

LAWRENCE R. MITCHELL & COMPANY, CPAS
880 APOLLO STREET, SUITE 140
EL SEGUNDO, CA 90245
TEL.: 310.563.1010 FAX: 310.563.1011

JULY 10, 2018

WILDLIFE WAYSTATION
14831 LITTLE TUJUNGA CYN RD
SYLMAR, CA 91342

WILDLIFE WAYSTATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT
ORGANIZATION RETURNS, AS FOLLOWS...

2016 FORM 990

2016 CALIFORNIA FORM 199

2016 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

VERY TRULY YOURS,

LAWRENCE R. MITCHELL & COMPANY, CPAS

Filing Instructions

Prepared for:

WILDLIFE WAYSTATION
14831 LITTLE TUJUNGA CYN RD
SYLMAR, CA 91342

Prepared by:

LAWRENCE R. MITCHELL & COMPANY, CPAS
880 APOLLO STREET, SUITE 140
EL SEGUNDO, CA 90245

2016 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

2016 CALIFORNIA FORM 199

NO PAYMENT IS REQUIRED.

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

Filing Instructions

Prepared for:

WILDLIFE WAYSTATION
14831 LITTLE TUJUNGA CYN RD
SYLMAR, CA 91342

Prepared by:

LAWRENCE R. MITCHELL & COMPANY, CPAS
880 APOLLO STREET, SUITE 140
EL SEGUNDO, CA 90245

2016 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 150.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$150.00, PAYABLE TO ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning DEC 1, 2016, and ending NOV 30, 2017

2016

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

WILDLIFE WAYSTATION

95-3190812

Name and title of officer

**MARTINE COLETTE
BOARD CHAIR**

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, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, 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 1 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 <u>2,541,873.</u>
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 _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LAWRENCE R. MITCHELL & COMPANY, CPAS to enter my PIN 90245
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2016 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.

Officer's signature ▶ _____ Date ▶ _____

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.

95954090245
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization 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 ▶ _____ Date ▶ 07/10/18

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **DEC 1, 2016** and ending **NOV 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WILDLIFE WAYSTATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14831 LITTLE TUJUNGA CYN RD City or town, state or province, country, and ZIP or foreign postal code SYLMAR, CA 91342 F Name and address of principal officer: MARTINE COLETTE 14831 LITTLE TUJUNGA CANYON ROAD, SYLMAR, CA	D Employer identification number 95-3190812 E Telephone number 818-899-5201 G Gross receipts \$ 2,541,873. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WILDLIFEWAYSTATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY PURPOSE IS TO RESCUE, RELOCATE AND PROVIDE SANCTUARY TO WILD AND 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 54 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34 0.		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		2,337,901.	2,533,227.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,310.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,569.	8,646.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,345,780.	2,541,873.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,492,176.	1,443,375.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	12,068.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 146,235.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,005,575.	1,024,906.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,497,751.	2,480,349.
19 Revenue less expenses. Subtract line 18 from line 12		-151,971.	61,524.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		733,893.	893,133.
21 Total liabilities (Part X, line 26)		1,119,623.	1,196,556.
22 Net assets or fund balances. Subtract line 21 from line 20		-385,730.	-303,423.

Part II Signature Block

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

Sign Here	Signature of officer MARTINE COLETTE, BOARD CHAIR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LAWRENCE MITCHELL, CPA	Preparer's signature Date 07/10/18
	Firm's name ▶ LAWRENCE R. MITCHELL & COMPANY, CPAS Firm's address ▶ 880 APOLLO STREET, SUITE 140 EL SEGUNDO, CA 90245	Check <input type="checkbox"/> if self-employed PTIN P00164733 Firm's EIN ▶ 20-0545687 Phone no. 310.563.1010

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S PRIMARY PURPOSE IS TO RESCUE, RELOCATE AND PROVIDE SANCTUARY TO WILD AND EXOTIC ANIMALS FROM AROUND THE WORLD, AS WELL AS NATIVE WILDLIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 2,148,421. including grants of \$) (Revenue \$) TO RESCUE, REHABILITATE, RELOCATE AND PROVIDE SANCTUARY TO WILD AND EXOTIC ANIMALS FROM AROUND THE WORLD, AS WELL AS NATIVE. ALSO, TO EDUCATE THE PUBLIC ABOUT THE GLOBAL PLIGHT OF WILDLIFE, ESPECIALLY NEAR CITIES.

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

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

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

4e Total program service expenses 2,148,421.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MARTINE COLETTE - 818-899-5201**
14831 LITTLE TUJUNGA CANYON ROAD, SYLMAR, CA 91342

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,533,227.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,533,227.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			5,968.			5,968.
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a	2,678.					
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory		2,678.	2,678.			
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2,541,873.	2,678.	0.	5,968.	

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	117,467.	101,022.	11,747.	4,698.
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	1,086,323.	933,984.	115,364.	36,975.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	150,340.	129,261.	15,874.	5,205.
10 Payroll taxes	89,245.	76,732.	9,424.	3,089.
11 Fees for services (non-employees):				
a Management				
b Legal	853.	733.	90.	30.
c Accounting	14,004.	12,040.	1,479.	485.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,068.			12,068.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	84,465.	72,528.	390.	11,547.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	235,505.	223,962.	7,695.	3,848.
17 Travel	6,216.	3,293.		2,923.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	75,398.	64,826.	7,962.	2,610.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,355.	87,355.		
23 Insurance	55,983.	48,134.	5,911.	1,938.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RANCH OPERATIONS	353,440.	353,440.		
b SUPPLIES AND MISCELLANE	41,900.	22,219.	2,777.	16,904.
c PRINTING AND REPRODUCTI	34,245.		3,425.	30,820.
d TELEPHONE	23,615.	18,892.	2,362.	2,361.
e All other expenses	11,927.		1,193.	10,734.
25 Total functional expenses. Add lines 1 through 24e	2,480,349.	2,148,421.	185,693.	146,235.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	127,576.	1	281,667.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,380.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,221,758.		
	b Less: accumulated depreciation	10b 1,610,292.	589,937.	10c 611,466.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	733,893.	16	893,133.	
Liabilities	17 Accounts payable and accrued expenses	371,611.	17	391,503.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	594,019.	22	687,751.
	23 Secured mortgages and notes payable to unrelated third parties	153,993.	23	117,302.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,119,623.	26	1,196,556.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-385,730.	27	-303,423.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-385,730.	33	-303,423.	
34 Total liabilities and net assets/fund balances	733,893.	34	893,133.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,541,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,480,349.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-385,730.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	20,783.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-303,423.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,307,297.	3,689,902.	2,049,165.	2,337,901.	2,533,227.	12,917,492.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,907.	8,311.	3,950.	1,464.	2,678.	19,310.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,310,204.	3,698,213.	2,053,115.	2,339,365.	2,535,905.	12,936,802.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						12,936,802.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	2,310,204.	3,698,213.	2,053,115.	2,339,365.	2,535,905.	12,936,802.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,784.	3,745.	7,088.	76,784.	5,968.	100,369.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,784.	3,745.	7,088.	76,784.	5,968.	100,369.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,316,988.	3,701,958.	2,060,203.	2,416,149.	2,541,873.	13,037,171.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.23 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.77 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.75 %

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

WILDLIFE WAYSTATION

Employer identification number

95-3190812

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RUTH ALLEN ZIEGLER FOUNDATION 8383 WILSHIRE BOULEVARD #1000 BEVERLY HILLS, CA 90211	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WALTER AND HOLLY THOMSON FOUNDATION P.O. BOX 831041 DALLAS, TX 75283	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SIT INC. 840 N. KENTER AVE. LOS ANGELES, CA 90049	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WOOLLS AND PEER, APC ONE WILSHIRE BLVD. 22ND FLOOR LOS ANGELES, CA 90017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN AND SHARON BIARD 244 COLLEGE PARK DR. SEAL BEACH, CA 90740	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PERI URVEK PO BOX 8991 RANCHO SANTA FE, CA 92607	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHRISTINA LAU 22132 BUENA VENTURA ST. WOODLAND HILLS, CA 91364	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ESTATE OF LOUIS F. LAWRENCE M.D. 211 SOUTH ROSE STREET KALAMAZOO, MI 49007	\$ 138,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	W.E. COYOTE FOUNDATION 115 W. CALIFORNIA BLVD #404 PASADENA, CA 91105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BETTY AND JERRY OLDFIELD 27441 CLEARLAKE DR CANYON COUNTRY, CA 91387	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JOHN MORRIS 4111 EVE ROAD SIMI VALLEY, CA 93063	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ECKHARD AND NANCY SCHULZ 891 CAMPBELL AVE LOS ALTOS, CA 94024	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CAROL NORR 200 N WYNNEWOOD AVE, APT B206 WYNNEWOOD, PA 19096	\$ 5,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BIJAN AND SORAYA AMIN FOUNDATION 10203 SANTA MONICA BLVD 3RD FLOOR LOS ANGELES, CA 90067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	DICECCO FAMILY FOUNDATION 532 S FRANCISCA AVE REDONDO BEACH, CA 90277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KUSHY PUNCH 6645 ALLOTT AVE VAN NUYS, CA 91401	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	IRMA CHADBOURNE CHARITABLE TRUST P.O. BOX 1501 PENNINGTON, NJ 08534	\$ 11,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE BARBARA A HARTWELL LIVING TRUST 18560 VIA PRINCESSA STE 200 CANYON COUNTRY, CA 91387	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	WILLIAM AND BARBARA DAVIS RESIDUAL TRUST 18560 VIA PRINCESSA STE 200 SANTA CLARITA, CA 91387	\$ 28,543.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	ALICE GABRIELSON TRUST 212 PROSPECT AVE LONG BEACH, CA 90803	\$ 193,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	A&R GALLOW TRUST 608 RHODA DRIVE WATERFORD, WI 53185	\$ 14,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	ANNELENE VOIGHT REVOCABLE TRUST 10544 MAHONEY DR SUNLAND, CA 91040	\$ 16,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BAILEY REVOCABLE TRUST 804 SHERWOOD OAK COVE JONESBOROW, AR 72404	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	GLENDA L. BEHUNIN 2630 JOAQUIN DR BURBANK, CA 91504	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NANCY CLARK 14771 MULHOLLAND DR LOS ANGELES, CA 90077	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	COMMUNITY JUSTICE FOUNDATION 100 DOLOROSA SAN ANTONIO, TX 78205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	DEE M CODY LIVING TRUST 6476 CAROLE AVE ALTA LOMA, CA 91701	\$ 38,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ESTATE OF LINDA BERNSTEIN 28940 CALLE ALTA MURRIETA, CA 92563	\$ 37,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	GARFIELD FOUNDATION 204 SPRING STREET MARION, MA 02738	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GISELA HOREJSI 2007 TRUST 28150 N ALMA SCHOOL PKWY STE 103-498 SCOTTSDALE, AZ 85262	\$ 6,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	H. WYNNIA KERR 1425 BROADWAY SUITE 152 SEATTLE, WA 98122	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	WILLIAM & PAIGE HADLEY 16115 MEADOWCREST RD SHERMAN OAKS, CA 91403	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	HUDSON FAMILY FOUNDATION 300 NORTH DEAN RD SUITE 5 #165 AUBURN, AL 36830	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	JACK H HUGHES TRUST 435 OVERDALE DR TALLMADGE, OH 44278	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	JIM WHITLEDGE TRUST P.O. BOX 1268 ALPINE, CA 91903	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	JOHANNA GIWOSKY ESTATE 370 MAIN ST SUITE 909 WORCHESTER, MA 01608	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	JOHNNY CARSON FOUNDATION 16000 VENTURA BLVD #900 ENCINO, CA 91436	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	STEVE KITCHING 11979 WOOD RANCH RD GRANADA HILLS, CA 91344	\$ 5,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	CARMEN M & DANIEL H LASAR 875 A ISLAND DRIVE #197 ALMAMEDA, CA 94502	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	M. LYNN SIMROSS ESTATE C/O 14831 LITTLE TUJUNGA CANYON ROAD SYLMAR, CA 91342	\$ 8,137.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	PATRICIA SHARON TRUST 2355 ROCKDELL ST LA CRESENTA, CA 91214	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	PEACE FOR ANIMALS P.O. BOX 643 WOODLAND HILLS, CA 91365	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	PETERSON FAMILY TRUST C/O 14831 LITTLE TUJUNGA CANYON ROAD SYLMAR, CA 91342	\$ 230,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	QUICKLE FAMILY TRUST 6909 PIKES PEAK WAY CITRUS HEIGHT, CA 95621	\$ 50,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	RICHARD MICHAEL ZAMORA ESTATE 6031 HILLSBOURGH CT SW GRANDVILLE, MI 49416	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	SHAW LIVING TRUST P.O. BOX 5033 OXNARD, CA 93031	\$ 19,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	ARCHIE SODEN 20 REDONDO AVE LONG BEACH, CA 90803	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	STANLEY W. ESKTROM FOUNDATION INC 701 S PARKER ST SUITE 500 ORANGE, CA 92868	\$ 141,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	THE HAINER FOUNDATION 217871 VENTURA BLVD #642 WOODLAND HILLS, CA 91364	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	THE STERNFELD TRUST 13855 COTTONWOOD TRAIL YUCAIPA, CA 92399	\$ 8,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	THE TOBY TACKITT LIVING TRUST 11445 ORCAS AVEUNE LAKE VIEW TERRANCE, CA 91342	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	THE WILLIAM & CHARLOTTE PARKS FOUNDATION FOR ANIMALS 1600 FOREST AVENUE RICHMOND, VA 23229	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	JOHN AND MONA VAN DIEPEN 3604 TEXAS AVENUE SIMI VALLEY, CA 93603	\$ 5,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	MICHAEL & SHANNON WILLIAMS 300 N. DIANTHUS STREET MANHATTAN BEACH, CA 90266	\$ 23,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization WILDLIFE WAYSTATION	Employer identification number 95-3190812
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization WILDLIFE WAYSTATION **Employer identification number** 95-3190812

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

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

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

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

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

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

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

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

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

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)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 _____ %
- c Temporarily restricted endowment _____ %

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)	
(ii) related organizations	3a(ii)	
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		181,168.		181,168.
b Buildings		500,627.	425,154.	75,473.
c Leasehold improvements				
d Equipment		747,371.	582,963.	164,408.
e Other		792,592.	602,175.	190,417.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				611,466.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open To Public Inspection

Name of the organization **WILDLIFE WAYSTATION** Employer identification number **95-3190812**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MARTINE COLETTE		TO FACIL	X		533,593.	687,751.		X	X		X	
Total						▶ \$	687,751.					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARTINE COLETTE	LESSOR	90,000.	ANNUAL LEAS		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: MARTINE COLETTE

(C) PURPOSE OF LOAN: TO FACILITE CASH FLOW FROM OPERATIONS.

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 533,593. (F) BALANCE DUE \$ 687,751.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARTINE COLETTE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LESSOR

(C) AMOUNT OF TRANSACTION \$ 90,000.

(D) DESCRIPTION OF TRANSACTION: ANNUAL LEASE TO THE ORGANIZATION OF 10 ACRES OF LAND.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

WILDLIFE WAYSTATION

Employer identification number

95-3190812

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

EXOTIC ANIMALS FROM AROUND THE WORLD, AS WELL AS NATIVE WILDLIFE.

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

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

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

THE BOARD REVIEWS THE STANDARDS OF CONDUCT CONTAINED IN THE ORGANIZATION'S
CONFLICT OF INTEREST POLICY, TOGETHER WITH THE ORGANIZATION'S EMPLOYEES, IN
A MEETING ON AN ANNUAL BASIS. ANY CONFLICTS OF INTEREST DISCOVERED DURING
THIS (MONITORING) PROCESS ARE RESOLVED AS SOON AS ADMINISTRATIVELY
POSSIBLE.

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

A SPECIAL COMMITTEE REVIEWS COMPARABLE SALARIES FOR THE EXECUTIVE DIRECTOR
AND KEY EMPLOYEES AT TIME OF HIRE. THEREAFTER, THE BOARD PROVIDES FOR
STANDARD PERFORMANCE REVIEW AND COST OF LIVING INCREASES (GENERALLY) ON AN
ANNUAL BASIS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC, UPON REQUEST,
DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENT AUDIT OVERSIGHT AND INDEPENDENT ACCOUNTANT

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

WILDLIFE WAYSTATION

Employer identification number

95-3190812

SELECTION OVERSIGHT OF THE AUDIT PROCESS AND SELECTION OF THE
INDEPENDENT ACCOUNTANT IS PERFORMED BY THE BOARD DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 17

A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED IN ALL 50 STATES.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
56	CONDITIONAL USE PERMIT COSTS	11/30/14	SL	20.00		16	88,301.				88,301.			0.	
57	CURRENT YEAR ADDITIONS	11/30/17	SL	5.00		16	57,073.				57,073.			0.	
1	LAND	11/30/00	L				181,168.				181,168.			0.	
	* 990 PAGE 10 TOTAL -						326,542.				326,542.	0.		0.	0.
2	BUILDING AND IMPROVEMENTS	VARIOUS	SL	15.00		16	415,242.				415,242.	339,355.		6,286.	345,641.
13	BUILDING IMPROVEMENTS	12/10/08	SL	15.00		16	2,328.				2,328.	1,234.		156.	1,390.
14	CARPET	08/31/09	SL	5.00		16	3,679.				3,679.	3,679.		0.	3,679.
26	A/C SYSTEM	05/24/10	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
27	ELECTRICAL IMPROVEMENTS	06/20/10	SL	15.00		16	3,000.				3,000.	1,300.		200.	1,500.
28	COMPLIANCE REMEDIATION	08/01/10	SL	5.00		16	52,898.				52,898.	52,898.		0.	52,898.
35	COMPLIANCE REMEDIATION	08/05/11	SL	5.00		16	2,650.				2,650.	2,473.		177.	2,650.
37	COMPLIANCE REMEDIATION	11/30/12	SL	5.00		16	3,415.				3,415.	2,732.		683.	3,415.
39	COMPLIANCE REMEDIATION	11/30/13	SL	5.00		16	4,000.				4,000.	2,400.		800.	3,200.
43	CARPET FOR OFFICE	09/01/14	SL	5.00		16	5,178.				5,178.	2,331.		1,035.	3,366.
44	SHED	10/01/14	SL	5.00		16	2,237.				2,237.	968.		448.	1,416.
	* 990 PAGE 10 TOTAL -						500,627.				500,627.	415,370.		9,785.	425,155.
3	MACHINERY AND EQUIPMENT	VARIOUS	SL	5.00		16	36,645.				36,645.	36,645.		0.	36,645.
10	GENERATOR	10/09/08	SL	5.00		16	3,980.				3,980.	3,980.		0.	3,980.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
11	WATER TANK	10/10/08	SL	5.00		16	8,850.				8,850.	8,850.		0.	8,850.
12	RADIO	11/25/08	SL	5.00		16	847.				847.	847.		0.	847.
15	WOOD CHIPPER	12/11/08	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
16	SAND FILTER	12/24/08	SL	5.00		16	1,093.				1,093.	1,093.		0.	1,093.
17	DINNER PARTY EQUIPMENT	10/14/09	SL	5.00		16	1,580.				1,580.	1,580.		0.	1,580.
29	LIFTING SURGICAL TABLE	03/31/10	SL	5.00		16	7,885.				7,885.	7,885.		0.	7,885.
30	GLASS DOOR	02/09/10	SL	5.00		16	1,580.				1,580.	1,580.		0.	1,580.
31	BARBEQUE SET	06/12/10	SL	5.00		16	1,921.				1,921.	1,920.		0.	1,920.
36	FREEZER	10/01/11	SL	5.00		16	20,217.				20,217.	17,522.		2,695.	20,217.
45	10-GALLON TANKS	02/01/14	SL	5.00		16	45,860.				45,860.	25,987.		9,172.	35,159.
46	STORAGE CONTAINER	03/01/14	SL	5.00		16	2,200.				2,200.	1,210.		440.	1,650.
47	GENERATOR	03/01/14	SL	5.00		16	12,000.				12,000.	6,600.		2,400.	9,000.
48	10-GALLON TANKS	04/01/14	SL	5.00		16	12,000.				12,000.	6,400.		2,400.	8,800.
49	FIRE EQUIPMENT	05/01/14	SL	5.00		16	1,249.				1,249.	646.		249.	895.
58	PORTABLE X-RAY MACHINE	04/17/17	SL	5.00		16	71,275.				71,275.			8,315.	8,315.
59	SONOSITE EDGE ULTRASOUND	08/22/17	SL	5.00		16	26,950.				26,950.			1,348.	1,348.
	* 990 PAGE 10 TOTAL -						259,132.				259,132.	125,745.		27,019.	152,764.
4	OFFICE EQUIPMENT	VARIOUS	SL	5.00		16	13,268.				13,268.	13,268.		0.	13,268.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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	TELESTIAL	12/18/08	SL	5.00		16	1,606.				1,606.	1,606.		0.	1,606.
19	CAMERA SURVEILLANCE SYSTEM	10/27/09	SL	5.00		16	988.				988.	988.		0.	988.
32	COMPUTER	02/20/10	SL	5.00		16	878.				878.	878.		0.	878.
38	COMPUTER SERVER	02/23/12	SL	5.00		16	813.				813.	787.		26.	813.
50	HVAC	08/01/14	SL	5.00		16	6,944.				6,944.	3,241.		1,388.	4,629.
51	OFFICE CUBICLES	10/01/14	SL	5.00		16	1,911.				1,911.	828.		382.	1,210.
52	KITCHEN EQUIPMENT	10/01/14	SL	5.00		16	3,440.				3,440.	1,491.		688.	2,179.
	* 990 PAGE 10 TOTAL -						29,848.				29,848.	23,087.		2,484.	25,571.
6	ANIMAL CONTROL FACILITIES	VARIOUS	SL	15.00		16	606,313.				606,313.	568,070.		8,817.	576,887.
20	CHIMP TUNNEL	12/04/08	SL	15.00		16	13,700.				13,700.	7,306.		914.	8,220.
21	CHIMP HEATERS	10/07/09	SL	15.00		16	1,137.				1,137.	475.		75.	550.
22	CHIMP TUNNEL	02/01/09	SL	15.00		16	9,428.				9,428.	4,819.		628.	5,447.
23	CHIMP ENCLOSURE	02/01/09	SL	15.00		16	13,189.				13,189.	6,740.		880.	7,620.
	* 990 PAGE 10 TOTAL -						643,767.				643,767.	587,410.		11,314.	598,724.
7	VEHICLES	VARIOUS	SL	5.00		16	253,349.				253,349.	253,349.		0.	253,349.
24	2000 ALJO 4085 TRAILER	08/25/09	SL	5.00		16	11,000.				11,000.	11,000.		0.	11,000.
25	WATER TRUCK	11/01/09	SL	5.00		16	10,282.				10,282.	10,282.		0.	10,282.
40	KAWASAKI MULE	01/01/14	SL	5.00		16	3,650.				3,650.	2,129.		730.	2,859.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
41	WATER TRUCK	02/01/14	SL	5.00		16	120,495.				120,495.	68,280.		24,099.	92,379.
42	GMC TRUCK	03/07/14	SL	5.00		16	3,500.				3,500.	1,867.		700.	2,567.
53	32' TRAILER	03/01/14	SL	5.00		16	6,675.				6,675.	3,671.		1,335.	5,006.
54	TRAILER HITCH	03/01/14	SL	5.00		16	5,967.				5,967.	3,281.		1,194.	4,475.
55	2003 SOUTHERN CLASSIC TRUCK	03/01/14	SL	5.00		16	23,000.				23,000.	12,650.		4,600.	17,250.
60	WATER TRUCK	07/19/16	SL	5.00		16	20,474.				20,474.	1,365.		4,095.	5,460.
	* 990 PAGE 10 TOTAL -						458,392.				458,392.	367,874.		36,753.	404,627.
33	WEBSITE	11/01/10	SL	5.00		16	3,450.				3,450.	3,450.		0.	3,450.
	* 990 PAGE 10 TOTAL -						3,450.				3,450.	3,450.		0.	3,450.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,221,758.				2,221,758.	1,522,936.		87,355.	1,610,291.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,066,460.			0.	2,066,460.	1,522,936.			1,600,628.
	ACQUISITIONS						155,298.			0.	155,298.	0.			9,663.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						2,221,758.			0.	2,221,758.	1,522,936.			1,610,291.
	ENDING ACCUM DEPR											1,610,291.			
	ENDING BOOK VALUE											611,467.			

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **12/01/2016**, and ending (mm/dd/yyyy) **11/30/2017**

Corporation/Organization name WILDLIFE WAYSTATION		California corporation number 1323253
Additional information. See instructions.		FEIN 95-3190812
Street address (suite or room) 14831 LITTLE TUJUNGA CYN RD		PMB no.
City SYLMAR	State CA	ZIP code 91342
Foreign country name	Foreign province/state/country	Foreign postal code

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,646.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,533,227.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,541,873.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	2,541,873.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,480,349.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	61,524.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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

Sign Here	Signature of officer BOARD CHAIR	Date	Telephone 818-899-5201
Paid Preparer's Use Only	Preparer's signature	Date 07/10/18	Check if self-employed <input type="checkbox"/> PTIN P00164733
	Firm's name (or yours, if self-employed) and address	FEIN 20-0545687	
		Telephone 310.563.1010	

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

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

628951 11-30-16

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	2,678.00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	5,968.00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	8,646.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	117,467.00
	12	Other salaries and wages	•	12	1,086,323.00
	13	Interest	•	13	75,398.00
	14	Taxes	•	14	89,245.00
	15	Rents	•	15	235,505.00
	16	Depreciation and depletion (See instructions)	•	16	87,355.00
	17	Other Expenses and Disbursements	•	17	789,056.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,480,349.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		127,576.		281,667.	•
2 Net accounts receivable					•
3 Net notes receivable					•
4 Inventories					•
5 Federal and state government obligations					•
6 Investments in other bonds					•
7 Investments in stock					•
8 Mortgage loans					•
9 Other investments					•
10 a Depreciable assets	1,930,340.		2,040,590.		
b Less accumulated depreciation	(1,521,571.)	408,769.	(1,610,292.)	430,298.	
11 Land		181,168.		181,168.	•
12 Other assets STMT 4		16,380.			•
13 Total assets		733,893.		893,133.	
Liabilities and net worth					
14 Accounts payable		371,611.		391,503.	•
15 Contributions, gifts, or grants payable					•
16 Bonds and notes payable STMT 5		594,019.		687,751.	•
17 Mortgages payable		153,993.		117,302.	•
18 Other liabilities					
19 Capital stock or principal fund					•
20 Paid-in or capital surplus. Attach reconciliation					•
21 Retained earnings or income fund		-385,730.		-303,423.	•
22 Total liabilities and net worth		733,893.		893,133.	

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	61,524.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	
6 Total. Add line 1 through line 5		61,524.		61,524.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
RUTH ALLEN ZIEGLER FOUNDATION	8383 WILSHIRE BOULEVARD #1000 BEVERLY HILLS, CA 90211	09/05/17	7,500.
WALTER AND HOLLY THOMSON FOUNDATION	P.O. BOX 831041 DALLAS, TX 75283	07/07/17	15,000.
SIT INC.	840 N. KENTER AVE. LOS ANGELES, CA 90049	09/29/17	5,150.
WOOLLS AND PEER, APC	ONE WILSHIRE BLVD. 22ND FLOOR LOS ANGELES, CA 90017	06/14/17	5,000.
JOHN AND SHARON BIARD	244 COLLEGE PARK DR. SEAL BEACH, CA 90740	10/04/17	7,500.
PERI URVEK	PO BOX 8991 RANCHO SANTA FE, CA 92607	06/27/17	5,000.
CHRISTINA LAU	22132 BUENA VENTURA ST. WOODLAND HILLS, CA 91364	06/30/17	8,000.
ESTATE OF LOUIS F. LAWRENCE M.D.	211 SOUTH ROSE STREET KALAMAZOO, MI 49007	05/25/17	138,000.
W.E. COYOTE FOUNDATION	115 W. CALIFORNIA BLVD #404 PASADENA, CA 91105	08/22/17	10,000.
BETTY AND JERRY OLDFIELD	27441 CLEARLAKE DR CANYON COUNTRY, CA 91387	11/02/17	6,000.
JOHN MORRIS	4111 EVE ROAD SIMI VALLEY, CA 93063	05/10/17	32,000.
ECKHARD AND NANCY SCHULZ	891 CAMPBELL AVE LOS ALTOS, CA 94024	08/30/17	13,000.
CAROL NORR	200 N WYNNEWOOD AVE, APT B206 WYNNEWOOD, PA 19096	09/26/17	5,046.
BIJAN AND SORAYA AMIN FOUNDATION	10203 SANTA MONICA BLVD 3RD FLOOR LOS ANGELES, CA 90067	12/08/16	5,000.
DICECCO FAMILY FOUNDATION	532 S FRANCISCA AVE REDONDO BEACH, CA 90277	11/13/17	10,000.

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KUSHY PUNCH	6645 ALLOTT AVE VAN NUYS, CA 91401	06/05/17	10,000.
IRMA CHADBOURNE CHARITABLE TRUST	P.O. BOX 1501 PENNINGTON, NJ 08534	10/02/17	11,485.
THE BARBARA A HARTWELL LIVING TRUST	18560 VIA PRINCESSA STE 200 CANYON COUNTRY, CA 91387	02/28/17	25,000.
WILLIAM AND BARBARA DAVIS RESIDUAL TRUST	18560 VIA PRINCESSA STE 200 SANTA CLARITA, CA 91387	11/13/17	28,543.
ALICE GABRIELSON TRUST	212 PROSPECT AVE LONG BEACH, CA 90803	11/22/17	193,111.
A&R GALLOW TRUST	608 RHODA DRIVE WATERFORD, WI 53185	08/19/17	14,538.
ANNELENE VOIGHT REVOCABLE TRUST	10544 MAHONEY DR SUNLAND, CA 91040	10/12/17	16,950.
BAILEY REVOCABLE TRUST	804 SHERWOOD OAK COVE JONESBOROW, AR 72404	05/22/17	10,000.
GLENDAL. BEHUNIN	2630 JOAQUIN DR BURBANK, CA 91504	10/26/17	17,500.
NANCY CLARK	14771 MULHOLLAND DR LOS ANGELES, CA 90077	11/17/17	5,000.
COMMUNITY JUSTICE FOUNDATION	100 DOLOROSA SAN ANTONIO, TX 78205	12/05/16	5,000.
DEE M CODY LIVING TRUST	6476 CAROLE AVE ALTA LOMA, CA 91701	09/08/17	38,800.
ESTATE OF LINDA BERNSTEIN	28940 CALLE ALTA MURRIETA, CA 92563	04/28/17	37,853.
GARFIELD FOUNDATION	204 SPRING STREET MARION, MA 02738	07/07/17	45,000.
GISELA HOREJSI 2007 TRUST	28150 N ALMA SCHOOL PKWY STE 103-498 SCOTTSDALE, AZ 85262	12/23/16	6,147.
H. WYNNIA KERR	1425 BROADWAY SUITE 152 SEATTLE, WA 98122	12/21/17	12,000.
WILLIAM & PAIGE HADLEY	16115 MEADOWCREST RD SHERMAN OAKS, CA 91403	12/21/16	10,000.
HUDSON FAMILY FOUNDATION	300 NORTH DEAN RD SUITE 5 #165 AUBURN, AL 36830	09/14/17	15,000.

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JACK H HUGHES TRUST	435 OVERDALE DR TALLMADGE, OH 44278	08/14/17	5,000.
JIM WHITLEDGE TRUST	P.O. BOX 1268 ALPINE, CA 91903	03/09/17	7,000.
JOHANNA GIWOSKY ESTATE	370 MAIN ST SUITE 909 WORCHESTER, MA 01608	10/18/17	25,000.
JOHNNY CARSON FOUNDATION	16000 VENTURA BLVD #900 ENCINO, CA 91436	11/30/17	30,000.
STEVE KITCHING	11979 WOOD RANCH RD GRANADA HILLS, CA 91344	11/13/17	5,803.
CARMEN M & DANIEL H LASAR	875 A ISLAND DRIVE #197 ALMAMEDA, CA 94502	07/06/17	10,000.
M. LYNN SIMROSS ESTATE	C/O 14831 LITTLE TUJUNGA CANYON ROAD SYLMAR, CA 91342	10/18/17	8,137.
PATRICIA SHARON TRUST	2355 ROCKDELL ST LA CRESENTA, CA 91214	11/03/17	225,000.
PEACE FOR ANIMALS	P.O. BOX 643 WOODLAND HILLS, CA 91365	10/02/17	30,000.
PETERSON FAMILY TRUST	C/O 14831 LITTLE TUJUNGA CANYON ROAD SYLMAR, CA 91342	10/26/17	230,130.
QUICKLE FAMILY TRUST	6909 PIKES PEAK WAY CITRUS HEIGHT, CA 95621	06/06/17	50,060.
RICHARD MICHAEL ZAMORA ESTATE	6031 HILLSBOURGH CT SW GRANDVILLE, MI 49416	11/20/17	200,000.
SHAW LIVING TRUST	P.O. BOX 5033 OXNARD, CA 93031	07/17/17	19,474.
ARCHIE SODEN	20 REDONDO AVE LONG BEACH, CA 90803	12/27/16	5,000.
STANLEY W. ESKTROM FOUNDATION INC	701 S PARKER ST SUITE 500 ORANGE, CA 92868	09/07/17	141,950.
THE HAINER FOUNDATION	217871 VENTURA BLVD #642 WOODLAND HILLS, CA 91364	07/10/17	5,000.
THE STERNFELD TRUST	13855 COTTONWOOD TRAIL YUCAIPA, CA 92399	04/21/17	8,824.
THE TOBY TACKITT LIVING TRUST	11445 ORCAS AVEUNE LAKE VIEW TERRANCE, CA 91342	09/18/17	5,000.
THE WILLIAM & CHARLOTTE PARKS FOUNDATION FOR ANIMALS	1600 FOREST AVENUE RICHMOND , VA 23229	08/14/17	8,000.

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JOHN AND MONA VAN DIEPEN	3604 TEXAS AVENUE SIMI VALLEY, CA 93603	11/25/17	5,411.
MICHAEL & SHANNON WILLIAMS	300 N. DIANTHUS STREET MANHATTAN BEACH, CA 90266	11/10/17	23,500.
TOTAL INCLUDED ON LINE 3			<u>1,822,412.</u>

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MARTINE COLETTE 14831 LITTLE TUJUNGA CYN RD SYLMAR, CA 91342	BOARD CHAIR 2.00	0.
ANDREA KELLEY 14831 LITTLE TUJUNGA CYN RD SYLMAR, CA 91342	SECRETARY 2.00	0.
MITCH APODACA 14831 LITTLE TUJUNGA CYN RD SYLMAR, CA 91342	DIRECTOR 2.00	0.
TOREE ARNTZ 14831 LITTLE TUJUNGA CYN RD SYLMAR, CA 91342	DIRECTOR 2.00	0.
SUSAN HARTLAND 14831 LITTLE TUJUNGA CYN RD SYLMAR, CA 91342	EXECUTIVE DIRECTOR 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>0.</u>

FORM 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
RANCH OPERATIONS	353,440.
SUPPLIES AND MISCELLANE	41,900.
PRINTING AND REPRODUCTI	34,245.
TELEPHONE	23,615.
OTHER EMPLOYEE BENEFITS	150,340.
LEGAL FEES	853.
ACCOUNTING FEES	14,004.

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PROFESSIONAL FUNDRAISING FEES	12,068.
OTHER PROFESSIONAL FEES	84,465.
TRAVEL	6,216.
INSURANCE	55,983.
ALL OTHER EXPENSES	11,927.
TOTAL TO FORM 199, PART II, LINE 17	789,056.

FORM 199 OTHER ASSETS STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	16,380.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	16,380.	0.

FORM 199 BONDS AND NOTES PAYABLE STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYABLES TO OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES, ETC.	594,019.	687,751.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	594,019.	687,751.

FORM 199 FUND BALANCES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	-385,730.	-303,423.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	-385,730.	-303,423.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-3190812

Corporation name

California corporation number

WILDLIFE WAYSTATION

1323253

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property description and cost calculations.

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

Table with 8 columns: (a) Description property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation Method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total expense, total depreciation claimed, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC section, (f) Period or percentage, (g) Amortization for this year.

CA 3885		DEPRECIATION				STATEMENT	7
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAND	11/30/00	181,168.		L		0.	
2 BUILDING AND IMPROVEMENTS	VARIOUS	415,242.	339,355.	SL	15.00	6,286.	
3 MACHINERY AND EQUIPMENT	VARIOUS	36,645.	36,645.	SL	5.00	0.	
4 OFFICE EQUIPMENT	VARIOUS	13,268.	13,268.	SL	5.00	0.	
6 ANIMAL CONTROL FACILITIES	VARIOUS	606,313.	568,070.	SL	15.00	8,817.	
7 VEHICLES	VARIOUS	253,349.	253,349.	SL	5.00	0.	
10 GENERATOR	10/09/08	3,980.	3,980.	SL	5.00	0.	
11 WATER TANK	10/10/08	8,850.	8,850.	SL	5.00	0.	
12 RADIO	11/25/08	847.	847.	SL	5.00	0.	
13 BUILDING IMPROVEMENTS	12/10/08	2,328.	1,234.	SL	15.00	156.	
14 CARPET	08/31/09	3,679.	3,679.	SL	5.00	0.	
15 WOOD CHIPPER	12/11/08	3,000.	3,000.	SL	5.00	0.	
16 SAND FILTER	12/24/08	1,093.	1,093.	SL	5.00	0.	
17 DINNER PARTY EQUIPMENT	10/14/09	1,580.	1,580.	SL	5.00	0.	
18 TELESTIAL	12/18/08	1,606.	1,606.	SL	5.00	0.	
19 CAMERA SURVEILLANCE SYSTEM	10/27/09	988.	988.	SL	5.00	0.	
20 CHIMP TUNNEL	12/04/08	13,700.	7,306.	SL	15.00	914.	
21 CHIMP HEATERS	10/07/09	1,137.	475.	SL	15.00	75.	
22 CHIMP TUNNEL	02/01/09	9,428.	4,819.	SL	15.00	628.	
23 CHIMP ENCLOSURE	02/01/09	13,189.	6,740.	SL	15.00	880.	
24 2000 ALJO 4085 TRAILER	08/25/09	11,000.	11,000.	SL	5.00	0.	
25 WATER TRUCK	11/01/09	10,282.	10,282.	SL	5.00	0.	
26 A/C SYSTEM	05/24/10	6,000.	6,000.	SL	5.00	0.	

27	ELECTRICAL IMPROVEMENTS					
	06/20/10	3,000.	1,300.	SL	15.00	200.
28	COMPLIANCE REMEDIATION					
	08/01/10	52,898.	52,898.	SL	5.00	0.
29	LIFTING SURGICAL TABLE					
	03/31/10	7,885.	7,885.	SL	5.00	0.
30	GLASS DOOR					
	02/09/10	1,580.	1,580.	SL	5.00	0.
31	BARBEQUE SET					
	06/12/10	1,921.	1,920.	SL	5.00	0.
32	COMPUTER					
	02/20/10	878.	878.	SL	5.00	0.
33	WEBSITE					
	11/01/10	3,450.	3,450.	SL	5.00	0.
35	COMPLIANCE REMEDIATION					
	08/05/11	2,650.	2,473.	SL	5.00	177.
36	FREEZER					
	10/01/11	20,217.	17,522.	SL	5.00	2,695.
37	COMPLIANCE REMEDIATION					
	11/30/12	3,415.	2,732.	SL	5.00	683.
38	COMPUTER SERVER					
	02/23/12	813.	787.	SL	5.00	26.
39	COMPLIANCE REMEDIATION					
	11/30/13	4,000.	2,400.	SL	5.00	800.
40	KAWASAKI MULE					
	01/01/14	3,650.	2,129.	SL	5.00	730.
41	WATER TRUCK					
	02/01/14	120,495.	68,280.	SL	5.00	24,099.
42	GMC TRUCK					
	03/07/14	3,500.	1,867.	SL	5.00	700.
43	CARPET FOR OFFICE					
	09/01/14	5,178.	2,331.	SL	5.00	1,035.
44	SHED					
	10/01/14	2,237.	968.	SL	5.00	448.
45	10-GALLON TANKS					
	02/01/14	45,860.	25,987.	SL	5.00	9,172.
46	STORAGE CONTAINER					
	03/01/14	2,200.	1,210.	SL	5.00	440.
47	GENERATOR					
	03/01/14	12,000.	6,600.	SL	5.00	2,400.
48	10-GALLON TANKS					
	04/01/14	12,000.	6,400.	SL	5.00	2,400.
49	FIRE EQUIPMENT					
	05/01/14	1,249.	646.	SL	5.00	249.
50	HVAC					
	08/01/14	6,944.	3,241.	SL	5.00	1,388.
51	OFFICE CUBICLES					
	10/01/14	1,911.	828.	SL	5.00	382.
52	KITCHEN EQUIPMENT					
	10/01/14	3,440.	1,491.	SL	5.00	688.
53	32' TRAILER					
	03/01/14	6,675.	3,671.	SL	5.00	1,335.
54	TRAILER HITCH					
	03/01/14	5,967.	3,281.	SL	5.00	1,194.

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55	2003 SOUTHERN CLASSIC TRUCK						
	03/01/14	23,000.	12,650.	SL	5.00	4,600.	
56	CONDITIONAL USE PERMIT COSTS						
	11/30/14	88,301.		SL	20.00	0.	
57	CURRENT YEAR ADDITIONS						
	11/30/17	57,073.		SL	5.00	0.	
58	PORTABLE X-RAY MACHINE						
	04/17/17	71,275.		SL	5.00	8,315.	
59	SONOSITE EDGE ULTRASOUND						
	08/22/17	26,950.		SL	5.00	1,348.	
60	WATER TRUCK						
	07/19/16	20,474.	1,365.	SL	5.00	4,095.	
TOTAL DEPR TO FORM 3885		<u>2,221,758.</u>	<u>1,522,936.</u>			<u>87,355.</u>	

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name WILDLIFE WAYSTATION	Identifying number 95-3190812
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 <u>2,541,873.00</u>
2 Total gross income (Form 199, line 8)	2 <u>2,541,873.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3 <u>2,480,349.00</u>

Part II Settle Your Account Electronically for Taxable Year 2016

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ **BOARD CHAIR**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign Firm's name (or yours if self-employed) and address	LAWRENCE R. MITCHELL & COMPANY, CPAS		FEIN 20-0545687	
	880 APOLLO STREET, SUITE 140		ZIP code 90245	
	EL SEGUNDO, CA			

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign Firm's name (or yours if self-employed) and address	LAWRENCE R. MITCHELL & COMPANY, CPAS		FEIN 20-0545687
	880 APOLLO STREET, SUITE 140		ZIP code 90245
	EL SEGUNDO, CA		

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

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

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

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

State Charity Registration Number: CT 061630 WILDLIFE WAYSTATION <small>Name of Organization</small> 14831 LITTLE TUJUNGA CYN RD <small>Address (Number and Street)</small> SYLMAR, CA 91342 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1323253</u> Federal Employer I.D. No. <u>95-3190812</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 12/01/2016 ending 11/30/2017) list:
 Gross annual revenue \$ 2,541,873. Total assets \$ 893,133.

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

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

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

Organization's area code and telephone number 818-899-5201

Organization's e-mail address _____

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

MARTINE COLETTE

BOARD CHAIR

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 9

EDRY & ASSOCIATES
2720 YUCCA DRIVE
SANTA ROSA VALLEY, CA 93012

VINCE ROCCA
P.O. BOX 3788
GRANADA HILLS, CA 91394