Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

OMB No. 1545-0047

| Α | For the | 2017 calendar year, or tax year beginning and endi | ng | | | | | |
|-------------------------|---------------------------------------|---|-------------------------|---------------------------------|-------------------------------|--|--|--|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number | | | |
| Г | Addres | MUTTVILLE | | | | | | |
| | Name change | | 26-0 | 416747 | | | | |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) PO BOX 410207 | n/suite | E Telephone numbe | r 272–4172 | | | |
| _ | termin- ated | | | G Gross receipts \$ 15,126,903. | | | | |
| Г | Ameno | SAN FRANCISCO, CA 94141 | H(a) Is this a group re | | | | | |
| F | Applic | F Name and address of principal officer: SHERRI FRANKLIN | | for subordinates? Yes X No | | | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | | | | |
| $\overline{\mathbf{T}}$ | Tax-exe | empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □ | 527 | | list. (see instructions) | | | |
| | | e: NWW.MUTTVILLE.ORG | | H(c) Group exemption | | | | |
| | | | L Year o | | A State of legal domicile: CA | | | |
| | art I | Summary | _ | | ··· | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: ${	t \underline{MUTTVII}}$ | LE | RESCUES AND | REHOMES | | | |
| Governance | | SENIOR DOGS AND CONNECTS THEM WITH THE COMM | IUUI | TY. | | | | |
| rua | 2 | Check this box if the organization discontinued its operations or disposed of | of more | than 25% of its net as | ssets. | | | |
| ٥ و | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 14 | | | |
| ত | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 13 | | | |
| es | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | | 5 | 23 | | | |
| Ϋ́ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 300 | | | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| ě | 8 | Contributions and grants (Part VIII, line 1h) | | 2,920,821. | 14,960,896. | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 6,419. | 12,006. | | | |
| æ | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 367. | 10,454. | | | |
| _ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 200,313. | 24,925. | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,127,920. | 15,008,281. | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 873,773. | 0. 1,202,151. | | | |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0/3,//3. | 1,202,151. | | | |
| en | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 560,384. | | 0. | 0. | | | |
| Ä | _D | 3 1 () () | | 1,458,413. | 2,063,794. | | | |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,332,186. | 3,265,945. | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 795,734. | | | | |
| <u></u> | | nevertue less expenses. Subtract line 10 nont line 12 | Red | ginning of Current Year | End of Year | | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | 100 | 3,035,456. | 14,855,563. | | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 179,196. | 257,702. | | | |
|] | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 2,856,260. | 14,597,861. | | | |
| | art II | Signature Block | | · · | | | | |
| Und | der pena | lties of perjury, I declare that I have examined this return, including accompanying schedules and | stateme | ents, and to the best of m | y knowledge and belief, it is | | | |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which p | reparer | has any knowledge. | | | | |
| | | | | | | | | |
| Sig | jn 💮 | Signature of officer | | Date | | | | |
| Не | re | SHERRI FRANKLIN, CHIEF EXECUTIVE OFFICER | ₹ | | | | | |
| | | Type or print name and title | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Pate Check | PTIN | | | |
| Pai | | TERRA A. VAN ZANT TERRA A. VAN ZANT | 1 | 1/13/18 if self-employ | P01276449 | | | |
| | parer | Firm's name GILBERT ASSOCIATES, INC. | | Firm's EIN ▶ | 68-0037990 | | | |
| Use | Only | Firm's address 2880 GATEWAY OAKS DR, STE 100 | | 01 | C CAC CACA | | | |
| _ | | SACRAMENTO, CA 95833 | | Phone no.91 | 6-646-6464 | | | |
| Ma | y the IF | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | |

| Forn | 1990 (2017) MUTTVILLE 26-0416747 Page 2 |
|------|--|
| | rt 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: |
| • | SENIOR DOGS HAVE HISTORICALLY BEEN THE LEAST LIKELY TO BE ADOPTED AND |
| | THE MOST LIKELY TO BE EUTHANIZED. MUTTVILLE, ONE OF THE FIRST SENIOR |
| | DOG RESCUES IN THE COUNTRY, RESCUES OLDER DOGS FROM DEATH ROW AT |
| | SHELTERS AND OTHER DIRE CIRUMSTANCES, FINDS THEM FOREVER HOMES, AND |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? |
| | 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 | 1 (47 521 |
| ти | SENIOR DOG RESCUE, FOSTER CARE, AND ADOPTION: |
| | MUTTVILLE RESCUES SENIOR DOGS (7+ YEARS OLD), MANY OF WHOM HAVE BEEN |
| | SEVERELY NEGLECTED OR HAVE LOST THEIR GUARDIANS. THEY COME PRIMARILY |
| | |
| | FROM SHELTERS WHERE THEY ARE FACING IMMINENT EUTHANASIA. MUTTVILLE HAS |
| | ITS OWN CAGE-FREE FACILITY FOR NEW ARRIVALS, WHO UNDERGO MEDICAL |
| | TREATMENT AND ARE MATCHED AS SOON AS POSSIBLE WITH LOVING FOSTER HOMES. |
| | FOSTER CARE ALLOWS THE DOGS TO LIVE IN COMFORTABLE HOME SETTINGS RATHER |
| | THAN IN STRESSFUL KENNEL CONDITIONS. FOSTER FAMILIES CAREFULLY MONITOR |
| | THE DOGS TO LEARN ABOUT THEIR BEHAVIOR, HEALTH, TRAINING AND |
| | TEMPERAMENT, GATHERING INFORMATION THAT ENABLES MUTTVILLE TO MAKE |
| | INFORMED MATCHES WITH NEW FOREVER FAMILIES, AS THIS RESULTS IN A HIGH |
| | PERCENTAGE OF SUCCESSFUL FIRST-TIME ADOPTIONS. |
| 4b | (Code:) (Expenses \$ 583,640 • including grants of \$) (Revenue \$ |
| | SENIORS FOR SENIORS: |
| | COMPANION ANIMALS PROVIDE PSYCHOLOGICAL AND PHYSIOLOGICAL BENEFITS TO |
| | SENIOR CITIZENS, RELIEVING LONELINESS AND ENCOURAGING SOCIAL AND |
| | PHYSICAL ACTIVITY. SENIOR DOGS, WITH THEIR LAID-BACK PERSONALITIES AND |
| | LOWER ACTIVITY LEVELS, ARE PERFECT MATCHES FOR SENIOR CITIZENS. TO |
| | PROMOTE ADOPTION AND INTERACTION, WE HAVE SEVERAL SENIORS FOR SENIORS |
| | |
| | PROGRAMS. FOR SENIORS ABLE TO ADOPT, WE PROVIDE SPECIAL ATTENTION AND |
| | SUPPORT, INCLUDING WAIVED ADOPTION FEES AND A WELCOME KIT WITH FOOD, |
| | EQUIPMENT, AND MEDICATIONS FOR THE FIRST MONTH. FOR SENIORS UNABLE TO |
| | ADOPT BUT WHO WOULD STILL LIKE TO INTERACT WITH DOGS, WE HOST REGULAR |
| | CUDDLE CLUBS, GET-TOGETHERS FOR SENIORS AT MUTTVILLE HEADQUARTERS. |
| | |
| 4c | (Code:) (Expenses \$ |
| | EDUCATION AND OUTREACH: |
| | MUTTVILLE CREATES OPPORTUNITIES TO INTRODUCE OUR DOGS TO THE COMMUNITY |
| | AND TO EDUCATE PEOPLE ABOUT THE JOYS OF SENIOR DOGS. WE HOST ADOPTION |
| | AND COMMUNITY OUTREACH EVENTS, CLASSES, AND DISCUSSION GROUPS ABOUT THE |
| | SPECIAL JOYS, BENEFITS AND RESPONSIBILITIES OF LIVING WITH A SENIOR |
| | DOG, AND WE PARTICIPATE AT COMMUNITY AND CORPORATE EVENTS THROUGHOUT |
| | THE BAY AREA. HAVING DEVELOPED A STRONG REPUTATION WITHIN THE ANIMAL |
| | WELFARE FIELD, MUTTVILLE STAFF REGULARLY PRESENTS AT CONFERENCES AND |
| | TEACHES INDUSTRY-RELATED CLASSES. WE HOST AND PARTICIPATE IN SEVERAL |
| | |
| | HUMANE EDUCATION EVENTS FOR CHILDREN, ENCOURAGING COMPASSION FOR OUR |
| | VULNERABLE SENIORS. |
| | VOLUMENT DELICION |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| 4d | |

MUTTVILLE 26-0416747 Page **3** Form 990 (2017) MUTTVILLE

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)? | 1 | х | |
| 2 | If "Yes," complete Schedule A | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 3 | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 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? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 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? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | 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? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 446 | | X |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 100 | х | |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | -22 | |
| b | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | X | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | 3.7 | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | Х | |
| | complete Schedule G, Part III | 19 | Λ | |

form 990 (2017) MUTTVILLE 26-0416747 Page 4

Form 990 (2017) MUTTVILLE Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 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? If "Yes," complete Schedule I, Parts I and III | 22 | | 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? If "Yes," complete | | | |
| | Schedule J | 23 | | 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? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | l |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | 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? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | 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? If "Yes," complete Schedule L, Part III | 27 | | 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Х | 77 |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | 37 |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | 37 | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 37 |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | 37 |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | Х |
| | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | l | | v |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | — |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | (|

26-0416747

Part V Statements Regarding Other IRS Filings and Tax Compliance

| 1a Enter the number reported in Box 3 of Form 1096. Enter -0* in not applicable 1a 50 0 0 0 0 0 0 0 0 | | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | |
|---|----|--|-----------|------------------------|-----|-----|----|--|--|--|
| be Enter the number of Forms W.2G included in lane 1s. Enter or 1 and applicable or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within they ware rovered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c If the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yeas, 1s at filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year? If Yes, 1 feal as filed a Form \$901 for this year. If Yes, 2 feal the near of the foreign country; If Yes, 2 feal the near of the foreign country; If Yes, 2 feal the near of the foreign country. If Yes, 3 feal the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of masses of \$5, and the area of \$6, but the organization shall were year. Yes, 1 feal the organization related a payment in excess of \$5 if masses that shall be accessed to the year. Yes, 1 feal the organization related a payment in excess of \$5 if which were year. Yes, 1 feal the organization shall were year. Y | | | | | | Yes | No | | | |
| b Enter the number of Forms W 26 included in line 1a. Enter 0- If not applicable or Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lined for the catendar year anding with or within the year covered by this return 32 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 33 bit of the organization have unrelated business gross income of \$1,000 or more during the year? 34 bit or year, I set filed a Form 990 of Tor this year? If Wo, Yo line 30, provide an explanation in Schedule O 35 bit Yrays, I had filed a Form 990 of Tor this year? If Wo, Yo line 30, provide an explanation in Schedule O 36 bit Yrays, I set filed a Form 990 of Tor this year? If Wo, Yo line 30, provide an explanation in Schedule O 37 bit Yrays, I set filed a Form 990 of Tor this year? If Wo, Yo line 30, provide an explanation in Schedule O 38 bit Yrays, I set filed a Form 990 of Tor this year? If Wo, Yo line 30, provide an explanation in Schedule O 39 bit Yrays, I set filed a Form 990 of Tor this year? If Wo, Yo line 30, provide an explanation in Schedule O 40 bit Yrays, I set filed a Form 990 of Tor this year? If Wo, Yo line 30, provide an explanation in Schedule O 50 bit Yrays, I set the organization with year and schedule set and year and y | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 60 | | | | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) without several contributions or the contributions or gitts and contributions or gitts were not tax deductible? 2 | | | | 0 | | | | | | |
| (gambling) winnings to prize winners? 22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 23 bit at least one is reported on line 2a, did the organization life all required federal employment tax returns? 25 bit at least one is reported on line 2a, did the organization life all required federal employment tax returns? 26 bit of the organization have unrelated business gross income of \$1,000 or more during the year? 37 bit if vag's, last life a Form 990 Trof they year If "ho", to file 8b, provide an explanation in Schedule O 38 bit if vag's and the file an Form 990 Trof they year If "ho", to file 8b, provide an explanation in Schedule O 39 bit if vag's enter the name of the foreign country: Imported an explanation in Schedule O 40 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 50 Was the organization approximation that the vage of a bank and country or the tax year? 51 bit "Yes," enter the name of the foreign country. It is a bank account, securities account, or other financial Accounts (FBAR). 52 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 53 bit "Yes," and the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 54 bit "Yes," and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible form 88891 as contributions? 55 city "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible accharation and the property of the property for which it was required to file "Yes," and the organization r | | | reporta | able gaming | | | | | | |
| 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 12 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 28 X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 29 Bit of the organization have unrelated business gross income of \$1,000 or more during the year? 30 Bit the reganization have unrelated business gross income of \$1,000 or more during the year? 31 A tran y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (succh as a bank account, securities account, or other financial account)? 32 If 'Yes,' enter the name of the foreign country,' Experiments for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 33 Was the organization a party to a prohibitoted tax shelter transaction at any time during the tax year? 34 If 'Yes,' to line 5a or 5b, did the organization file Form 8888-17 35 Uses the organization have enumal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible enumber of the organization an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 36 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 36 Organization state may receive deductible contributions under section 170(c). 37 Organization state may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 38 If 'Yes,' did the organization neceive a payment in excess of \$5 made party as a contribution of a party of the organization receive and the very such as a party of the organization receive and | | | | 3 3 | 1c | х | | | | |
| fliet for the calendar year ending with or within the year covered by this return. 2a | 2a | | 1 | | | | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | | | 2a | 23 | | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 33. Did the organization have unrelated business gross none of \$1,000 or more during the year? 44. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry) 55. If 'Yes,' enter the name of the foreign country: ▶ 56. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 57. So was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 58. A X was the organization aparty to a prohibited tax shelter transaction? 59. So was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions? 59. If 'Yes,' till de organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 59. If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50. If 'Yes,' did the organization include with every solicitation and parity for goods and services provided to the payor? 50. If 'Yes,' did the organization necess of \$75 made parity as contribution and parity for goods and services provided to the payor? 50. If 'Yes,' did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 50. If 'Yes,' did the organization was premium, directly, or pay premiums on a personal benefit contract? 71. If the organization exceived a contribution of qualified intellectual property, did the organization file a Form 1088-0? 81. Possor fo | b | | | | 2b | х | | | | |
| 3a | _ | | | | | | | | | |
| b If "Yes," has it filled a Form 990-T for this year? If "No." to line 30, provide an explanation in Schedule O 43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 43 If "Yes," enter the name of the foreign country: ▶ 54 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 Dos the dry taxable party notify the organization file Form 8886:7? 57 Ca 58 Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 57 Ca 58 Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 58 Veryes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or of the such or the goods or services provided? 79 Organizations that may receive deductible contributions under section 170(c). 80 If "Yes," indicate the number of Forms 8282 filed during the year 81 If "Yes," indicate the number of Forms 8282 filed during the year 82 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282. 83 Formsoring organization received a contribution of cars, bosts, airplanes, or other vahicites, of the organization file a Form 1098-C? 84 Fit the organization received a contribution of cars, bosts, airplanes, or other vahicites, did the organization file a Form 1098-C? 85 Sponsoring organization have excess business holdings at any time during the year? 96 Sponsor | За | | , | | За | | Х | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction? So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So Did any taxable party notify the organization file Form 8886-17 Bo Des the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Bif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Corporalizations that may receive deductible contributions under section 170(c). Bif the organizations that may receive deductible contributions under section 170(c). Bif 'Yes,' did the organization notify the donor of the value of the goods or services provided? To Did the organization receive apayment in excess of \$57 andep party as a contribution and party for goods and services provided to the payor? To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract? To Did the organization received a contribution of cars, boats, alignates, or other vehicles, did the organization flate a form 1098-0? By Did the sponsoring organization make a distribution to a donor, donor ad | | | e O | | | | | | | |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 | | | | rity over, a | | | | | | |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the foreign Bank and Financial Accounts (FBAR). See instructions for the foreign Bank and Financial Accounts (FBAR). See instructions for the foreign Bank and Financial Accounts (FBAR). See instructions for the organization that was or is a party to a prohibited tax shelter transaction? See in Financial Financi | | | | | | | | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? Sa Was the organization aparty to a prohibited tax shelfer transaction at any time during the tax year? Sa Washe organization from the diversity of the polarization flee Form 8886-17 Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). Bid the organization stat may receive deductible contributions under section 170(c). Bid the organization stat may receive deductible contributions under section 170(c). Bid the organization stat may receive deductible contributions under section 170(c). Bid the organization stat may receive deductible contributions under section 170(c). Bid the organization stat may receive deductible contributions under section 170(c). Bid the organization stat may receive deductible contributions under section 170(c). Bid the organization stat mumber of forms 8282 flied during the year Tod University of the foods of the podo or services provided? Bid the organization receive any funds, clirectly or indirectly, to pay premiums on a personal benefit contract? Bid the organization received a contribution of qualified intellectual property, did the organization flie form 8898 as required? By Contraction foods of the podo or advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? By Contraction foods of the podo organization make any taxable distributions under section 4966? By Contraction food organization make any tax | b | | | | | | | | | |
| Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 | - | • • • | Accour | nts (FBAR). | | | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | 5a | | | ` ' | 5a | | Х | | | |
| til 1*Yes,* to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariatable contributions? 6b If 1*Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 Did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization of Forms 8282 filed during the year 10 Did the organization notify the did uring the year 11 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 13 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Sponsoring organization make any taxable distributions under section 4966? 16 Did the sponsoring organization make any taxable distributions under section 4966? 17 Did the sponsoring organization have excess business holdings at any time during the year? 18 Did the sponsoring organization make any taxable distributions under section 4966? 19 Section 501(c)(7) organizations. Enter: 10 Did the sponsoring organization have any taxable dist | | | | | | | Х | | | |
| Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c | | K IIV. a. II to Line To an The chief the appropriation (ii.e. Forms 0000 TO | | | | | | | | |
| any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X TI Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To painization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? B Sponsoring organization manitaning donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distribution sunder section 4966? Did the sponsoring organization make any taxable distribution sunder section 4966? Did the sponsoring organization make any taxable distribution sunder section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distribution | | | | | | | | | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Gross income from members or shareholders Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) organizations. Enter: Gross income from members or shareholders Brite organization file organization file organization filing Form 900 in lieu of Form 1041? 11a Brital descriptions from the sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(29) qualified nonprofit health plans in more than one state? Note, See the instructi | - | | | | 6a | | х | | | |
| were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 To X 7 To X 8 To If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 1 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 3 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 1 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Gross receipts, included on Form 990, Part VIII, line 12 1 Gross income from embers or shareholders 1 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 1 Paulified in the organization increased to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 1 Enter the amount of reserves the organization incommation the organization must report on Schedule O. 2 Enter the amount o | b | • | | | | | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 A X b if "Yes," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 C X f Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Ti X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 Ti X Notes. Seponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Section 501(c)(7) organization make any taxable distributions under section 4966? 8 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders b Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(7) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(29) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves | - | and the second of the second o | | n giite | 6b | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c | 7 | | | | | | | | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c | | | ervices i | provided to the payor? | 7a | х | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 | | | | | | | | | | |
| to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t | | | | | | | | | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? The property of the organization received and contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? The sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | _ | | | | | | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f H the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 1b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Did th | d | | | | | | | | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | , | | | | | | | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a Z | | | | | | | Х | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b C Enter the amount of reserves and payments for indoor tanning services during the tax year? 14a X | g | | | | 7g | | | | | |
| Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X | _ | | | | | | | | | |
| sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 10c 10c 10c 10c 10d 10d 10d | | | | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 1 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 1 Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | | , | | 8 | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a X | 9 | | | | | | | | | |
| O Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | а | | | | 9a | | | | | |
| O Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a X | 0 | | | | | | | | | |
| 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4 Did the organization receive any payments for indoor tanning services during the tax year? 11a 11a 11b 12a 12a 12b 13a 13a 13a 13a 13a 13b 24a 14a X | а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | | | | |
| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year? 11a 11b 12a 12a 12b 13a 13a 13a 13b 13b 13b | b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 1da X Did the organization receive any payments for indoor tanning services during the tax year? | 1 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | а | Gross income from members or shareholders | 11a | | | | | | | |
| amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 11b | | | | | | | |
| 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Light organization receive any payments for indoor tanning services during the tax year? 14a X | 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | n 1041 | ? | 12a | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | | | | |
| Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | |
| organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| c Enter the amount of reserves on hand | b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| 4a Did the organization receive any payments for indoor tanning services during the tax year? | | organization is licensed to issue qualified health plans | 13b | | | | | | | |
| 4a Did the organization receive any payments for indoor tanning services during the tax year? | С | Enter the amount of reserves on hand | 13c | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 4a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х | | | |
| | b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu | ıle O | | 14b | | | | | |

Form 990 (2017) MUTTVILLE 26-0416747 Page 6

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.

| | 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 | | | X | | | | | | |
| Sec | tion 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 la | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 13 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | X | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X | | | | | | |
| 4 | 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | 77 | | | | | | |
| | persons other than the governing body? | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | v | | | | | | | |
| a | The governing body? | 8a | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ^ | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х | | | | | | |
| <u>Sac</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 9 | | - 21 | | | | | | |
| 000 | tion D. I onotes (This section b requests information about politicis not required by the internal revenue code.) | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 100 | X | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | |
| | in Schedule O how this was done | 12c | Х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | | |
| 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? | | v | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | | |
| b | Other officers or key employees of the organization | 15b | Х | | | | | | | |
| 40- | 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 | 40- | | Х | | | | | | |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 16a | | | | | | | | |
| D | 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 | | | | | | | | |
| Sec | tion C. Disclosure | 100 | | | | | | | | |
| 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) a | vailab | le | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | X Own website X Another's website X 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 | l finan | cial | | | | | | | |
| | 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: ► LAURA KENNEDY - 415-272-4172 | | | | | | | | | |

CA

94103

255 ALABAMA STREET, SAN FRANCISCO,

Form 990 (2017) MUTTVILLE 26-0416747 Page 7

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.

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

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

| (A) Name and Title | (B) Average hours per week | box | not c , unle | Pos heck ss pe | more rson | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|------------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) RHONDA VITANYE | 5.00 | ,, | | ,, | | | | | 0 | 0 |
| PRESIDENT | F 00 | Х | | Х | | | | 0. | 0. | 0. |
| (2) MYKL DUNNING | 5.00 | ,, | | ,, | | | | | 0 | 0 |
| VICE PRESIDENT | <u> </u> | Х | | Х | | | | 0. | 0. | 0. |
| (3) AMY FREIDINGER TREASURER | 5.00 | x | | x | | | | 0. | 0. | 0. |
| (4) KEVIN NISHIOKA | 2.50 | ^ | | ^ | | | | 0. | 0. | 0. |
| ASSISTANT TREASURER | 2.50 | X | | x | | | | 0. | 0. | 0. |
| (5) KATE WHEBLE | 5.00 | Δ | | ^ | | | | 0. | 0. | 0. |
| SECRETARY | 3.00 | Х | | x | | | | 0. | 0. | 0. |
| (6) DOUG VETTER | 5.00 | | | | | | | 0. | • | |
| BOARD MEMBER/AUDIT COMMITTEE CHAIR | 3.00 | x | | | | | | 0. | 0. | 0. |
| (7) JANE GOLDMAN | 2.50 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (8) PATTY STANTON | 2.50 | | | | | | | - | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) JOHN LAKE | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) KERRY HOPKINS | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) MARK MENNE | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) MYRA ROTHFELD | 2.50 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) SHAWN KELLEY | 2.50 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) ANITA JAFFE | 2.50 | | | | | | | | | |
| BOARD MEMBER | 1000 | Х | | | | | | 0. | 0. | 0. |
| (15) SHERRI FRANKLIN | 40.00 | | | l | | | | 100 100 | | 0 540 |
| CHIEF EXECUTIVE OFFICER | | | | Х | | | | 109,182. | 0. | 8,540. |
| | | | | | | | | | | |
| 700007 44 00 47 | | | | | | | | | | Form 990 (2017) |

| Part | Section A. Officers, Directors, Trus | tees, Key Em | <u>ploy</u> | ees/ | , an | d Hi | <u>ighe</u> | st C | Compensated Employe | es (continued) | | | | |
|------|---|---------------------------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---------------------------------|-----------------------|--------------|--------------|------------------|-----|
| | (A) | (B) | | | | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | Pos heck | | ገ e than | one | Reportable | Reportable | ; | Es | timate | ed |
| | | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | | | nount | of |
| | | week | - | Lei ai | iu a u | III ecu | Ji/ ii us | (ee) | from | from related | | | other | |
| | | (list any hours for | irecto | | | | | | the | organization | | | pensa | |
| | | related | or d | ee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MI | SC) | | om the anizat | |
| | | organizations | ruste | l trus | | 99 | mpen | | (***2/1099*****1000) | | | | d relat | |
| | | below | dualt | ntiona | L | nploy | st co | - in | | | | | anizati | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | | |
| | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | | | |
| | | | 4 | | | | | | | | | | | |
| | | | \vdash | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | | | | |
| | | | ┢ | | | | | | | | | | | |
| | | | ł | | | | | | | | | | | |
| 1h | Sub-total | | | | | | | | 109,182. | | 0. | | 8,5 | 40. |
| | Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | - , - | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 109,182. | | 0. | | 8,5 | |
| _ | Total number of individuals (including but n | | | | | | | | · | 0,000 of reportab | ole | | - | |
| | compensation from the organization | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | | Yes | No |
| | Did the organization list any former officer, | | | - | • | • | • | - | • | | | | | |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| | For any individual listed on line 1a, is the su | • | | | | | | | | the organization | | | | 37 |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | | X |
| | Did any person listed on line 1a receive or a | · · · · · · · · · · · · · · · · · · · | | | | - | | | - | | , | 5 | | Х |
| | rendered to the organization? If "Yes," com ion B. Independent Contractors | piete Scriedui | e | UI S | ucn | pers | 5011 | | | | | _ 5_ | | 21 |
| | Complete this table for your five highest co | mpensated in | depe | ende | ent c | ont | racto | ors t | that received more than | \$100.000 of cor | npens | ation 1 | rom | |
| | the organization. Report compensation for | - | - | | | | | | | | • | | | |
| | (A) | | | | | | | | (B) | | | (0 | | |
| | Name and business | address | NC | INC | 3 | | | | Description of s | services | C | Compe | nsatio | n |
| | | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contractors (i \$100,000 of compensation from the organi | | ot lii | mite | d to | tho | se li: 0 | sted | d above) who received n | nore than | | | | |
| | . , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | | | |

26-0416747 Page 9

| | | Check if Schedule O conta | ains a respo | nse or note to any lin | e in this Part VIII | | | <u></u> |
|--|------|---|---------------|------------------------|-----------------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ts s | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | | | | | | |
| S, G | | Fundraising events | | 583,099. | | | | |
| ar J | | Related organizations | | | | | | |
| s, (| | Government grants (contributi | | | | | | |
| rigi | | All other contributions, gifts, grant | | | | | | |
| the | | similar amounts not included above | | 14,377,797. | | | | |
| E O | g | Noncash contributions included in lines | | 274,299. | | | | |
| S E | _ | Total. Add lines 1a-1f | | | 14,960,896. | | | |
| | | | | Business Code | | | | |
| e l | 2 a | MERCHANDISE SALES | | 900099 | 12,006. | 12,006. | | |
| اه کِ | b | | | | | | | |
| Program Service Revenue | С | | | | | | | |
| eve | d | | | | | | | |
| og R | е | | | | | | | |
| <u> </u> | f | All other program service reve | nue | | | | | |
| | | Total. Add lines 2a-2f | | | 12,006. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 10,454. | | | 10,454. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | > | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| | | Gross amount from sales of | (i) Securiti | | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| ø | 8 a | Gross income from fundraising | g events (no | t | | | | |
| anue | | including \$ 583 | ,099. of | | | | | |
| eve | | contributions reported on line | | | | | | |
| Other Rever | | Part IV, line 18 | | a 125,237. | | | | |
| ¥ | b | Less: direct expenses | | | | | | |
| ١ | С | Net income or (loss) from fund | Iraising ever | nts | 6,615. | | | 6,615. |
| | 9 a | Gross income from gaming ac | tivities. See | | | | | |
| | | Part IV, line 19 | | a 18,310. | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | 18,310. | | | 18,310. |
| | | Gross sales of inventory, less | | | | | | |
| | | and allowances | | а | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sales | | | | | | |
| i | | Miscellaneous Revenue | | Business Code | | | | |
| İ | 11 a | | | | | | | |
| | b | · | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions. | | • | 15,008,281. | 12,006. | 0 | 35,379. |

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 (C) (D) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 117,722. 74,629. 14,834. 28,259. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 908,576. 575,984. 114,492. 218,100. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 56,892. 11,309. 21,543. 89,744. Other employee benefits 9 10,851. 86,109. 54,588. 20,670. 10 Payroll taxes Fees for services (non-employees): 11 a Management 30,500. 24,613. 5,391. 496. Legal 103,254. 18,251. 83,325. 1,678. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 181,055. 138,224. 29,690. 13,141. column (A) amount, list line 11g expenses on Sch O.) 29,715. 23,960. 5,250. 505. Advertising and promotion 12 132,824. 73,000. 50,612. 9,212. 13 Office expenses 41,260. 31,349. 7,065. 2,846. Information technology 14 Royalties 15 39,672. 38,635. 209. 828. 16 Occupancy 36,734. 19,558. 12,284. 4,892. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 143,475. 143,475. Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 5,865. 28,542. 39,099. 4,692. Depreciation, depletion, and amortization 22 44,258. 28,692. 5,943. 9,623. 23 Other expenses. Itemize expenses not covered 24 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.) ANIMAL CARE 1,165,116. 1,165,116. С 16,082. 76,832. 29,064. 31,686. All other expenses 3,265,945. 2,423,783. 281,778. 560,384. Total functional expenses. Add lines 1 through 24e 25 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)

26-0416747 Page **11**

Form 990 (2017)
Part X | Balance Sheet

MUTTVILLE

| ı aı | t X | Balance Sheet | | | | | |
|---------------|-----|--|------------|----------------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or not | te to any | line in this Part X | | | X |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,197,489. | 1 | 2,285,702. |
| | 2 | Savings and temporary cash investments | | | 1,745,086. | 2 | 3,565,296. |
| | 3 | Pledges and grants receivable, net | | | | 3 | 8,842,387. |
| | 4 | Accounts receivable, net | | | 12,940. | 4 | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | ated em | ployees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | section 4958(f)(1)), persons described in section | 14958(c | c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sec | | | | | |
| छ | | employees' beneficiary organizations (see instr). | | | 6 | | |
| Assets | 7 | Notes and loans receivable, net | F | | 7 | | |
| ğ | 8 | Inventories for sale or use | | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | | 2,500. | 9 | 11,690. |
| | 10a | Land, buildings, and equipment: cost or other | I I | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 246,368. | | | |
| | b | Less: accumulated depreciation | | 95,880. | 77,441. | 10c | 150,488. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 3,035,456. | 16 | 14,855,563. | | |
| | 17 | Accounts payable and accrued expenses | | 179,196. | 17 | 257,702. | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| S S | 22 | Loans and other payables to current and former | r officers | s, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employee | es, and | disqualified persons. | | | |
| iab | | Complete Part II of Schedule L | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | ated thir | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | oarties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables t | to related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24). | . Complete Part X of | | | |
| | | Schedule D | | | 450 406 | 25 | 055 500 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 179,196. | 26 | 257,702. |
| | | Organizations that follow SFAS 117 (ASC 958 | | k here ▶ 🔼 and | | | |
| es | | complete lines 27 through 29, and lines 33 an | | | 0 506 566 | | 2 662 450 |
| Fund Balances | 27 | Unrestricted net assets | | | 2,706,566. | 27 | 3,663,479. |
| Bal | 28 | Temporarily restricted net assets | | | 149,694. | 28 | 10,934,382. |
| pu | 29 | | | | | 29 | |
| | | Organizations that do not follow SFAS 117 (A | SC 958 |), check here | | | |
| ğ | | and complete lines 30 through 34. | | | | | |
| šets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated in | | | 0.056.060 | 32 | 14 505 064 |
| ~ | 33 | Total net assets or fund balances | | | 2,856,260. | 33 | 14,597,861. |
| | 34 | Total liabilities and net assets/fund balances | | | 3,035,456. | 34 | 14,855,563. |

Form **990** (2017)

Form 990 (2017) MUTTVILLE 26-0416747 Page 12

| Pa | rt 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 | 15,00 | 8,2 | 81. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,26 | 5,9 | <u>45.</u> | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 11,74 | .,742,336. | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2,856,260. | | | | |
| 5 | 3 3 7 (1 7 7 7 (// | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | | |
| | column (B)) | 10 | 14,59 | 7,8 | 61. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual 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? | | 2a | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | X | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired audit | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MUTTVILLE 26-0416747 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|------------|-----------------------|------------------------|--------------------|---------------------------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,049,883. | 2,136,656. | 2,365,938. | 2,920,821. | 14,962,349. | 23,435,647. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | 1,049,883. | 2,136,656. | 2,365,938. | 2,920,821. | 14,962,349. | 23,435,647. |
| 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) | | | | | | 10,109,205. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 13,326,442. |
| | ction B. Total Support | | - | | | <u> </u> | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | 1,049,883. | 2,136,656. | 2,365,938. | 2,920,821. | 14,962,349. | 23,435,647. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 0.7 | 202 | 207 | 267 | 10 454 | 11 500 |
| | and income from similar sources | 97. | 383. | 287. | 367. | 10,454. | 11,588. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | 22 551 | 74 660 | | | | 00 220 |
| | business is regularly carried on | 23,551. | 74,669. | | | | 98,220. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 02 545 455 |
| 11 | ••• | | , | | | | 23,545,455. |
| 12 | Gross receipts from related activities, | | | | | 12 | 451,435. |
| 13 | First five years. If the Form 990 is for | - | s first, second, thir | d, fourth, or fifth ta | x year as a sectio | n 501(c)(3) | . □ |
| Sec | organization, check this box and storection C. Computation of Publ | | rcentage | | | | <u></u> |
| | Public support percentage for 2017 (| | | olumn (fl) | | 14 | 56.60 % |
| 15 | Public support percentage from 2016 | | | | | 15 | 89.00 % |
| | 33 1/3% support test - 2017. If the | | | | | · · · · · · · · · · · · · · · · · · · | |
| 100 | stop here. The organization qualifies | • | | , | | • | ► X |
| h | 33 1/3% support test - 2016. If the o | | | | | | |
| ~ | and stop here. The organization qual | | | | | | ▶ □ |
| 17a | 10% -facts-and-circumstances tes | | | | | | or more |
| ., . | and if the organization meets the "fac | ū | | | | | • |
| | meets the "facts-and-circumstances" | | | - | - | - | |
| h | 10% -facts-and-circumstances tes | | | | | | |
| ~ | more, and if the organization meets the | _ | | | | | |
| | organization meets the "facts-and-cire | | • | | | | |
| 18 | Private foundation. If the organization | | | | | | s |

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.)

| Se | ction A. Public Support | slow, picase com | piete i art ii.j | | | | |
|----|---|---------------------------|----------------------------|----------------------|--------------------|---------------------|-----------|
| | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and | | , , | , , | | | ,, |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| · | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | 1 | |
| Ŭ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | , |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 | (4) 20 10 | (5) 25 : : | (0, 20.0 | (4,7 = 0 + 0 | (5) = 5 | (1) |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| ŀ | Unrelated business taxable income | | | | | 1 | |
| • | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | 1 | |
| | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First five years. If the Form 990 is for | the organization' | s first second this | rd fourth or fifth t | ax vear as a secti | n 501(c)(3) organi: | zation |
| • | check this box and stop here | · · | • | , | • | | · |
| Se | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2017 (li | ine 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2016 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | | |
| 17 | Investment income percentage for 20 | 17 (line 10c, colur | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | a 33 1/3% support tests - 2017. If the | | | | | 33 1/3%, and line | 17 is not |
| | more than 33 1/3%, check this box ar | | | | | | |
| ŀ | b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and | | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | t op here. The orga | nization qualifies | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | | | | | | |

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

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

| 1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 8 9a 9b | | | Yes | No |
|---|-----|------|-------|------|
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | | | |
| 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | 4 | | |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | ' | | |
| 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | | | |
| 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | 2 | | |
| 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | 3a | | |
| 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | - Ju | | |
| 3c 4a 4b 4c 5a 5b 5c 6 7 8 | | | | |
| 4a 4b 4c 5a 5b 5c 6 7 8 | | 3b | | |
| 4a 4b 4c 5a 5b 5c 6 7 8 | | 3c | | |
| 4b 4c 5a 5b 5c 6 7 8 | | | | |
| 5a 5b 5c 6 7 8 | | 4a | | |
| 5a 5b 5c 6 7 8 | | | | |
| 5a 5b 5c 6 7 8 | | 4b | | |
| 5a 5b 5c 6 7 8 | | | | |
| 5a 5b 5c 6 7 8 | | | | |
| 5a 5b 5c 6 7 8 | | 4- | | |
| 5b 5c 6 7 8 | | 4C | | |
| 5b 5c 6 7 8 | | | | |
| 5b 5c 6 7 8 | | | | |
| 5b 5c 6 7 8 | | _ | | |
| 5c 6 7 8 9a | | 5a | | |
| 6 7 8 | | 5b | | |
| 7 8 9a | | 5c | | |
| 7 8 9a | | | | |
| 7 8 9a | | | | |
| 7 8 9a | | | | |
| 9a | | 6 | | |
| 9a | | | | |
| 9a | | 7 | | |
| 9a | | - | | |
| | | 8 | | |
| | | | | |
| | | 9a | | |
| 9b | | | | |
| | | 9b | | |
| 90 | | 00 | | |
| 9c | | 90 | | |
| | | | | |
| 10a | | 10a | | |
| 10b | | 10h | | |
| 10b n 990 or 990-EZ) 2017 | n 9 | | 90-EZ | 2017 |

| Pa | rt IV | Supporting Organizations (continued) | | | |
|--------|------------|---|----------|-----|----|
| | | ··· ·· · · · · · · · · · · · · · · · · | | Yes | No |
| 11 | Has tl | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | | son who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | | v, the governing body of a supported organization? | 11a | | |
| b | | nily member of a person described in (a) above? | 11b | | |
| | | % controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | ne directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | | ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | | olled the organization's activities. If the organization had more than one supported organization, | | | |
| | | ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organ | izations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did th | ne organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | nization(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, | | | |
| | super | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion (| 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 tru | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or ma | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the su | upported organization(s). | 1 | | |
| Sec | tion I | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | ne organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | nization'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 | | | |
| | organ | nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organ | nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | rganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | orted organizations played in this regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Checi | k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | • | | |
| a | H | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | H | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | - 1 | |
| C | ^ ~±:: | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions | | Na |
| 2 | | ities Test. Answer (a) and (b) below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | | |
| | | the organization was responsive to those supported organizations, and how the organization determined these activities constituted substantially all of its activities. | 2a | | |
| b | | | Za | | |
| D | | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | | ns for the organization's position that its supported organization(s) would have engaged in these | | | |
| | | ties but for the organization's involvement. | 2b | | |
| 3 | | nt of Supported Organizations. Answer (a) and (b) below. | ZIJ | | |
| о a | | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | | ees of each of the supported organizations? <i>Provide details in Part VI</i> . | За | | |
| b | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ju | | |
| ., | | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | anizations | |
|--|---|-----------|------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete \$ | Sections A through E. | |
| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion 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 | Check here if the current year is the organization's first as a non-functionall | y integra | ated Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2017

| Par | I v Type III Noi | n-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|-------|--------------------------|--|-------------------------------|--|---|
| Secti | ion D - Distributions | | | , ,, | Current Year |
| 1 | Amounts paid to supp | | | | |
| 2 | Amounts paid to perfo | | | | |
| | organizations, in exce | ss of income from activity | | | |
| 3 | Administrative expens | ses paid to accomplish exempt purpose | es of supported organization | is | |
| 4 | Amounts paid to acqu | uire exempt-use assets | | | |
| 5 | | nounts (prior IRS approval required) | | | |
| 6 | | escribe in Part VI). See instructions. | | | |
| 7 | Total annual distribu | tions. Add lines 1 through 6. | | | |
| 8 | | ive supported organizations to which the | he organization is responsive | Э | |
| | 0 | t VI). See instructions. | | | |
| 9 | | for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided | by line 9 amount | | <u></u> | |
| Secti | ion E - Distribution All | locations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount | for 2017 from Section C, line 6 | | | |
| 2 | • | any, for years prior to 2017 (reason- | | | |
| | able cause required- e | explain in Part VI). See instructions. | | | |
| 3 | Excess distributions c | carryover, if any, to 2017 | | | |
| а | | | | | |
| | From 2013 | | | | |
| | From 2014 | | | | |
| | From 2015 | | | | |
| е | From 2016 | | | | |
| | Total of lines 3a throu | ~ | | | |
| | Applied to underdistril | · ' | | | |
| | Applied to 2017 distrib | | | | |
| i | • | not applied (see instructions) | | | |
| j | | lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 | . * | | | |
| | line 7: | \$ | | | |
| | Applied to underdistril | · · · | | | |
| | Applied to 2017 distrib | | | | |
| | Remainder. Subtract I | | | | |
| 5 | • | ibutions for years prior to 2017, if | | | |
| | , , | and 4a from line 2. For result greater | | | |
| | | Part VI. See instructions. | | | |
| 6 | | ibutions for 2017. Subtract lines 3h | | | |
| | | r result greater than zero, explain in | | | |
| | Part VI. See instruction | | | | |
| 7 | | carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2013 | | | | |
| | Excess from 2014 | | | | |
| | Excess from 2015 | | | | |
| | Excess from 2016 | | | | |
| е | Excess from 2017 | l l | | | |

Schedule A (Form 990 or 990-EZ) 2017

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

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

MUTTVILLE 26-0416747

| Organization type (check or | ne): | | | | | |
|--|--|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | $\boxed{\textbf{X}}$ 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 | | | | | |
| Ohanda Marana and a kina ki | and the the Consequence Constitution of the Consequence Constitution of the Consequence Constitution of the Consequence Constitution of the Consequence Consequenc | | | | | |
| • | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | | | | | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II. | | | | | |
| year, total contribu | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for truelty to children or animals. Complete Parts I, II, and III. | | | | | |
| year, contributions is checked, enter h purpose. Don't cor | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\ | | | | | |
| Caution: An organization th | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), | | | | | |

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| Name of organization | Employer identification number |
|----------------------|--------------------------------|
| MITTOTVTT.T.E | 26-0416747 |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 8,827,132. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$\$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 1,052,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| NO. | Name, address, and ZIF + 4 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2017)}}{\mbox{Name of organization}}$ Employer identification number

26-0416747 MUTTVILLE

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

| me of orga | nization | | Employer identification number | | | |
|------------------------|---|---|---|--|--|--|
| UTTVI | LLE | | 26-0416747 | | | |
| art III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition | Columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or le | n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations ess for the year. (Enter this info. once.) | | | |
|) No. | | | | | | |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| - | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee | | | |
| - - | | | | | | |
|) No. rom 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 | | | | | |
| - - | | | | | | |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| _ - | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| _ - | | | | | | |
| | (e) Transfer of gift | | | | | |

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

| | MUTTVILLE | | 26-0416747 | | | |
|-----|--|---|---|--|--|--|
| Pai | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds | or Accounts. Complete if the | | | |
| | organization answered "Yes" on Form 990, Part IV, lin | | • | | | |
| | 0.94 | (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 | | 16.1 | | | |
| 5 | Did the organization inform all donors and donor advisors in v | • | | | | |
| _ | are the organization's property, subject to the organization's | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpose | | | | |
| | | | | | | |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, I | Part IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | | | |
| | Preservation of land for public use (e.g., recreation or e | ducation) Preservation of a hist | orically important land area | | | |
| | Protection of natural habitat | Preservation of a cert | ified historic structure | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied 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 | | | |
| а | Total number of conservation easements | | 2a | | | |
| b | | | | | | |
| С | Number of conservation easements on a certified historic stru | | | | | |
| d | Number of conservation easements included in (c) acquired a | | | | | |
| | listed in the National Register | | 1 1 | | | |
| 3 | Number of conservation easements modified, transferred, rel | | | | | |
| Ū | year > | oacea, extinguionea, er terriinatea by tri | organization danning the tax | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | |
| J | violations, and enforcement of the conservation easements it | 0 | Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | | | |
| Ü | Starr and volunteer flours devoted to morntoning, inspecting, | rialiding of violations, and emorcing con- | servation easements during the year | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserva | tion accoments during the year | | | |
| ′ | \$\\$\$ \$\$ | illing of violations, and emorcing conserva | illon easements during the year | | | |
| | Does each conservation easement reported on line 2(d) above | is satisfy the requirements of section 170 | (b)(4)(D)(i) | | | |
| 8 | | | | | | |
| _ | and section 170(h)(4)(B)(ii)? | | | | | |
| 9 | | | | | | |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for | | | | | |
| Dai | conservation easements. t III Organizations Maintaining Collections or | f Art Historical Treasures or O | ther Similar Assets | | | |
| Fai | Complete if the organization answered "Yes" on Form | | the Sillia Assets. | | | |
| | <u> </u> | | | | | |
| та | If the organization elected, as permitted under SFAS 116 (AS | | | | | |
| | historical treasures, or other similar assets held for public exh | | nce of public service, provide, in Part XIII, | | | |
| _ | the text of the footnote to its financial statements that descri | | | | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | *** | | | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of pu | blic 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 treatments | | ıl gain, provide | | | |
| | the following amounts required to be reported under SFAS 1 $$ | 16 (ASC 958) relating to these items: | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ | | | |
| b | Assets included in Form 990, Part X | | | | | |

| to be graining balance during the year an anount on Form 990, Part X, line 21, for escrow or custodial account liability? | Par | t III Organizations Maintaining C | ollections of A | rt, Hist | torical Tr | easures, o | or Othe | er Simila | r Asse | ts (continue | d) |
|--|-----|--|------------------------|------------|-----------------|----------------------|-------------|--------------|-----------|---------------------|----------|
| a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they future 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? | 3 | Using the organization's acquisition, accessi | on, and other record | ls, checl | k any of the | following tha | t are a si | ignificant u | se of its | collection it | ems |
| b Scholarly research e | | (check all that apply): | | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow 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, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: Additions during the year | а | Public exhibition | d | | Loan or exc | hange progra | ams | | | | |
| 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 assests to be sold to raise funds atther than to be maintained as part of the organization's collection? Forest IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or received an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Contributions Description of Press, Part VIII Description of Part XIII Part VIII Description of Part XIII Part VIII Description of Part XIII Description o | b | Scholarly research | е | | Other | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | С | Preservation for future generations | | | | | | | | | |
| to be sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's co | ollections and explai | n how th | ney further t | he organizati | on's exe | mpt purpo | se in Par | t XIII. | |
| Part W 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 IV, line 21, for escrow or custodial account liability? Yes No b If Yes, "Explain the arrangement in Part XIII and complete the following table: C Beginning balance | 5 | During the year, did the organization solicit o | r receive donations | of art, hi | storical trea | sures, or oth | er similar | assets | | | |
| Part W 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 IV, line 21, for escrow or custodial account liability? Yes No b If Yes, "Explain the arrangement in Part XIII and complete the following table: C Beginning balance | | to be sold to raise funds rather than to be ma | aintained as part of t | he orga | nization's co | ollection? | | | | Yes [| No |
| 1 | Par | | | | | | | | | line 9, or | |
| TYes, | | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | |
| b F Yes, "explain the arrangement in Part XIII and simplete the following table: C | 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for | contribution | ns or other as | sets not | included | | | |
| b F Yes, "explain the arrangement in Part XIII and simplete the following table: C | | on Form 990, Part X? | | | | | | | |] Yes [| No |
| c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Interest endowment Funds. Complete if the explanation has been provided on Part XIII. Part V Interest endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization funds and programs | b | | | | | | | | | | |
| d Additions during the year 1d 1e 1f | | | | | | | | | | Amount | |
| d Additions during the year 1d 1e 1f | С | Beginning balance | | | | | | . 1c | | | |
| e Distributions during the year 1 1 1 1 1 1 1 1 1 | | | | | | | | | | | |
| f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses (d) Grants or scholarships 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 y6 c Temporarily restricted endowment y6 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: (i) unrelated organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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. 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. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 2 Land 2 Land 2 Land 3 Land 3 Land 4 Land 5 Buildings 7 Land 8 Land 8 Land 9 Land | | | | | | | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | _ | | | | | | | | | | |
| 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. 1a Beginning of year balance | 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for 6 | escrow or c | ustodial acco | unt liabil | ity? | | Yes | No |
| Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years ba | | _ | | | | | | • | | Г | |
| (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: (i) unrelated organizations (ii) related organizations (iii) related organizations 5 b if "Yes" on line 3a(ii), are the related 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 depreciation (d) Book value depreciation in 19 a, 856. Land b Buildings 19 a, 856. 19 a, 859. d Equipment c Cleasehold improvements d Equipment 29 a, 000 a, 29 a, 000 a, 29 a, 000 a, 0. | | · · | | | | 1 | | | ears back | (e) Four yea | ars back |
| 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 Permanent endowment ▶ % b Permanent endowment ▶ % 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations (iii) related organizations (iv | 1a | Beginning of year balance | () | , | <u> </u> | , , | | , , | | , , | |
| 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 ▶ | | | | | | | | | | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent 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: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land b Buildings 19,856. | | | | | | | | | | | |
| 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 ▶ | | | | | | | | | | | |
| and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | Ī | | | | | | | | | |
| g End of year balance | • | · | | | | | | | | | |
| g End of year balance | f | | | | | | | | | | |
| Part VI | | ı | | | | | | | | | |
| a Board designated or quasi-endowment ▶ | | · | rent vear end haland | e (line 1 | a column (a | a)) held as: | | | | | |
| b Permanent endowment ► | | · · · · · · · · · · · · · · · · · · · | one your one balanc | - | 9, 001411111 (0 | <i>ajj</i> 11010 00. | | | | | |
| 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: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related 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 Buildings 19,856. 19,856. 19,856. 19,856. 10,033. 10,033. 10,033. 11,04. 12,05. 13,07. 14,07. 15,07. 16,07. 16,07. 17,07. 18,07. 19,856. 19,856. 19,856. 19,856. 19,856. 19,856. 19,856. 19,856. | | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings 19,856. c Leasehold improvements 43,275. 60,599. d Equipment 93,638. 23,605. 70,033. e Other 0 Sa(ii) 1a Land 1b Buildings 19,856. 19,856. | · | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Second S | 32 | | | ation the | at are held a | nd administe | ared for th | he organiz: | ation | | |
| (ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1 19,856. c Leasehold improvements d Equipment 4 29,000. 29,000. 0. | ou | | obion of the organiza | ation the | at are freid a | iria aarriiriiote | 700 101 11 | no organiza | ation | Ve | s No |
| (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) (c) Accumulated depreciation 1a Land (d) Book value b Buildings 19,856. 19,856. c Leasehold improvements 103,874. 43,275. 60,599. d Equipment 93,638. 23,605. 70,033. e Other 29,000. 29,000. 0. | | • | | | | | | | | | 75 110 |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings Land b Buildings 19,856 Leasehold improvements d Equipment Other 93,638 23,605 70,033 e Other | | | | | | | | | | - `` | |
| 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) basis (other) (c) Accumulated depreciation Land b Buildings 19,856 19,856 19,856 19,856 c Leasehold improvements d Equipment 93,638 23,605 70,033 e Other Other Other Other 193,000 10 10 10 10 10 10 10 10 10 10 10 10 | h | If "Yes" on line 3a(ii) are the related organiza | tions listed as requi | red on S | chedule R2 | | | | | 3h | |
| 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 1a Land 19,856. 19,856. b Buildings 19,856. 19,856. c Leasehold improvements 103,874. 43,275. 60,599. d Equipment 93,638. 23,605. 70,033. e Other 29,000. 29,000. 0. | | | | | | | | | | 30 | |
| 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 1a Land 19,856. 19,856. b Buildings 103,874. 43,275. 60,599. c Leasehold improvements 93,638. 23,605. 70,033. e Other 29,000. 29,000. 0. | _ | | | WITIETIL | iuiius. | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation | | | |) Part I\ | / line 11a 9 | See Form 990 |) Part X | line 10 | | | |
| tal Land basis (investment) basis (other) depreciation b Buildings 19,856 19,856 c Leasehold improvements 103,874 43,275 60,599 d Equipment 93,638 23,605 70,033 e Other 29,000 29,000 0 | | | | | | | | | - T | (d) Book v | عاياه |
| 1a Land 19,856. 19,856. b Buildings 103,874. 43,275. 60,599. c Leasehold improvements 93,638. 23,605. 70,033. e Other 29,000. 29,000. 0. | | bescription of property | | | | | | | 1 | (u) Dook va | aiue |
| b Buildings 19,856. 19,856. c Leasehold improvements 103,874. 43,275. 60,599. d Equipment 93,638. 23,605. 70,033. e Other 29,000. 29,000. 0. | 10 | Land | , | , | 54010 | (54.101) | uo, | 2. 30.4001 | | | |
| c Leasehold improvements 103,874. 43,275. 60,599. d Equipment 93,638. 23,605. 70,033. e Other 29,000. 29,000. 0. | | | | | 1 | 9.856 | | | | 19 | 856. |
| d Equipment 93,638. 23,605. 70,033. e Other 29,000. 29,000. 0. | | | | | | | | 43 27 | 75. | | |
| e Other 29,000. 29,000. 0. | | | | | | | | | | | |
| | | | | | | | | | | , , , | 0. |
| | | | | X colun | | | | 25,00 | | 150 | 488- |

| | | 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.) | | | |
| Complete if the organization answered "Yes" (a) | on Form 990, Part IV, line Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (9) | | | |
| (6) | | | |
| (6) | | | |
| (7) | | | |
| (7) (8) | | | |
| (7) (8) (9) | e 15.) | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin | | 11e or 11f. See Form 990, Part X, line | 25. |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin 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 b) Book value | 25. |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | on Form 990, Part IV, line | | 25. |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line (| | 25. |

| Pai | rt XI Reconciliation of Revenue per Audited Financial Sta | | th Revenue per R | eturr | າ. |
|-----|--|------------|------------------|---------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 16,767,446. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | | -735. | | |
| b | | | 1,760,112. | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | -212. | | |
| е | • | | | 2e | 1,759,165. |
| 3 | Subtract line 2e from line 1 | | | 3 | 15,008,281. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | Add lines 4a and 4b | | | 4c | 0. |
| _5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 15,008,281. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial St | atements W | ith Expenses per | Retu | ırn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,025,845. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 1,760,112. | | |
| b | Prior year adjustments | 2b | | | |
| С | 0 11 1 | | | | |
| d | | | | | |
| е | Add lines 2a through 2d | | | 2e | 1,760,112. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,265,733. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 212. | | |
| С | Add lines 4a and 4b | | | 4c | 212. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | 3.) | | 5 | 3,265,945. |
| Pa | rt XIII Supplemental Information. | | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar | | | 1; Part | X, line 2; Part XI, |
| PAI | RT XI, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| OTI | HER EXPENSE INCLUDED IN REVENUE FOR AUD | IT | | | -212. |
| PAI | RT XII, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| ОТІ | HER EXPENSE INCLUDED IN REVENUE FOR AUD | IT | | | 212. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization MUTTVILLE 26-0416747 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 X Mail solicitations e X Solicitation of non-government grants Solicitation of government grants X Internet and email solicitations X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) JANE GOLDMAN - 656 ARKANSAS Yes No ST., SAN FRANCISCO, CA 0 UNDRATSING Х 9,000 -9,000. CHARLES SIZEMORE - 2718 FUNDRAISING - CONSULTANT GASPAR COURT, PALO ALTO, CA WORK FOR CAPITAL CAMPAIGN 0. Х 9,825 -9,825. 18 825 -18 825. 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. $\overline{\mathsf{C}\mathsf{A}}$

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.

| | | of fundraising event contributions and gr | | -LZ, iii les Tarid Ob. List | CVCITES WITH GLOSS TCCCIP | nts greater than \$5,000. |
|-----------------|------|--|----------------------------|-----------------------------|---------------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | MUTTVILLE | | NONE | (add col. (a) through |
| 40 | | | SENIOR PROM | | | l · · · · · · · · · · · · · · · · · · · |
| a) | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | | | | | | |
| eve | 1 | Gross receipts | 708,336. | | | 708,336. |
| ď | | | , | | | , |
| | 2 | Less: Contributions | 583,099. | | | 583,099. |
| | | | , | | | , |
| | 3 | Gross income (line 1 minus line 2) | 125,237. | | | 125,237. |
| | | , | | | | - |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| es | | | | | | |
| sue | 6 | Rent/facility costs | 56,835. | | | 56,835. |
| Direct Expenses | | | , | | | , |
| ctE | 7 | ood and beverages | 58,572. | | | 58,572. |
| Öire | | | , | | | , |
| _ | 8 | Entertainment | 3,215. | | | 3,215. |
| | 9 | Other direct expenses | | | | , |
| | _ | Direct expense summary. Add lines 4 through | 0: 1 (1) | | • | 118,622. |
| | | Net income summary. Subtract line 10 from li | | | | 6,615. |
| Pa | rt I | Gaming. Complete if the organization | | | | , |
| | | \$15,000 on Form 990-EZ, line 6a. | | | • | |
| 4 | | | (a) Discour | (b) Pull tabs/instant | (-) Otto | (d) Total gaming (add |
| nue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | |
| Ω | 1 | Gross revenue | | | 18,310. | 18,310. |
| | | | | | | |
| Ś | 2 | Cash prizes | | | | |
| nse | | | | | | |
| фе | 3 | Noncash prizes | | | | |
| μ | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | X Yes 40.00 % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | 18,310. |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| а | ls t | the organization licensed to conduct gaming a | ctivities in each of these | states? | | X Yes No |
| b | If " | No," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or to | erminated during the tax | year? | Yes X No |
| b | If " | Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |

| Schedule G (Form 990 or 990-EZ) 2017 MUTTVILLE | 6 - 04 | 16 | 747 | Page 3 |
|---|--------------|---------------|--------|-------------|
| 11 Does the organization conduct gaming activities with nonmembers? | | $\overline{}$ | Yes | X 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 | X 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 | | 100 | | 70 |
| Name ▶ | | | | |
| Address | | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | [| | Yes | X No |
| b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | nt | | | |
| 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 | X 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 Pa | rt III, line | s 9, | 9b, 10 |)b, 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 FUNDRAL | SERS | : | | |
| | | | | |
| (I) NAME OF FUNDRAISER: JANE GOLDMAN | | | | |
| · · · | | | | |
| (I) ADDRESS OF FUNDRAISER: 656 ARKANSAS ST. , SAN FRANCISCO, | CA | 94 | 107 | |
| | | | | |
| (I) NAME OF FUNDRAISER: CHARLES SIZEMORE | | | | |
| (I) ADDRESS OF FUNDRAISER: 2718 GASPAR COURT, PALO ALTO, CA | 9430 | 16 | | |
| (1) MDDRIDD OF TONDIMIDER. 2/10 GADIAN COURT, TALLO ALITO, CA | 7 = 3 0 | | | |
| SCHEDULE G, PART III: | | | | |
| <u></u> | | | | |

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number 26-0416747

| • | | 26-0416747 | | | | | | | | | | | | |
|-------------------------------|---------------------------|---------------------------------------|------------------------|---------|-----------------|-------------------------------|--------------------|---------------------|---------|-----------------|---------------|------------------|----------------|-----------------|
| Part I Excess Ben | efit Trans | acti | ons (section 50 |)1(c)(3 | 3), sect | ion 501(c)(4), and 50 | 01(c | :)(29) organizatior | ns only | /). | | | | |
| Complete if the | organization | answ | vered "Yes" on I | Form | 990, Pa | art IV, line 25a or 25 | b, o | r Form 990-EZ, P | art V, | ine 40 | b. | | | |
| 1 (-) Name of diamondificat | | (b) Relationship between disqualified | | | | lified , | -10 | | | | | (d) Corrected? | | |
| (a) Name of disqualified | person | person and organization | | | (| c) D | escription of tran | ISACTIO | n | | Y | es | No | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 Enter the amount of tax | incurred by | the o | rganization man | agers | or disc | qualified persons du | uring | the year under | | | | | | |
| | | | | | | | | | | > \$ | | | | |
| 3 Enter the amount of tax | x, if any, on lir | ne 2, a | above, reimburs | ed by | the or | ganization | | | | > \$ | | | | |
| David III I aana ta an | d/or From | - l | avastad Daw | | | | | | | | | | | |
| | | | erested Per | | | | | | | | | | | |
| • | - | | | | | , Part V, line 38a or | Forr | m 990, Part IV, lir | ie 26; | or if th | e orga | ınizati | on | |
| reported an am | | | | | 2. oan to or | () () () | ١. | | | | (h) Án | oroved | es 14/ | |
| (a) Name of interested person | (b) Relation with organiz | | (c) Purpose of loan | fror | n the | (e) Original principal amount | (| f) Balance due | | (g) In default? | | proved ard or | (i) W agree | ritten ment? |
| interested person | With organiz | -411011 | orioari | | ization? | principal amount | | | | | comm | | | |
| | | | | То | From | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | + | | | | | | | |
| | | | | | | | + | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | + | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | + | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | | | | | > \$ | | | | | | | | |
| Part III Grants or A | ssistance | Ber | efiting Inter | este | d Pe | | | | | | | | | |
| Complete if the | organization | answ | vered "Yes" on I | Form | 990, Pa | art IV, line 27. | | | | | | | | |
| (a) Name of interested | person | 1 | b) Relationship | betwe | en | (c) Amount of | | (d) Type | of | | (e) |) Purp | ose of | |
| | | ` | interested pers | | ıd | assistance | | assistan | се | | á | assista | ance | |
| | | | the organiza | ation | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | \perp | | | | |
| | | | | | | | | ļ | | | | | | |
| | | _ | | | | | | | | _ | | | | |
| | | + | | | | | | - | | - | | | | |
| | | _ | | | | | | | | _ | | | | |
| | | + | | | | | | | | + | | | | |
| | | + | | | | | | | | + | | | | |
| | | | | | | | | | | | | | | |

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

Schedule L (Form 990 or 990-EZ) 2017

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | | |
|--|---|---------------------------|--------------------------------|---|----|--|
| | | | | Yes | No | |
| JANE GOLDMAN | BOARD MEMBER | 32,000. | CONSULTING | | Х | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Part V Supplemental Information Provide additional information for r | esponses to questions on Schedule L (see | instructions). | | | | |
| SCH L, PART IV, BUSINESS | TRANSACTIONS INVOLVE | NG INTEREST | TED PERSONS: | | | |
| (A) NAME OF PERSON: JANE | E GOLDMAN | | | | | |
| (D) DESCRIPTION OF TRANS | SACTION: CONSULTING SE | RVICES | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization MUTTVILLE Employer identification number 26-0416747

| Pai | rt I Types of Property | | | | • | | | |
|--------|---|-------------------------------|--------------------------------|---|---|-----|-----|----------|
| | <u>'</u> | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | • | :s |
| 4 | Art Works of art | | literris contributed | Form 990, Part VIII, line Tg | | | | |
| 1 2 | Art - Works of art | | | | | | | |
| 3 | *************************************** | | | | | | | |
| 4 | Art - Fractional interests Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 16 | 181.819. | AVG HI/LOW | FMV | | |
| 10 | Securities - Closely held stock | | _ | , , , | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other • (PACKAGES DONA) | X | 14 | | RETAIL VALU | | | |
| 26 | Other (WINE AND OLIV) | X | 64 | - | RETAIL VALU | E | | |
| 27 | Other (CRYPTOCURRENC) | X | 5 | 11,611. | | | | |
| 28 | Other \blacktriangleright ($\overline{\text{EVENT}}$ FOOD $\overline{\text{AN}}$) | X | 1 | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | RETAIL VALU | E | | |
| 29 | Number of Forms 8283 received by the organi | | | | | | 1 | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowled | gement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | | | | | | | |
| | must hold for at least three years from the dat | | | • | | | | v |
| | exempt purposes for the entire holding period | ? | | | | 30a | | X |
| | If "Yes," describe the arrangement in Part II. | | | -f | .tia.aaO | 0.4 | Х | |
| 31 | Does the organization have a gift acceptance | | | | | 31 | Λ | |
| 32a | Does the organization hire or use third parties | | - | | | 00- | | X |
| L | contributions? | | | | | 32a | | <u> </u> |
| | If "Yes," describe in Part II. If the organization didn't report an amount in o | solume (a) fa | er a tuno of proport | y for which column (a) is she | ockod | | | |
| 33 | | Joiumm (C) TO | ı a type ol propert | y for writeri column (a) is che | tundu, | | | |
| | describe in Part II. | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Page 2

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: DOG FOOD (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 41REVENUE REPORTED ON FORM 990, PART VIII \$ 6351. METHOD OF DETERMINING REVENUE: RETAIL VALUE SPIRITS (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 32 (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000. (D) METHOD OF DETERMINING REVENUE: RETAIL VALUE FUNDRAISING EVENT DECOR (A) CHECK IF APPLICABLE = X NUMBER OF CONTRIBUTIONS = 1 (B) REVENUE REPORTED ON FORM 990, PART VIII \$ 2683. METHOD OF DETERMINING REVENUE: RETAIL VALUE APPLE LAPTOP FOR VET TEAM USE (A) CHECK IF APPLICABLE = X (B) NUMBER OF CONTRIBUTIONS = 1REVENUE REPORTED ON FORM 990, PART VIII \$ 1299. (D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

SCHEDULE M, PART I, COLUMN (B):

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MUTTVILLE

Employer identification number 26-0416747

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVOCATES FOR THEIR WELFARE. MUTTVILLE HAS GROWN FROM RESCUING 27 DOGS IN 2007, OUR FIRST YEAR, TO 1,052 DOGS IN 2017. WE HAVE SPECIAL PROGRAMS TO INTRODUCE OUR DOGS TO CHILDREN AND TO SENIOR CITIZENS, AND WE ACTIVELY PROMOTE THE JOYS OF ADOPTING SENIOR DOGS. MUTTVILLE IS CURRENTLY BUILDING UP A FINANCIAL RESERVE FOR THE PLANNED ACQUISITION OF A HEADQUARTERS FACILITY.

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

VOLUNTEERS:

MUTTVILLE HAS AN ENERGETIC CREW OF OVER 300 ACTIVE VOLUNTEERS AND 100 FOSTER FAMILIES, AND AN AVERAGE OF 11 CORPORATE VOLUNTEER GROUPS WHO VISIT MONTHLY. VOLUNTEERS ENABLE MUTTVILLE TO RESCUE OVER A THOUSAND ABANDONED SENIOR DOGS EVERY YEAR.

MUTTVILLE VOLUNTEERS ARE INVOLVED IN EVERY ASPECT OF SENIOR DOG CARE, INCLUDING WALKING, FEEDING, GROOMING, AND SOCIALIZING. THEY TRANSPORT DOGS TO THEIR VETERINARY APPOINTMENTS AND ADOPTION EVENTS; THEY RUN KEY SENIORS FOR SENIORS PROGRAMS; AND THEY ASSIST WITH ADMINISTRATIVE, MARKETING, ADOPTION, CLEANING AND FUND-RAISING. **EXPENSES \$ 7,523.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE 990 IS REVIEWED BY THE BOARD TREASURER, AND SENIOR STAFF MANAGEMENT, AND THEN PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO BEING SIGNED AND FILED.

Name of the organization **Employer identification number** MUTTVILLE 26-0416747 FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD READ AND SIGN AN ACKNOWLEDGEMENT OF THE CONFLICT OF INTEREST POLICY WHEN THEY JOIN THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: IN DETERMINING THE CHIEF EXECUTIVE OFFICER COMPENSATION, THE BOARD CONSULTED THE 2017 GUIDESTAR NON-PROFIT COMPENSATION REPORT FOR SIMILARLY SIZED ANIMAL RESCUE ORGANIZATIONS. THIS PROCESS LAST OCCURRED IN 2017. THE CEO HIRES STAFF WITH THE REQUISITE EXPERIENCE AND QUALIFICATIONS TO HANDLE THE JOB. WAGES ARE BASED ON THAT OF SIMILAR POSITIONS IN THE AREA. THIS PROCESS LAST OCCURRED IN 2017. FORM 990, PART VI, SECTION C, LINE 18: THE AGENCY'S 990S FROM 2012 THROUGH 2016 ARE POSTED ON ITS WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: ALL FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FORM 990, PART X, LINE 27: THE BOARD HAS DESIGNATED \$2,000,000 AS A RESERVE FOR THE PLANNED ACQUISITION OF A HEADQUARTERS FACILITY FORM 990, PART XII, LINE 2C NO CHANGES FROM PRIOR YEAR.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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 Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 26-0416747 MUTTVILLE File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your PO BOX 410207 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94141 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 LAURA KENNEDY The books are in the care of ► 255 ALABAMA STREET - SAN FRANCISCO, CA 94103 Telephone No. ► 415-272-4172 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 」. 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. NOVEMBER 15, 2018 to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2017 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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

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.

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)