a					
	b	Membership dues	1b	83,913.				
	c	Fundraising events	1c	98,069.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,117,747.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,491,879.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 90,543.				
	h <b>Total.</b> Add lines 1a-1f			2,791,608.				
<b>Program Service Revenue</b>	2 a <b>EDUCATIONAL PROGRAMS</b>			Business Code 611600	103,335.	103,335.		
	b <b>MUSEUM ADMISSIONS</b>			713990	29,474.	29,474.		
	c							
	d							
	e							
	f All other program service revenue							
	g <b>Total.</b> Add lines 2a-2f			132,809.				
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)				53,355.		53,355.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
			(i) Real	(ii) Personal				
6 a		Gross rents	6a					
b		Less: rental expenses	6b					
c		Rental income or (loss)	6c					
d		Net rental income or (loss)						
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	7a	646,866.			
b		Less: cost or other basis and sales expenses	7b	454,351.				
c		Gain or (loss)	7c	192,515.				
d		Net gain or (loss)		192,515.			192,515.	
8 a		Gross income from fundraising events (not including \$ 98,069. of contributions reported on line 1c). See Part IV, line 18	8a	18,939.				
b		Less: direct expenses	8b	18,939.				
c		Net income or (loss) from fundraising events		0.				
9 a		Gross income from gaming activities. See Part IV, line 19	9a					
b		Less: direct expenses	9b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a	36,246.					
b	Less: cost of goods sold	10b	16,772.					
c	Net income or (loss) from sales of inventory		19,474.	19,474.				
<b>Miscellaneous Revenue</b>	11 a <b>OTHER INCOME</b>			Business Code 900099	3,600.		3,600.	
	b							
	c							
	d All other revenue							
	e <b>Total.</b> Add lines 11a-11d			3,600.				
	12 <b>Total revenue.</b> See instructions			3,193,361.	152,283.	0.	249,470.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,652.	48,796.	32,530.	81,326.
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	1,771,879.	1,369,114.	230,630.	172,135.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	207,150.	153,331.	32,351.	21,468.
10 Payroll taxes	135,426.	101,355.	16,233.	17,838.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	63,400.		63,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	25,200.			25,200.
f Investment management fees	8,451.		8,451.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	232,902.	114,278.	114,981.	3,643.
12 Advertising and promotion	6,678.	6,678.		
13 Office expenses	59,629.	8,371.	11,766.	39,492.
14 Information technology				
15 Royalties				
16 Occupancy	175,348.	164,631.	6,124.	4,593.
17 Travel				
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	197,392.	183,574.	7,896.	5,922.
23 Insurance	35,649.		35,649.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	120,379.	86,731.	25,401.	8,247.
b <b>ANIMAL HUSBANDRY</b>	28,544.	28,544.		
c <b>LICENSES AND PERMITS</b>	3,677.	1,984.	1,543.	150.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,234,356.	2,267,387.	586,955.	380,014.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	272,114.	1	153,860.
	2 Savings and temporary cash investments .....	1,195,434.	2	329,247.
	3 Pledges and grants receivable, net .....	78,712.	3	888,176.
	4 Accounts receivable, net .....		4	21,030.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	29,754.	8	26,793.
	9 Prepaid expenses and deferred charges .....	7,882.	9	7,882.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 5,293,028.		
	b Less: accumulated depreciation .....	10b 4,032,098.	10c	1,260,930.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	1,963,431.	12	2,439,262.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	1,290,502.	15	881,611.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,288,931.	16	6,008,791.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	126,518.	17	159,380.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	127,118.	26	159,980.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	3,825,774.	27	3,463,706.
	28 Net assets with donor restrictions .....	2,336,039.	28	2,385,105.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances</b> .....	6,161,813.	32	5,848,811.
33 <b>Total liabilities and net assets/fund balances</b> .....	6,288,931.	33	6,008,791.	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,193,361.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,234,356.
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,161,813.
5	Net unrealized gains (losses) on investments	5	136,884.
6	Donated services and use of facilities	6	-408,891.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,848,811.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 on Schedule O and describe any steps taken to undergo such audits		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,592,419.	1,475,529.	1,474,347.	3,026,646.	2,791,608.	10,360,549.
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.	2,143,621.	75,141.	55,239.	2,274,003.
4 <b>Total.</b> Add lines 1 through 3	1,592,420.	1,475,530.	3,617,968.	3,101,787.	2,846,847.	12,634,552.
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)						214,900.
6 <b>Public support.</b> Subtract line 5 from line 4.						12,419,652.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,592,420.	1,475,530.	3,617,968.	3,101,787.	2,846,847.	12,634,552.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	76,567.	76,964.	99,720.	76,292.	245,870.	575,413.
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.)	14,451.	14,147.	7,200.	7,200.	3,600.	46,598.
11 <b>Total support.</b> Add lines 7 through 10						13,256,563.
12 Gross receipts from related activities, etc. (see instructions)					12	2,700,706.
13 <b>First 5 years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	93.69	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.92	%
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

## 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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

LINDSAY WILDLIFE MUSEUM

Employer identification number

94-6104179

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2020

**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 make significant use of its collection items (check all that apply):

- a ☒ Public exhibition d ☐ Loan or exchange program  
 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	905,825.	2,114,068.	2,558,217.	2,930,421.	3,110,150.
b Contributions		-1,213,075.	16,351.	5,101.	
c Net investment earnings, gains, and losses	224,968.	84,889.	179,500.	222,902.	179,095.
d Grants or scholarships					
e Other expenditures for facilities and programs	36,274.	80,057.	640,000.	600,207.	358,824.
f Administrative expenses					
g End of year balance	1,094,519.	905,825.	2,114,068.	2,558,217.	2,930,421.

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 34.0000 %  
 c Term endowment ☒ 66.0000 %

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

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.	1,413,339.	467,161.
c Leasehold improvements				
d Equipment		2,091,950.	1,456,784.	635,166.
e Other		1,320,578.	1,161,975.	158,603.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,260,930.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) <b>EQUITIES, BONDS, MUTUAL</b>		
(B) <b>FUNDS</b>	<b>2,439,262.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</b>	<b>2,439,262.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>IN KIND BUILDING AND LAND LEASE</b>	<b>881,611.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	<b>881,611.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	

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

**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	3,377,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	136,885.
b	Donated services and use of facilities	2b	55,239.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	192,124.
3	Subtract line 2e from line 1	3	3,184,910.
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	8,451.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,451.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,193,361.

**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	3,690,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	464,131.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	464,131.
3	Subtract line 2e from line 1	3	3,225,905.
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	8,451.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,451.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,234,356.

**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. UNDER THE INVESTMENT POLICY 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 FUNDS' TIME HORIZON, LIQUIDITY NEEDS, RISK TOLERANCE AND PERFORMANCE EXPECTATION. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT LINDSAY MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD.

## PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE AN ORGANIZATION TO EVALUATE ITS TAX POSITIONS AND PROVIDE FOR A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED 'MORE LIKELY THAN NOT' TO BE UPHOLD UNDER A TAX AUTHORITY EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT A PROVISION FOR A TAX LIABILITY IS NOT NECESSARY AT JUNE 30, 2021. 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.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HOLLY MILLION CONSULTING - 7600 CIRCLE HILL DRIVE,	ALL FUNDRAISING ACTIVITIES NOT INCLUDING MEMBERSHIP		X	1,563,405.	25,200.	1,538,205.
<b>Total</b> .....				1,563,405.	25,200.	1,538,205.

- 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>LOVE LINDSAY</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
<b>1</b> Gross receipts .....	<b>117,008.</b>			<b>117,008.</b>
<b>2</b> Less: Contributions .....	<b>98,069.</b>			<b>98,069.</b>
<b>3</b> Gross income (line 1 minus line 2) .....	<b>18,939.</b>			<b>18,939.</b>
<b>Direct Expenses</b>				
<b>4</b> Cash prizes .....				
<b>5</b> Noncash prizes .....	<b>11,739.</b>			<b>11,739.</b>
<b>6</b> Rent/facility costs .....				
<b>7</b> Food and beverages .....				
<b>8</b> Entertainment .....				
<b>9</b> Other direct expenses .....	<b>7,200.</b>			<b>7,200.</b>
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>18,939.</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>0.</b>

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

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

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

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

- 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: HOLLY MILLION CONSULTING

(I) ADDRESS OF FUNDRAISER: 7600 CIRCLE HILL DRIVE, OAKLAND, CA 94605

(II) ACTIVITY: ALL FUNDRAISING ACTIVITIES NOT INCLUDING MEMBERSHIP AND CAR

## Part IV Supplemental Information (continued)

[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020



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



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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	78	85,142	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 ▶ ( <b>SUPPLIES</b> ) .....	X	99	0	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 V, Donee Acknowledgement .....

29

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

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? .....

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

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.

	Yes	No
30a		X
31		X
32a	X	
33		

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

Schedule M (Form 990) 2020

**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](http://www.irs.gov/Form990) for the latest information.

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Inspection

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**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 105 PROGRAMS IN SCHOOL CLASSROOMS FOR 2,418 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

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LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE TO PROSPECTIVE NATURALISTS. TWO SENIOR OWLS PARTICIPATE IN SOME OF THE BOARD OF DIRECTORS AND YOUTH ADVISORS 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 76 FIELD TRIP PROGRAMS FOR 1,831 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

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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 \$ 681,217. INCLUDING GRANTS OF \$ 0. REVENUE \$ 48,948.

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, TREASURER, 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 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.



2020 DEPRECIATION AND AMORTIZATION REPORT

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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														
100	FLOOR SINK - LAUNDRY ROOM	03/31/97	SL	7.00	16	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														
177	EXHIBIT	06/30/16	SL	5.00	16	16	34,331.				34,331.	26,320.		6,866.	33,186.
184	EXHIBIT 563	11/30/16	SL	5.00	16	16	48,654.				48,654.	36,624.		9,731.	46,355.
189	KITCHEN IMPROVEMENT	11/30/17	SL	10.00	16	16	16,286.				16,286.	4,208.		1,629.	5,837.
	* 990 PAGE 10 TOTAL														
	FURNITURE & FIXTURES						99,271.				99,271.	67,152.		18,226.	85,378.
	MACHINERY & EQUIPMENT														
2	SAMSUNG DIGITAL RADIOGRAPHY	12/31/12	SL	10.00	16	16	68,829.				68,829.	52,196.		6,883.	59,079.
3	FRIGIDAIRE PROFESSIONAL REFRIGERATOR	09/27/12	SL	5.00	16	16	1,599.				1,599.	1,599.		0.	1,599.
6	LIGHT CENTRY DC-MT TREATMENT	05/30/11	SL	5.00	16	16	2,650.				2,650.	2,650.		0.	2,650.
7	WASHER-CONTINENTAL	05/31/09	SL	5.00	16	16	9,802.				9,802.	9,802.		0.	9,802.
8	BAIR HUGGER-WARMING UNIT	01/31/09	SL	5.00	16	16	1,099.				1,099.	1,099.		0.	1,099.
9	VET SCAN CHEMISTRY ANALYZER	12/31/08	SL	5.00	16	16	7,592.				7,592.	7,592.		0.	7,592.
13	LIGHT SOURCE FOR ARTHOSCOPE	07/31/03	SL	5.00	16	16	2,500.				2,500.	2,500.		0.	2,500.
15	SNAKE STEP	03/31/96	SL	5.00	16	16	2,285.				2,285.	2,285.		0.	2,285.
16	PET EDUCATION ENCLOSURE	09/30/03	SL	5.00	16	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	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
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.	625.		77.	702.
41	EXHIBIT HALL REDESIGN 11-12 #1	12/31/11	SL	31.00		16	321,051.				321,051.	88,893.		10,357.	99,250.
42	EXHIBIT HALL REDESIGN 10-11	06/30/11	SL	31.00		16	398,034.				398,034.	116,629.		15,677.	132,306.
45	EXHIBIT HALL REDESIGN 07-08	06/30/08	SL	31.00		16	159,168.				159,168.	62,040.		5,134.	67,174.

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(D) - Asset disposed

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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.	2,149.		374.	2,523.
56	CANYON DESIGN	10/31/14	SL	10.00		16	39,744.				39,744.	22,520.		3,974.	26,494.
59	K BUTLER ELECTRIC	06/01/15	SL	10.00		16	1,300.				1,300.	661.		130.	791.
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.	6,836.		774.	7,610.
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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(D) - Asset disposed

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81	ICU & TREATMENT CORIAN COUNTER	03/31/03	SL	7.00		16	7,690.				7,690.	7,690.		0.	7,690.
82	HVAC UPGRADE TO FC-2	06/30/03	SL	7.00		16	5,020.				5,020.	5,020.		0.	5,020.
88	PUMP HOUSE CORNICE GUTTERS	07/30/05	SL	7.00		16	6,750.				6,750.	6,750.		0.	6,750.
89	HVAC UPGRADE TO AC #2 & A	08/31/02	SL	7.00		16	14,350.				14,350.	14,350.		0.	14,350.
91	HVAC - AC-1 REBUILT SUPPLY	04/30/06	SL	10.00		16	4,888.				4,888.	4,888.		0.	4,888.
92	EXHIBIT HALL SIGN	09/30/96	SL	31.00		16	1,372.				1,372.	1,053.		44.	1,097.
93	COUNTER/REGISTER STAND	05/31/02	SL	7.00		16	215.				215.	215.		0.	215.
94	COUNTER/REGISTER STAND	04/30/02	SL	7.00		16	2,583.				2,583.	2,583.		0.	2,583.
97	BACKFLOW PREVENTION DEVICES	07/31/03	SL	7.00		16	3,195.				3,195.	3,195.		0.	3,195.
98	ANIMAL KITCHEN CORIAN COUNTER	04/30/03	SL	7.00		16	5,420.				5,420.	5,420.		0.	5,420.
99	2-PGC CONTROLLERS MONITOR	02/28/02	SL	7.00		16	9,775.				9,775.	9,775.		0.	9,775.
102	EXHIBIT FAN FOR DRYER	05/31/03	SL	5.00		16	2,121.				2,121.	2,121.		0.	2,121.
104	MINERAL RIGHTS 640 ACRES	09/30/12	SL	1.00		16	1.				1.	1.		0.	1.
107	DELL OPTIPLEX 3010 DESKTOP	06/30/13	SL	2.00		16	821.				821.	821.		0.	821.
109	DELL OPTIPLEX 3010 DESKTOP	05/31/13	SL	2.00		16	886.				886.	886.		0.	886.
111	HOST VIRTUAL SERVER	07/31/11	SL	5.00		16	3,920.				3,920.	3,920.		0.	3,920.
112	HP LJ P4015X PRINTER	08/31/10	SL	5.00		16	2,206.				2,206.	2,206.		0.	2,206.
113	HP LJ P4014DN PRINTER	03/31/10	SL	5.00		16	1,263.				1,263.	1,263.		0.	1,263.

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(D) - Asset disposed

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118	WENTZSCOPE EASY-VIEW MICRO	04/30/08	SL	3.00		16	2,937.				2,937.	2,937.		0.	2,937.
119	WENTZSCOPE EASY-VIEW MICRO	04/30/08	SL	3.00		16	2,936.				2,936.	2,936.		0.	2,936.
120	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
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.
126	THINKCENTER M52	04/30/07	SL	3.00		16	2,149.				2,149.	2,149.		0.	2,149.
127	KONICA MINOLTA COPIER	04/01/07	SL	3.00		16	10,980.				10,980.	10,980.		0.	10,980.
128	SERVER INTEL PIII600 SYSTEM	03/10/01	SL	3.00		16	3,474.				3,474.	3,474.		0.	3,474.
129	SARE BF1716 (TRSF FR THRIFT SHOP)	04/30/02	SL	3.00		16	1,270.				1,270.	1,270.		0.	1,270.
130	RETAIL PRO POINT OF SALE	05/31/07	SL	10.00		16	19,433.				19,433.	19,433.		0.	19,433.
133	HP LASERJET 4PLUS PRINTER	01/31/99	SL	3.00		16	1,500.				1,500.	1,500.		0.	1,500.
134	HP LASERJET 2420DN PRINTER	08/30/06	SL	3.00		16	660.				660.	660.		0.	660.
135	HP LASERJET 2420 DN PRINTER	08/30/06	SL	3.00		16	660.				660.	660.		0.	660.
136	HP LASERJET 2420DN PRINTER	08/30/06	SL	3.00		16	660.				660.	660.		0.	660.
139	GATEWAY LAPTOP COMPUTER	08/30/03	SL	3.00		16	2,055.				2,055.	2,055.		0.	2,055.
143	DELL POWER EDGE SERVER	11/06/06	SL	3.00		16	1,868.				1,868.	1,868.		0.	1,868.

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(D) - Asset disposed

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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
144	DELL OPTIPLEX GX620 ULTRA	11/15/06	SL	3.00		16	926.				926.	926.		0.	936.
145	DELL OPTIPLEX GX620 ULTRA	11/15/06	SL	3.00		16	925.				925.	925.		0.	925.
147	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
148	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	845.				845.	845.		0.	845.
152	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
154	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	845.				845.	845.		0.	845.
157	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	845.				845.	845.		0.	845.
159	DELL OPTIPLEX 210L-SMALL	11/06/06	SL	3.00		16	1,218.				1,218.	1,218.		0.	1,218.
165	ACCPAC 2000 ACCT SOFTWARE	10/31/95	SL	3.00		16	2,523.				2,523.	2,523.		0.	2,523.
166	IBM PC W/MONITOR	08/31/05	SL	3.00		16	1,178.				1,178.	1,178.		0.	1,178.
167	HEWLETT PACKARD 8150 PRINTER	05/31/03	SL	3.00		16	1,999.				1,999.	1,999.		0.	1,999.
171	COMPUTER EQUIPMENT	01/31/15	SL	3.00		16	3,512.				3,512.	3,512.		0.	3,512.
173	IPAD FOR EDUCATION	06/02/15	SL	3.00		16	2,265.				2,265.	2,265.		0.	2,265.
175	1999 TOYOTA TRUCK	08/31/99	SL	5.00		16	20,963.				20,963.	20,963.		0.	20,963.
179	COMPUTER EQUIPMENT	10/27/15	SL	3.00		16	1,300.				1,300.	1,300.		0.	1,300.
180	APPLIANCE	11/30/15	SL	5.00		16	4,521.				4,521.	4,144.		377.	4,521.
181	APPLIANCE	08/30/15	SL	5.00		16	4,872.				4,872.	4,790.		82.	4,872.
182	STERILIZER	08/01/16	SL	5.00		16	10,057.				10,057.	7,877.		2,011.	9,888.

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(D) - Asset disposed

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185	EXHIBIT 567	10/31/16	SL	5.00		16	8,575.				8,575.	6,431.		1,715.	8,146.
188	US VET EQUIP	04/20/18	SL	5.00		16	10,812.				10,812.	4,684.		2,162.	6,846.
193	FORD	11/09/18	SL	5.00		16	31,401.				31,401.	12,619.		6,280.	18,899.
196	COMPUTERS	03/01/21	SL	3.00		16	5,074.				5,074.			564.	564.
197	US BANK EQUIPMENT	08/31/20	SL	3.00		16	2,146.				2,146.			596.	596.
	* 990 PAGE 10 TOTAL						2,080,247.				2,080,247.	1,387,870.		57,211.	1,445,081.
	MACHINERY & EQUIPMENT														
	TRANSPORTATION EQUIPMENT														
25	LC-5 ADDTN'L PANELS	10/31/04	SL	5.00		16	1,203.				1,203.	1,203.		0.	1,203.
169	COMPUTER EQUIPMENT (THEATER IMPROVEMENTS)	10/31/14	SL	3.00		16	10,500.				10,500.	10,500.		0.	10,500.
	* 990 PAGE 10 TOTAL						11,703.				11,703.	11,703.		0.	11,703.
	TRANSPORTATION EQUIPMENT														
	OTHER														
	FREEZER - TRAULSEN (REACH-IN,														
13)		01/31/13	SL	15.00		16	5,864.				5,864.	3,197.		443.	3,640.
4	AE AVIARIES-FALCONS	05/31/12	SL	5.00		16	13,466.				13,466.	13,466.		0.	13,466.
5	MIDMARK M11 ULTRACLAIVE 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	07/30/99	SL	5.00		16	1,581.				1,581.	1,581.		0.	1,581.

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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
17	MICROSCOPE (DONATED)	07/30/94	SL	5.00		16	3,225.				3,225.	3,225.		0.	3,225.
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	ELLMAN 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.	30,913.		4,364.	35,277.
43	EXHIBIT HALL REDESIGN 09-10	06/30/10	SL	31.00		16	53,055.				53,055.	17,256.		1,711.	18,967.
44	EXHIBIT HALL REDESIGN 08-09	06/30/09	SL	31.00		16	34,781.				34,781.	12,435.		1,122.	13,557.
46	EXHIBIT HALL REDESIGN 06-07	06/30/07	SL	31.00		16	48,330.				48,330.	20,397.		1,559.	21,956.
48	STAIRCASE	12/31/00	SL	31.00		16	117,763.				117,763.	72,296.		3,968.	76,264.
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.	140,324.		45,314.	1,185,638.
57	CANYON DESIGN	11/30/14	SL	10.00		16	14,333.				14,333.	8,121.		1,433.	9,554.
58	CANYON DESIGN BUILD	08/31/14	SL	10.00		16	1,727.				1,727.	980.		173.	1,153.
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.

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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
69	LIGHT POLE 10' & FIXTURE	07/31/09	SL	5.00		16	1,460.				1,460.	1,460.		0.	1,460.
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.	2,963.		456.	3,419.
75	HVAC - AC-3 NEW COMPRESS	06/30/13	SL	7.00		16	10,728.				10,728.	10,728.		0.	10,728.
77	DOUBLE METAL DOORS	04/30/11	SL	10.00		16	3,025.				3,025.	2,800.		225.	3,025.
78	LIGHTING SYSTEM	08/31/08	SL	5.00		16	7,505.				7,505.	7,505.		226.	7,731.
79	RAPTOR ARBORS STEEL TRELLIS	11/30/96	SL	31.00		16	2,326.				2,326.	1,773.		75.	1,848.
83	WINDOW COVERS FOR HOSPITAL	06/30/01	SL	7.00		16	2,085.				2,085.	2,085.		0.	2,085.
84	TRIBUTE BRICK WALL	10/31/96	SL	31.00		16	8,625.				8,625.	6,595.		279.	6,874.
85	THREE EVAP COOLER MOTORS	10/31/00	SL	7.00		16	6,850.				6,850.	6,850.		0.	6,850.
86	TELECOMMUNICATIONS WIRING	03/31/97	SL	31.00		16	4,622.				4,622.	3,482.		149.	3,631.
87	SIGNAGE	03/31/97	SL	31.00		16	575.				575.	433.		19.	452.
90	HVAC - AC-4 NEW COMPRESS	07/30/06	SL	10.00		16	6,617.				6,617.	6,617.		0.	6,617.
95	CORP YARD PROJECT	04/30/04	SL	7.00		16	378,996.				378,996.	378,996.		0.	378,996.
96	BIRDROOM CORIAN COUNTERTOPS	03/31/04	SL	7.00		16	2,740.				2,740.	2,740.		0.	2,740.
101	PHASE I-III ACOUSTICAL WORK	10/31/96	SL	31.00		16	46,842.				46,842.	36,382.		1,458.	37,840.

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\* 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
103	PHASE WIRING AND OUTLETS-HVAC	02/28/97	SL	31.00		16	500.				500.	376.		16.	392.
105	AXXESS 550.5232 VS & VOICE	01/08/14	SL	2.00		16	1,599.				1,599.	1,599.		0.	1,599.
106	DELL OPTIPLEX 3010 DESKTOP	06/30/13	SL	2.00		16	822.				822.	822.		0.	822.
108	DELL OPTIPLEX 3010 DESKTOP	05/31/13	SL	2.00		16	886.				886.	886.		0.	886.
110	STOVE & REFRIGERATOR	07/31/93	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.
114	DELL VOST 200 MINI TOWER W/KEYBOARD	07/31/08	SL	5.00		16	630.				630.	630.		0.	630.
115	WENZSCOPE EASY-VIEW NICRO	07/31/08	SL	5.00		16	2,937.				2,937.	2,937.		0.	2,937.
116	BLACKBAUD RAISERS EDGE	07/31/08	SL	10.00		16	3,548.				3,548.	3,548.		0.	3,548.
117	LAPTOP-IMB THINK PAD	05/31/08	SL	3.00		16	1,422.				1,422.	1,422.		0.	1,422.
125	DELL OPTIPLEX 320 SMALL FORM	10/31/07	SL	3.00		16	865.				865.	865.		0.	865.
131	OMNI CEILING LIGHT	07/30/93	SL	3.00		16	1,583.				1,583.	1,583.		0.	1,583.
132	INTEL CELEBRON 500 MHZ COMP	04/27/00	SL	3.00		16	1,725.				1,725.	1,725.		0.	1,725.
137	HP LASERJET 1022 PRINTER	08/30/06	SL	3.00		16	195.				195.	195.		0.	195.
138	GOOD GUYS TV VCR	07/30/93	SL	3.00		16	4,580.				4,580.	4,580.		0.	4,580.
140	DELLCOMP 500,JZ 128K	10/01/99	SL	3.00		16	1,420.				1,420.	1,420.		0.	1,420.
141	DELL POWER EDGE SERVER	11/06/06	SL	3.00		16	1,867.				1,867.	1,867.		0.	1,867.
142	DELL POWER EDGE SERVER	11/06/06	SL	3.00		16	1,867.				1,867.	1,867.		0.	1,867.
146	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.

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\* 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
149	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.
151	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	844.				844.	844.		0.	844.
156	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
158	DELL OPTIPLEX 320 SMALL FORM	11/15/06	SL	3.00		16	844.				844.	844.		0.	844.
160	DELL OPTIPLEX 210L-SMALL	11/06/06	SL	3.00		16	1,174.				1,174.	1,174.		0.	1,174.
161	DELL COMPUTER (SUZIE'S OLD)	11/30/95	SL	3.00		16	2,402.				2,402.	2,402.		0.	2,402.
162	BLACKBAUD RAISERS EDGE	04/30/07	SL	10.00		16	8,795.				8,795.	8,795.		0.	8,795.
163	BLACKBAUD FINANCIAL EDGE	02/28/07	SL	10.00		16	16,445.				16,445.	16,445.		0.	16,445.
164	AMSEC SAFE	05/30/00	SL	5.00		16	1,191.				1,191.	1,191.		0.	1,191.
168	INTER-TEL PHONE SYSTEM	09/30/03	SL	7.00		16	83,026.				83,026.	83,026.		0.	83,026.
170	COMPUTER EQUIPMENT (THEATER IMPROVEMENTS)	12/31/14	SL	3.00		16	8,175.				8,175.	8,175.		0.	8,175.
172	WEBSITE	05/01/15	SL	3.00		16	17,144.				17,144.	17,144.		0.	17,144.
174	2002 FORD WINDSTAR VAN	05/31/07	SL	5.00		16	3,380.				3,380.	3,380.		0.	3,380.
176	EXHIBITS	04/01/16	SL	5.00		16	304,262.				304,262.	261,236.		43,026.	304,262.
178	OBSERVATION WINDOWS	09/01/15	SL	7.00		16	6,820.				6,820.	4,709.		974.	5,683.

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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
183	WASHING MACHINE	01/15/17	SL	5.00		16	6,832.				6,832.	4,782.		1,366.	6,148.
186	EXHIBIT IN PROGRESS	06/30/17	SL	31.00		16	35,896.				35,896.	7,617.		1,158.	8,775.
187	KUDU EQUIPMENT	09/01/17	SL	5.00		16	10,724.				10,724.	6,077.		2,145.	8,222.
190	IMPROVEMENT	06/30/18	SL	10.00		16	6,953.				6,953.	1,390.		1,159.	2,549.
191	IMPROVEMENT - ZOOLOGICAL FAB	08/31/18	SL	5.00		16	6,500.				6,500.	2,383.		1,300.	3,683.
192	BALD EAGAL BALCONY	01/31/19	SL	5.00		16	8,285.				8,285.	2,347.		1,657.	4,004.
194	ZOOLOGICAL FABRICATION	06/30/20	SL	5.00		16	114,810.				114,810.			3,827.	3,827.
195	WATER HEATER	06/30/20	SL	5.00		16	11,767.				11,767.			2,353.	2,353.
	* 990 PAGE 10 TOTAL OTHER					3	3,099,939.				3,099,939.	2,366,113.		121,955.	2,488,068.
	* GRAND TOTAL 990 PAGE 10 DEPR					5	5,293,028.				5,293,028.	3,834,706.		197,392.	4,032,098.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE					5	5,285,808.			0.	5,285,808.	3,834,706.			4,030,938.
	ACQUISITIONS					16	7,220.			0.	7,220.	0.			1,160.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE					5	5,293,028.			0.	5,293,028.	3,834,706.			4,032,098.
	ENDING ACCUM DEPR														
	ENDING BOOK VALUE											4,032,098.			

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

Form 8879-EO

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

LINDSAY WILDLIFE MUSEUM

94-6104179

Name and title of officer or person subject to tax

SCOTT RHOADES

CURRENT TREASURER

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,193,361.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) (EIN) and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize QUIGLEY & MIRON to enter my PIN 94597  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 5-12-22

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing Identification number (EFIN) followed by your five-digit self-selected PIN.

95779090010

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature QUIGLEY &amp; MIRON

Date

5/12/22

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)