

Form **990**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 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 ZIMMER CHILDREN'S MUSEUM Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6505 WILSHIRE BLVD. 100 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90048	D Employer identification number 20-1470992 E Telephone number (323) 761-8989
	F Name and address of principal officer: ESTHER NETTER SAME AS C ABOVE	G Gross receipts \$ 3,163,224. 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.ZIMMERMUSEUM.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: 2005 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE VALUES THAT HELP MAKE A BETTER SOCIETY THRU INTERACTIVE LEARNING AND CREATIVE 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 33 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 33 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 53 6 Total number of volunteers (estimate if necessary) 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">2,003,696.</td> <td style="text-align: right;">1,798,798.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">572,489.</td> <td style="text-align: right;">729,769.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">15,689.</td> <td style="text-align: right;">13,737.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-84,004.</td> <td style="text-align: right;">228,051.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,507,870.</td> <td style="text-align: right;">2,770,355.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,003,696.	1,798,798.	9 Program service revenue (Part VIII, line 2g)	572,489.	729,769.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,689.	13,737.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-84,004.	228,051.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,507,870.	2,770,355.						
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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 ESTHER NETTER, CEO/PRESIDENT Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name DONITA M. JOSEPH	Preparer's signature DONITA M. JOSEPH	Date 07/06/18	Check <input type="checkbox"/> if self-employed PTIN P00286656
	Firm's name ▶ WINDES, INC. Firm's address ▶ P.O. BOX 87 LONG BEACH, CA 90801-0087	Firm's EIN ▶ 95-3001179 Phone no. (562) 435-1191		

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: TO TEACH PEOPLE ABOUT THE BIG IDEAS OF GLOBAL CITIZENSHIP, COMMUNITY RESPONSIBILITY AND CULTURAL SENSITIVITY BY HIGHLIGHTING THE IDEALS OF RESPECT FOR OTHERS, GENEROSITY OF THE HEART, HELPING THOSE IN NEED, ACCEPTING THE DIFFERENCES, AND CELEBRATING UNIQUENESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,183,221. including grants of \$) (Revenue \$ 729,769.) THE ZIMMER CHILDREN'S MUSEUM OFFERS PERMANENT AND ROTATING EXHIBITS, SEASONAL AND TROPICAL THEMED PROGRAMS AND FESTIVALS, ART, THEATER AND MUSIC WORKSHOPS FOR CHILDREN AGED 0-8 YEARS. ADDITIONALLY, THERE ARE SERIES OF CLASSES PROVIDED FOR TODDLERS, AND SCHOOL TOURS FOR PRE-KINDERGARTEN THROUGH SECOND GRADE CLASSES.

4b (Code:) (Expenses \$ 562,885. including grants of \$) (Revenue \$) YOUTHINK, AN INNOVATIVE EDUCATION PROGRAM OF THE ZIMMER CHILDREN'S MUSEUM, USES THE POWER OF ART TO FOSTER CRITICAL THINKING, ENGAGE DIVERSE LEARNERS, PROMOTE LITERACY AND SERVE AS A TOOL FOR SOCIAL CHANGE. YOUTHINK PROVIDES ART/EDUCATION LESSONS IN LOS ANGELES AREA PUBLIC SCHOOLS ALONG WITH MEANINGFUL ART, LEADERSHIP AND COMMUNITY INVOLVEMENT OPPORTUNITIES FOR MIDDLE AND HIGH SCHOOL YOUTH BEYOND THE CLASSROOM.

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 1,746,106.

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?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 33		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 33		
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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: **AMY SHAPIRO - (323) 761-8989**
6505 WILSHIRE BLVD., NO. 100, LOS ANGELES, CA 90048

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDY KAPLAN CHAIR	1.00	X		X				0.	0.	0.
(2) MATT HANOVER SECRETARY	1.00	X		X				0.	0.	0.
(3) ARYEH GOLDBERG TREASURER	1.00	X		X				0.	0.	0.
(4) SUSAN AMSTER DIRECTOR	1.00	X						0.	0.	0.
(5) KEVIN BEGGS DIRECTOR	1.00	X						0.	0.	0.
(6) KAREY BURKE DIRECTOR	1.00	X						0.	0.	0.
(7) KENDRA BRACKEN-FERGUSON DIRECTOR	1.00	X						0.	0.	0.
(8) JENNIFER E. COHEN DIRECTOR	1.00	X						0.	0.	0.
(9) PATRICE COURTABAN DIRECTOR	1.00	X						0.	0.	0.
(10) STEPHEN J. DAVIS DIRECTOR	1.00	X						0.	0.	0.
(11) CHOIWAN ESSEY DIRECTOR	1.00	X						0.	0.	0.
(12) BARBARA FISHER DIRECTOR	1.00	X						0.	0.	0.
(13) VANESSA FRANK DIRECTOR	1.00	X						0.	0.	0.
(14) CARL FREED DIRECTOR	1.00	X						0.	0.	0.
(15) RODNEY FREEMAN DIRECTOR	1.00	X						0.	0.	0.
(16) JEAN FRIEDMAN DIRECTOR	1.00	X						0.	0.	0.
(17) SCOTT GREENSBERG DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY KESTENBAUM DIRECTOR	1.00	X						0.	0.	0.
(19) HEATHER LINDSEY DIRECTOR	1.00	X						0.	0.	0.
(20) DICK LIPPIN DIRECTOR	1.00	X						0.	0.	0.
(21) ANDY MEYERS DIRECTOR	1.00	X						0.	0.	0.
(22) JAMES MANDELBAUM DIRECTOR	1.00	X						0.	0.	0.
(23) SANFORD MICHELMAN DIRECTOR	1.00	X						0.	0.	0.
(24) JEREMY MITTMAN DIRECTOR	1.00	X						0.	0.	0.
(25) COURTNEY MIZEL DIRECTOR	1.00	X						0.	0.	0.
(26) DANA PACHULSKI DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								429,976.	0.	100,591.
d Total (add lines 1b and 1c)								429,976.	0.	100,591.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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	146,066.				
	c Fundraising events	1c	354,684.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	39,580.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,258,468.				
	g Noncash contributions included in lines 1a-1f: \$		81,537.				
	h Total. Add lines 1a-1f		1,798,798.				
	Program Service Revenue	2 a CAMP REVENUE	Business Code	900099	271,447.	271,447.	
b MUSEUM ADMISSIONS			900099	228,936.	228,936.		
c WORKSHOP REVENUE			900099	69,285.	69,285.		
d ZIMMER A LA CARTE			900099	68,500.	68,500.		
e RENTAL INCOME			900099	53,662.	53,662.		
f All other program service revenue			900099	37,939.	37,939.		
g Total. Add lines 2a-2f				729,769.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			13,507.		13,507.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	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)			230.		230.	
	8 a Gross income from fundraising events (not including \$ 354,684. of contributions reported on line 1c). See Part IV, line 18	a			421,484.		
		b Less: direct expenses			193,433.		
c Net income or (loss) from fundraising events				228,051.		228,051.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2,770,355.	729,769.	0.	241,788.	

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	285,320.	142,660.	71,330.	71,330.
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	1,109,571.	806,842.	128,713.	174,016.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	41,563.	31,924.	3,056.	6,583.
9 Other employee benefits	92,297.	56,376.	16,342.	19,579.
10 Payroll taxes	91,029.	64,038.	12,689.	14,302.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	54,700.	35,305.	19,395.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	102,451.			102,451.
f Investment management fees	5,082.		5,082.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	86,849.	62,581.		24,268.
12 Advertising and promotion				
13 Office expenses	30,697.	20,886.	4,139.	5,672.
14 Information technology				
15 Royalties				
16 Occupancy	157,833.	146,098.	5,867.	5,868.
17 Travel	9,355.	6,470.	1,281.	1,604.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,562.	1,080.	214.	268.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,317.	38,253.	7,580.	9,484.
23 Insurance	6,720.	4,647.	921.	1,152.
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 DIRECT PROGRAM EXPENSES	299,436.	299,436.		
b BANK FEES	34,798.	24,064.	4,768.	5,966.
c EQUIPMENT FEES	4,884.	3,378.	669.	837.
d				
e All other expenses	2,991.	2,068.	410.	513.
25 Total functional expenses. Add lines 1 through 24e	2,472,455.	1,746,106.	282,456.	443,893.
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	2,639.	1	185,197.
	2 Savings and temporary cash investments	10,926.	2	3,924.
	3 Pledges and grants receivable, net	150,806.	3	328,556.
	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	39,607.	9	15,589.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 800,068.		
	b Less: accumulated depreciation	10b 664,727.		
	11 Investments - publicly traded securities	168,872.	10c	135,341.
	12 Investments - other securities. See Part IV, line 11	512,154.	11	454,312.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	885,004.	15		
17 Accounts payable and accrued expenses	85,280.	16	1,122,919.	
18 Grants payable		17	106,181.	
19 Deferred revenue	268,059.	18		
20 Tax-exempt bond liabilities		19	139,258.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25	353,339.	25		
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	245,439.	
27 Unrestricted net assets	531,665.			
28 Temporarily restricted net assets	0.	27	637,480.	
29 Permanently restricted net assets		28	240,000.	
30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		29		
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	531,665.	33	877,480.	
34 Total liabilities and net assets/fund balances	885,004.	34	1,122,919.	

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	2,770,355.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,472,455.
3	Revenue less expenses. Subtract line 2 from line 1	3	297,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	531,665.
5	Net unrealized gains (losses) on investments	5	26,501.
6	Donated services and use of facilities	6	21,414.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	877,480.

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (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 <p style="text-align: center;">ZIMMER CHILDREN ' S MUSEUM</p>	Employer identification number <p style="text-align: center;">20-1470992</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	1,823,250.	1,908,127.	1,742,045.	2,003,696.	1,798,798.	9,275,916.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,823,250.	1,908,127.	1,742,045.	2,003,696.	1,798,798.	9,275,916.
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)						559,120.
6 Public support. Subtract line 5 from line 4.						8,716,796.

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	1,823,250.	1,908,127.	1,742,045.	2,003,696.	1,798,798.	9,275,916.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	55,710.	54,748.	73,133.	31,964.	13,507.	229,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...					228,051.	228,051.
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						9,733,029.
12 Gross receipts from related activities, etc. (see instructions)					12	2,093,365.
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	89.56 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	93.74 %
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 checked="" 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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 A (Form 990 or 990-EZ) 2016

Part VI

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

Multiple horizontal lines for supplemental information.

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

ZIMMER CHILDREN 'S MUSEUM

Employer identification number

20-1470992

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 ZIMMER CHILDREN'S MUSEUM	Employer identification number 20-1470992
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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	LAWRENCE BRAUN SHEPPARD, MULLIN, RICHTER & HAMPTON LLP, 333 S. HOPE ST. 43RD FLOOR LOS ANGELES, CA 90071	\$ 53,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROSENTHAL FAMILY FOUNDATION 400 S. BEVERLY DR., SUITE 420 BEVERLY HILLS, CA 90212	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROY KAUFMAN 6505 WILSHIRE BOULEVARD, SUITE 100 LOS ANGELES, CA 90048	\$ 41,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SALLY AND DICK LIPPIN 596 N. TIGERTAIL ROAD LOS ANGELES, CA 90049	\$ 107,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE DERFNER FOUNDATION 530 E. 76TH ST., SUITE 27E NEW YORK, NY 10021	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	\$ 102,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ZIMMER CHILDREN'S MUSEUM	Employer identification number 20-1470992
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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	THE RALPH M. PARSONS FOUNDATION 888 W 6TH ST, SUITE 700 LOS ANGELES, CA 90017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ZIMMER CHILDREN ' S MUSEUM	Employer identification number 20-1470992
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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 ZIMMER CHILDREN ' S MUSEUM	Employer identification number 20-1470992
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **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 ZIMMER CHILDREN'S MUSEUM **Employer identification number** 20-1470992

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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				
b Buildings				
c Leasehold improvements				
d Equipment		236,928.	214,356.	22,572.
e Other		563,140.	450,371.	112,769.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				135,341.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	2,904,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 26,501.		
b	Donated services and use of facilities	2b 112,874.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	139,375.
3	Subtract line 2e from line 1		3	2,765,273.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 5,082.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	5,082.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,770,355.

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

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

1	Total expenses and losses per audited financial statements		1	2,558,833.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 91,460.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	91,460.
3	Subtract line 2e from line 1		3	2,467,373.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 5,082.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	5,082.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,472,455.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE MUSEUM RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE MUSEUM IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (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 **ZIMMER CHILDREN ' S MUSEUM** Employer identification number **20-1470992**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
COMMUNITY COUNSELING SERVICE CO, LLC - 527 MADISON AVENUE,	CAPITAL CAMPAIGN		X	308,200.	102,451.	205,749.
Total				308,200.	102,451.	205,749.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DISCOVERY AWARD DINNER (event type)	CHARITY BUZZ ONLINE AUCTION (event type)	4 (total number)		
Revenue	1	Gross receipts	561,293.	87,700.	127,175.	776,168.
	2	Less: Contributions	329,524.		25,160.	354,684.
	3	Gross income (line 1 minus line 2)	231,769.	87,700.	102,015.	421,484.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	379.			379.
	6	Rent/facility costs	54,363.			54,363.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	63,347.		75,344.	138,691.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				193,433.
11	Net income summary. Subtract line 10 from line 3, column (d)				228,051.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO, LLC

(I) ADDRESS OF FUNDRAISER:

527 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10022

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ZIMMER CHILDREN'S MUSEUM

Employer identification number

20-1470992

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ESTHER NETTER CEO/PRESIDENT	(i)	201,433.	5,000.	0.	69,252.	11,270.	286,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

CHRISTINE BARBER \$24,600 (SEVERANCE PAYMENT)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ZIMMER CHILDREN'S MUSEUM** Employer identification number **20-1470992**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		7,785.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	461	12,170.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TOYS & GAMES)	X	974	23,445.	FMV
26	Other ▶ (GIFT CARDS, V)	X	3	13,896.	FMV
27	Other ▶ (VACATION PACK)	X	1	12,152.	FMV
28	Other ▶ (MISCELLANEOUS)	X	25	6,340.	FMV
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) (2016)

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

PART I, OTHER TYPES OF PROPERTY:

ACCESSORIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 66

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5749.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPRESENTS THE NUMBER OF NON-CASH ITEMS RECEIVED.

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

ZIMMER CHILDREN'S MUSEUM

Employer identification number

20-1470992

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

SELF-EXPRESSION.

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

THE FORM 990 IS REVIEWED BY THE TREASURER, BOARD CHAIR AND MEMBERS OF THE BUDGET, FINANCE & INVESTMENT COMMITTEE. IT WILL THEN BE DISTRIBUTED TO ALL THE BOARD MEMBERS FOR REVIEW AND COMMENTING BEFORE FILING.

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

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED THROUGH AN ANNUAL QUESTIONNAIRE THAT IS GIVEN TO ALL BOARD MEMBERS, WHICH IS MONITORED BY THE CEO. THE CEO AND DIRECTOR OF FINANCE MONITOR AND ENFORCE THE STAFF POLICY.

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

A COMPENSATION COMMITTEE IS AUTHORIZED BY THE BOARD OF DIRECTORS TO REVIEW AND APPROVE THE CEO'S COMPENSATION, BASED ON COMPARATIVE RESEARCH. THE CENTER FOR NON PROFIT MANAGEMENT'S COMPENSATION SURVEY IS USED IN THE DETERMINATION OF THE COMPENSATION OF THE CEO, INDEPENDENTLY, WITHOUT THE PARTICIPATION OF INTERESTED PERSONS.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. ZIMMER CHILDREN'S MUSEUM	Employer identification number (EIN) or 20-1470992
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6505 WILSHIRE BLVD., NO. 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90048	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AMY SHAPIRO

• The books are in the care of ▶ **6505 WILSHIRE BLVD., NO. 100 - LOS ANGELES, CA 90048**
Telephone No. ▶ **(323)761-8989** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**

Corporation/Organization name ZIMMER CHILDREN'S MUSEUM		California corporation number 2669307
Additional information. See instructions.		FEIN 20-1470992
Street address (suite or room) 6505 WILSHIRE BLVD., NO. 100		PMB no.
City LOS ANGELES	State CA	ZIP code 90048
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	1,364,426.00
	2	Gross dues and assessments from members and affiliates	2	146,066.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,652,732.00
	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. STMT 2	4	3,163,224.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	199,436.00
	7	Total costs. Add line 5 and line 6	7	199,436.00
	8	Total gross income. Subtract line 7 from line 4	8	2,963,788.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,665,888.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	297,900.00
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 CEO/PRESIDENT	Date	• Telephone
Paid Preparer's Use Only	Preparer's signature DONITA M. JOSEPH	Date 07/06/18	• PTIN P00286656
	Firm's name (or yours, if self-employed) and address WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087		• FEIN 95-3001179
			• Telephone (562) 435-1191

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	421,484.00
	2	Interest	•	2	13,507.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	•	6	199,666.00
	7	Other income SEE STATEMENT 4	•	7	729,769.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,364,426.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	285,320.00
	12	Other salaries and wages	•	12	1,109,571.00
	13	Interest	•	13	00
	14	Taxes	•	14	91,029.00
	15	Rents	•	15	157,833.00
	16	Depreciation and depletion (See instructions)	•	16	55,317.00
	17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	966,818.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	2,665,888.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		13,565.		189,121.
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 STMT 7		512,154.		454,312.
10 a	Depreciable assets	778,283.		800,068.	
b	Less accumulated depreciation	(609,411.)	168,872.	(664,727.)	135,341.
11	Land				
12	Other assets STMT 8		190,413.		344,145.
13	Total assets		885,004.		1,122,919.
Liabilities and net worth					
14	Accounts payable		85,280.		106,181.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 9		268,059.		139,258.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		531,665.		877,480.
22	Total liabilities and net worth		885,004.		1,122,919.

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	•	345,815.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5		345,815.
7	Income recorded on books this year not included in this return. STMT 10	•	47,915.
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		47,915.
10	Net income per return. Subtract line 9 from line 6		297,900.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AARON ROSENBERG AND DANNY ROSE	540 S. ROSSMORE AVE. LOS ANGELES, CA 90020		8,000.
ALLISON WRIGHT AND ANDY KAPLAN	13225 OLD OAK LANE LOS ANGELES, CA 90049		15,250.
AMBLIN PARTNERS	100 UNIVERSAL CITY PLAZA, BLDG. 5121 UNIVERSAL CITY, CA 91608		5,000.
AMC NETWORKS	11 PENN PLAZA, 15TH FLOOR NEW YORK, NY 10001		5,000.
AMY AND MARK KESTENBAUM	513 N. ARDEN DR. BEVERLY HILLS, CA 90210		6,000.
ANNETTE AND LEONARD SHAPIRO	10800 WILSHIRE BLVD., APT. 2102 LOS ANGELES, CA 90024		5,000.
BENTO BOX ENTERTAINMENT	5161 LANKERSHIM BLVD. NORTH HOLLYWOOD, CA 91601		5,100.
BET NETWORKS	10635 SANTA MONICA BLVD., 2ND FLOOR LOS ANGELES, CA 90025		10,000.
CAA	2000 AVENUE OF THE STARS LOS ANGELES, CA 90067		5,000.
CAPITAL GROUP	400 S. HOPE ST. LOS ANGELES, CA 90071		5,000.
CBS	7800 BEVERLY BOULEVARD LOS ANGELES, CA 90036		10,000.
CHARLOTTE AND GARY GILBERT	8936 THRASHER AVE. LOS ANGELES, CA 90069		15,000.
CHOIWAN AND DAVID ESSEY	2770 MANNING AVE. LOS ANGELES, CA 90064		9,000.
COMMUNITY CORPORATION OF SANTA MONICA	1423 2ND ST., SUITE B SANTA MONICA, CA 90401		12,700.
COURTNEY MIZEL	9301 SAWYER ST. LOS ANGELES, CA 90035		8,500.

CREATION STANDS	217 S. KENWOOD ST. GLENDALE, CA 91205	13,375.
DARREN STAR PRODUCTIONS	6505 WILSHIRE BOULEVARD, SUITE 100 LOS ANGELES, CA 90048	5,000.
DEBMAR/MERCURY, LLC	225 SANTA MONICA BLVD., 8TH FLOOR SANTA MONICA, CA 90401	10,000.
DIANNA LAU AND KEVIN BEGGS	2700 COLORADO AVE., SUITE 200 SANTA MONICA, CA 90404	5,323.
ESTHER NETTER	133 S. REXFORD DR., APT. 301 BEVERLY HILLS, CA 90212	8,485.
FIRST 5 LA	750 N. ALAMEDA ST., SUITE 300 LOS ANGELES, CA 90012	5,000.
GARA AND JASON POST	8149 SANTA MONICA BLVD. #298 LOS ANGELES, CA 90046	5,000.
HAERAN AND DAVID ZEDECK	536 S. WESTGATE AVE. LOS ANGELES, CA 90049	5,120.
HASBRO, INC.	1027 NEWPORT AVE. PAWTUCKET, RI 02861	25,000.
HBO	2500 BROADWAY, SUITE 400 SANTA MONICA, CA 90404	10,000.
HEIDI AND JON MONKARSH	181 N. CARMELINA AVE. LOS ANGELES, CA 90049	6,050.
JAIME AND ANDREW SCHWARTZBERG	1041 RAVOLI DR. PACIFIC PALISADES, CA 90272	10,000.
JANNELLE AND BENYAMIN ROSS	246 LORRAINE BLVD LOS ANGELES, CA 90004	6,000.
JEAN AND JERRY FRIEDMAN	807 N. ELM DR. BEVERLY HILLS, CA 90210	9,000.
JEAN COHEN	13534 LUCCA DR. PACIFIC PALISADES, CA 90272	25,000.
JENNA AND JASON GROSFELD	363 COPA DE ORO LOS ANGELES, CA 90077	20,000.
JENNIFER AND CARL FREED	1020 CHANTILLY ROAD LOS ANGELES, CA 90077	32,620.
JENNIFER AND CURTIS COHEN	204 S. PECK DR. BEVERLY HILLS, CA 90212	5,850.

JENNIFER SIMCHOWITZ	420 LORING AVE. LOS ANGELES, CA 90024	15,000.
JUDY AND ARYEH GOLDBERG	2200 S. CANFIELD AVE. LOS ANGELES, CA 90034	6,500.
KATE CAPSHAW AND STEVEN SPIELBERG	C/O GONRING, SPAHN & ASSOCIATES, INC. 100 UNIVERSAL PLAZA, BLDG. 5121 UNIVER	5,000.
KISSICK FAMILY FOUNDATION	C/O WISHNOW, ROSS, WARSAVSKY & CO., 16130 VENTURA BLVD. #320 ENCINO, CA 9143	10,000.
LAWRENCE BRAUN	SHEPPARD, MULLIN, RICHTER & HAMPTON LLP, 333 S. HOPE ST. 43RD FLOOR LOS ANGE	53,750.
LEO ROSNER FOUNDATION, INC.	6 WESTWAY WHITE PLAINS, NY 10605	15,000.
LEO S. GUTHMAN FUND	70 EAST LAKE STREET, SUITE 1120 CHICAGO, IL 60601	10,000.
LINDA GACH RAY AND STEVE RAY	301 S. MCCARTY DR. BEVERLY HILLS, CA 90212	11,000.
LIONSGATE	2700 COLORADO AVE., SUITE 200 SANTA MONICA, CA 90404	5,000.
LIZZIE AND JONATHAN HONIG	5825 WINDSOR CT. BOCA RATON, FL 33496	5,000.
LON V. SMITH FOUNDATION	9440 SANTA MONICA BLVD., SUITE 300 BEVERLY HILLS, CA 90210	20,000.
LYNN AND LES BIDER	1017 N. ROXBURY DR. BEVERLY HILLS, CA 90210	5,000.
MARILYN BROWN	623 COMSTOCK AVE. LOS ANGELES, CA 90024	6,000.
MAY AND RICHARD ZIMAN	REXFORD INDUSTRIAL REALTY, INC., 11620 WILSHIRE BLVD., SUITE 1000 LOS ANGELE	5,000.
MICHAEL LOMBARDO AND SONNY WARD	418 S. JUNE ST. LOS ANGELES, CA 90020	10,000.
MINDY AND ANDY MEYERS	1764 CLASSIC ROSE COURT WESTLAKE VILLAGE, CA 91362	8,000.
MYMAN GREENSPAN FINEMAN FOX ROSENBERG & LIGHT LLP	11601 WILSHIRE BLVD., SUITE 2200 LOS ANGELES, CA 90025	10,000.

ZIMMER CHILDREN'S MUSEUM

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NADINA AND FERNANDO SZEW	10877 WILSHIRE BLVD., 10TH FLOOR LOS ANGELES, CA 90024	7,635.
NETFLIX	345 MAPLE DR., SUITE 300 BEVERLY HILLS, CA 90210	10,000.
PATRICE COURTABAN	8733 SUNSET BLVD., SUITE 202 WEST HOLLYWOOD, CA 90069	5,000.
PAUL ATTANASIO	236 ADELAIDE DR. SANTA MONICA, CA 90402	5,000.
PEGGY AND STEPHEN DAVIS	532 S. LUCERNE BLVD. LOS ANGELES, CA 90010	7,500.
RAYNI ROMITO WILLIAMS AND BRANDEN WILLIAMS	50 N. CANON DRIVE BEVERLY HILLS, CA 90210	26,500.
RESNICK FAMILY FOUNDATION, INC.	11444 W. OLYMPIC BLVD., 10TH FLOOR LOS ANGELES, CA 90064	10,000.
ROSENTHAL FAMILY FOUNDATION	400 S. BEVERLY DR., SUITE 420 BEVERLY HILLS, CA 90212	100,000.
ROY KAUFMAN	6505 WILSHIRE BOULEVARD, SUITE 100 LOS ANGELES, CA 90048	41,270.
RUTH/ALLEN ZIEGLER FOUNDATION	15760 VENTURA BLVD., SUITE 801 ENCINO, CA 91436	7,500.
SALLY AND DICK LIPPIN	596 N. TIGERTAIL ROAD LOS ANGELES, CA 90049	107,500.
SAMANTHA AND COLIN HANKS	9100 WILSHIRE BLVD., SUITE 1000W BEVERLY HILLS, CA 90212	6,268.
SHAINAZ DONNELLY BURG AND MARK BURG	14050 AUBREY ROAD BEVERLY HILLS, CA 90210	7,080.
SHARON AND AMOS MERON	384 DELFERN DR. LOS ANGELES, CA 90077	5,000.
SHERYL AND JEFFREY WACHTEL	11900 BRIARVALE LN. STUDIO CITY, CA 91604	7,050.
SIDNEY KOHL FAMILY FOUNDATION	340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	30,870.
SILTON FAMILY FOUNDATION	972 HILGARD AVE. PH1 LOS ANGELES, CA 90024	10,000.
SONY PICTURES ENTERTAINMENT	10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232	15,000.

SPIN MASTER CORP.	121 BLOOR STREET EAST TORONTO, ONTARIO, CANADA M4W 3M5	10,500.
STEVE BYRNES AND JAMES C. MANDELBAUM	1925 CENTURY PARK EAST, 22ND FLOOR LOS ANGELES, CA 90067	12,500.
SUSAN AND AARON AMSTER	16029 SKYTOP RD. ENCINO, CA 91436	11,000.
SUSAN OKUM	10102 EMPYREAN WAY #102 LOS ANGELES, CA 90067	7,500.
SYDNEY HOLLAND	14047 AUBREY ROAD BEVERLY HILLS, CA 90210	6,815.
THE DERFNER FOUNDATION	530 E. 76TH ST., SUITE 27E NEW YORK, NY 10021	75,000.
THE GERSH AGENCY	9465 WILSHIRE BLVD., 6TH FLOOR BEVERLY HILLS, CA 90212	5,000.
THE GREEN FOUNDATION	225 S. LAKE AVE., SUITE 1410 PASADENA, CA 91101	35,000.
THE HERZER FOUNDATION	C/O SCHUR & SUGARMAN, CPA'S, A.P.C. 11845 W. OLYMPIC BLVD. #1125W LOS ANGELE	5,000.
THE JEWISH FEDERATION OF GREATER LOS ANGELES	6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	102,632.
THE MARILYN AND JEFFREY KATZENBERG FOUNDATION	C/O GONRING, SPAHN & ASSOCIATES, INC. 100 UNIVERSAL PLAZA, BLDG. 5121 UNIVER	5,000.
THE MARK E. POLLACK FOUNDATION	2700 NEILSON WAY #1727 SANTA MONICA, CA 90405	5,000.
THE RALPH M. PARSONS FOUNDATION	888 W 6TH ST, SUITE 700 LOS ANGELES, CA 90017	50,000.
THE ROSALINDE AND ARTHUR GILBERT FOUNDATION	2730 WILSHIRE BLVD., SUITE 301 SANTA MONICA, CA 90403	25,000.
TIKUN OLAM FOUNDATION	6505 WILSHIRE BLVD., SUITE 1200 LOS ANGELES, CA 90048	20,000.
TWENTIETH CENTURY FOX	10201 WEST PICO BLVD., BUILDING 78 ROOM 1 LOS ANGELES, CA 90035	5,000.
UNIVERSAL MUSIC GROUP	1755 BROADWAY NEW YORK, NY 10019	10,000.

UPPABABY	C/O MONAHAN PRODUCTS, LLC, 60 SHARP STREET STE. 3 HINGHAM, MA 02043	6,000.
VANESSA AND DARRYL FRANK	11677 VALLEYCREST ROAD STUDIO CITY, CA 91604	11,250.
WME ENTERTAINMENT	9601 WILSHIRE BLVD., 3RD FLOOR BEVERLY HILLS, CA 90210	5,000.
Yael AND SCOOTER BRAUN	755 N. BONHILL ROAD LOS ANGELES, CA 90049	7,500.
LOS ANGELES COUNTY BOARD OF SUPERVISORS	866 KENNETH HAHN HALL OF ADMINISTRATION, 500 W. TEMPLE ST. LOS ANGELES, CA 9	32,500.
TOTAL INCLUDED ON LINE 3		<u>1,393,993.</u>

FORM 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JAMIE AND ANDREW SCHWARTZBERG	1041 RAVOLI DR. PACIFIC PALISADES, CA 90272		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
VACATION PACKAGE	10/25/16	12,152.	12,152.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ROBIN BUSS-KAPLAN	PO BOX 20536 ATLANTA, GA 30320		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
AIRLINE TICKETS	02/27/17	13,640.	13,640.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
KRIS STIFFLER	5090 KENDRICK CT. SE GRAND RAPIDS, MI 49512		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
SCOOTERS AND HELMETS	06/05/17	9,695.	9,695.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
BROOKE MILLER	1222 E GRAND AVE. EL SEGUNDO, CA 90245		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
BEVERAGES FOR EVENT	04/24/17	8,400.	8,400.

TOTAL INCLUDED ON LINE 3

43,887.

FORM 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SECURITIES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	199,436.	0.	0.	199,666.
TOTAL TO FORM 199, PAGE 2, LN 6	199,436.	0.	0.	199,666.

FORM 199	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
MUSEUM ADMISSIONS	228,936.
CAMP REVENUE	271,447.
WORKSHOP REVENUE	69,285.
ZIMMER A LA CARTE	68,500.
RENTAL INCOME	53,662.
GIFT SHOP	24,458.
FIELD TRIPS	9,913.
CHILDREN'S THEATRE	3,568.
TOTAL TO FORM 199, PART II, LINE 7	729,769.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ANDY KAPLAN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	CHAIR 1.00	0.
MATT HANOVER 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	SECRETARY 1.00	0.
ARYEH GOLDBERG 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	TREASURER 1.00	0.
SUSAN AMSTER 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
KEVIN BEGGS 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
KAREY BURKE 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
KENDRA BRACKEN-FERGUSON 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
JENNIFER E. COHEN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
PATRICE COURTABAN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
STEPHEN J. DAVIS 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
CHOIWAN ESSEY 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.

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BARBARA FISHER 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
VANESSA FRANK 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
CARL FREED 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
RODNEY FREEMEN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
JEAN FRIEDMAN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
SCOTT GREENSBERG 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
AMY KESTENBAUM 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
HEATHER LINDSEY 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
DICK LIPPIN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
ANDY MEYERS 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
JAMES MANDELBAUM 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
SANFORD MICHELMAN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
JEREMY MITTMAN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.

ZIMMER CHILDREN'S MUSEUM

20-1470992

COURTNEY MIZEL 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
DANA PACHULSKI 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
ELI PORTNOY 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
BENYAMIN ROSS 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
ALON SHTRUZMAN 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
RICHARD A. SMITH 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
DAVID STRAUS 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
EILEEN STRINGER 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
FERNANDO SZEW 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
SHERYL WACHTEL 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
RAYNI ROMITO WILLIAMS 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
GRANT WITHERS 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	DIRECTOR 1.00	0.
ESTHER NETTER 6505 WILSHIRE BLVD., NO. 100 LOS ANGELES, CA 90048	CEO/PRESIDENT 40.00	285,320.

TOTAL TO FORM 199, PART II, LINE 11

285,320.

FORM 199	OTHER EXPENSES	STATEMENT	6
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
DIRECT PROGRAM EXPENSES		299,436.	
BANK FEES		34,798.	
EQUIPMENT FEES		4,884.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		193,433.	
PENSION PLAN CONTRIBUTIONS		41,563.	
OTHER EMPLOYEE BENEFITS		92,297.	
ACCOUNTING FEES		54,700.	
PROFESSIONAL FUNDRAISING FEES		102,451.	
INVESTMENT MANAGEMENT FEES		5,082.	
OTHER PROFESSIONAL FEES		86,849.	
OFFICE EXPENSES		30,697.	
TRAVEL		9,355.	
CONFERENCES AND CONVENTIONS		1,562.	
INSURANCE		6,720.	
ALL OTHER EXPENSES		2,991.	
TOTAL TO FORM 199, PART II, LINE 17		966,818.	

FORM 199	OTHER INVESTMENTS	STATEMENT	7
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PUBLICLY TRADED SECURITIES		512,154.	454,312.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		512,154.	454,312.

FORM 199	OTHER ASSETS	STATEMENT	8
<u>DESCRIPTION</u>		<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
PLEDGES AND GRANTS RECEIVABLE		150,806.	328,556.
PREPAID EXPENSES AND DEFERRED CHARGES		39,607.	15,589.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		190,413.	344,145.

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		268,059.	139,258.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		268,059.	139,258.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	10
DESCRIPTION		AMOUNT	
UNREALIZED GAIN DONATED SERVICES		26,501. 21,414.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		47,915.	

FORM 199	FUND BALANCES	STATEMENT	11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS		531,665.	637,480.
TEMPORARILY RESTRICTED ASSETS		0.	240,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		531,665.	877,480.

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
ZIMMER CHILDREN'S MUSEUM	20-1470992

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1 <u>3,163,224.00</u>
2 Total gross income (Form 199, line 8)	2 <u>2,963,788.00</u>
3 Total expenses and disbursements (Form 199, line 9)	3 <u>2,665,888.00</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)
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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 to 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		_____ Date		_____ Title
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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 P00286656
Must Sign	Firm's name (or yours if self-employed) and address	WINDES, INC. P.O. BOX 87 LONG BEACH, CA			FEIN 95-3001179 ZIP code 90801-0087

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 P00286656	
Must Sign	Firm's name (or yours if self-employed) and address	WINDES, INC. P.O. BOX 87 LONG BEACH, CA			FEIN 95-3001179 ZIP code 90801-0087

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 <u>123979</u> ZIMMER CHILDREN'S MUSEUM <small>Name of Organization</small> <u>6505 WILSHIRE BLVD., NO. 100</u> <small>Address (Number and Street)</small> <u>LOS ANGELES, CA 90048</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2669307</u> Federal Employer I.D. No. <u>20-1470992</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 07/01/2016 ending 06/30/2017) list:
 Gross annual revenue \$ 2,770,355. Total assets \$ 1,122,919.

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?		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 12	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 13	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 (323) 761-8989

Organization's e-mail address AMY@ZIMMERMUSEUM.ORG

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.

ESTHER NETTER

CEO/PRESIDENT

Signature of authorized officer

Printed Name

Title

Date

FORM RRF-1

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

STATEMENT 12

THE ORGANIZATION USED THE SERVICES OF A PROFESSIONAL FUNDRAISING
COUNSEL:

COMMUNITY COUNSELING SERVICE CO, LLC
527 MADISON AVE., 5TH FLOOR
NEW YORK, NY 10022
(212)695-1175
INFO@CCSFUNDRAISING.COM

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 13

LOS ANGELES COUNTY BOARD OF SUPERVISORS
866 KENNETH HAHN HALL OF ADMINISTRATION
500 W. TEMPLE STREET
LOS ANGELES, CA 90012
CONTACT: LINDA MANDEL, (213)974-3333