(Rev. January 2020) 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)

OMB No. 1545-0047

▶ 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

АГ	or the	20 19 calendar year, or tax year beginning and	enaing							
B c	heck if pplicable	C Name of organization		D Employer identific	cation number					
	Addres	S MUTTVILLE								
	Name change	Doing business as		26-04167	47					
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 410207	Room/suite	E Telephone number 415-272-4172						
	□return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,262,511.					
	Amend			H(a) Is this a group re						
	⊒return ⊒Applica			for subordinates						
	⊥tiòn pendin	SAME AS C ABOVE		1	—					
SAME AS C ABOVE I Tax-exempt status: Sol1(c)(3) Sol1(c)(1) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)										
J Website: ► WWW • MUTTVILLE • ORG Website: ► WWW • MUTTVILLE • ORG										
		organization: X Corporation Trust Association Other	I Vear		1 State of legal domicile: CA					
		Summary	L I Cai	or formation. 2007 N	Journal of logal dofficite.					
		Briefly describe the organization's mission or most significant activities: MUTT	VILLE	RESCUES AND	REHOMES					
Activities & Governance	' ;	SENIOR DOGS AND CONNECTS THEM WITH THE CO	OMMUNI	TY.						
naı		Check this box if the organization discontinued its operations or dispose			esets					
ver				3	16					
Ö		Number of independent voting members of the governing body (Part VI, line 1b)			14					
Š		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			25					
itie	l	Fotal number of volunteers (estimate if necessary)			300					
ctiv	l	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.					
Ā		Net unrelated business taxable income from Form 990-T, line 39			0.					
				Prior Year	Current Year					
a)	8 (Contributions and grants (Part VIII, line 1h)		4,220,241.	4,679,884.					
nue	l	Program service revenue (Part VIII, line 2g)		9,668.	8,815.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		54,543.	106,681.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		431,308.	386,575.					
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,715,760.	5,181,955.					
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,279,077.	1,515,566.					
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
xbe	b ·	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>56.</u>							
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,093,949.						
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,373,026.	3,920,243.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,342,734.	1,261,712.					
let Assets or und Balances			Be	ginning of Current Year	End of Year					
sset 3alai	20	Total assets (Part X, line 16)		16,189,299.	17,422,630.					
at A	21	Total liabilities (Part X, line 26)		248,144.	219,921.					
	22	Net assets or fund balances. Subtract line 21 from line 20		15,941,155.	17,202,709.					
	ırt II	Signature Block								
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is					
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparei	nas any knowledge.						
C:	_	Signature of officer		I Date						
Sigr	- 1	SHERRI FRANKLIN, CHIEF EXECUTIVE OFFI	CER							
Her	e	Type or print name and title	CER							
		Print/Type preparer's name Preparer's signature		Date Check	II PTIN					
Paid		LINDA D. GEERY LINDA D. GEERY LINDA D. GEERY	I .	1/16/20 if self-employs						
	- +	Firm's name GILBERT CPAS	-	Firm's FIN	68-0037990					
		Firm's address 2880 GATEWAY OAKS DR, STE 100		TIIII 3 LIIV						
		SACRAMENTO, CA 95833		Phone no. 91	6-646-6464					
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		1. 110.110 110.15 =	X Yes No					

Par	t 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 CIRCUMSTANCES, FINDS THEM FOREVER HOMES, AND
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
2	
3	3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,924,937. including grants of \$) (Revenue \$)
	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 \$ 758,309 • including grants of \$) (Revenue \$)
	SENIORS FOR SENIORS:
	COMPANION ANIMALS PROVIDE PSYCHOLOGICAL AND PHYSIOLOGICAL BENEFITS TO
	SENIOR CITIZENS AND VETERANS, 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 AND VETERANS. TO PROMOTE ADOPTION AND INTERACTION, WE HAVE
	SEVERAL SENIORS FOR SENIORS PROGRAMS. FOR SENIORS AND VETERANS 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 AND VETERANS 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	
	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. MUTTVILLE IS SPEARHEADING A NATIONAL MOVEMENT TO
	EDUCATE GUARDIANS AND VETERINARIANS ABOUT HOSPICE CARE OF DOMESTIC
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 10,167 • including grants of \$) (Revenue \$
4e	(Expenses \$ 10,167 • including grants of \$) (Revenue \$) Total program service expenses ▶ 2,926,739 •

26-0416747 Page **3**

Form 990 (2019) MUTTVILLE Part IV Checklist of Required Schedules

	111 Chocking of Hodgings Concurs			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			l
	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			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			٠,,
	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			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX 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	116		
•	the organization's separate or consolidated limit classification of the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			_ v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

26-0416747 Page 4

Form 990 (2019)

MUTTVILLE

D = 1 1/	Checklist of Required Schedules	/
Part IV	Checklist of Regulired Schedilles	(continued)
I GILIV	i Officeringt of Hegalica defication	(COHILIHIA C A)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			7.7
	Schedule J	23		Х
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	 		x
	Schedule K. If "No," go to line 25a	24a		
	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	04-		
	any tax-exempt bonds?	24c		
	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	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	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			ا ۔۔
	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?		7,	1
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56			
	Enter the number of Forms w-2d included in line 1a. Enter 40- in flot applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	Λ	

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

b If "Yes," has it flied a Form 990-T for this year? If "Not" to line 3b, provide an explanation on Schedule 0 4a At any time during the calendar year, did the organization have an interest, in or a signature or other authority over, a financial accountly "Yes," enter the name of the foreign country (seuch as a bank account, securities account, or other financial accountly ("Yes," enter the name of the foreign country ("Yes," enter the name of the organization file Form 8886-17) 5b Did any taxeble party nority the organization file Form 8886-17 5c Did not stable party nority the organization file Form 8886-17 5c Did foreign stable party nority the organization file Form 8886-17 5c Did file organization have armusial gross receipts that it was or is a party to a prohibited tax shelter transaction? 5c Did the organization have armusial gross receipts that it was or is a party to a prohibited tax shelter transaction? 5c Did the organization have armusial gross receipts that a normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions are contributions? 5c Did the organization shall may receive deductible contributions are contributions or gross and party for goods and services provided to the payor? 5c Did the organization receive a payment in excess \$15 files and party is a contribution of quality and party in gross and party					Yes	No
by Ital least one is reported on line 2a, did the organization field as a required feederal employment tax returns? Note if the sum of lines 1 and 2a is greated than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year of the organization and the provision of the year? 3b. If Yes, 'nest filled a form 990°T for this year? If 'No" to line 3b, provide an explanation or Schedule O 3b. If Yes, 'nest the name of the froeign country year of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year. If year is the ten harmed the froeign country year of the organization for froeign postation and year of the year? 5a. Was the organization aparty to a prohibited tax shelter transaction of any time during the tax year? 5b. If Yes's in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes's in line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5c. If Yes's in line 5a or 5b, did 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? 6c. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution that may receive deductible as charitable contributions under section \$700,000, and did the organization solicit than the property of the organization shall be organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c. Organization that the organization include	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 2!	5		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990-Tr for this year? I'vi's to line 3b, provide an eyaparation on Schedule O 4c 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). 5c Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax sheller transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization flow organization flow from 898-67? 5c If "Yes" to line \$6 or \$5, did the organization flee From 898-67? 5c If "Yes" to line \$6 or \$5, did the organization flee From 898-67? 5c If "Yes" to line \$6 or \$5, did the organization flee From 898-67? 5c If "Yes" to line \$6 or \$6, did the organization flee From 898-67? 5c If "Yes" to line \$6 or \$6, did the organization flee From 898-67? 5c If "Yes" to line \$6 or \$6, did the organization flee From 898-67? 5c If "Yes" to line \$6 or \$6, did the organization flee From 898-67? 5c If "Yes" to line \$6 or \$6, did the organization flee From 898-67? 5d If "Yes," indicate the number of Forms \$6.55 made party as a contribution of organization series provided to the payor? 7e X X If "Yes," indicate the number of Forms \$22 filed during the year 5d If the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8292 filed during the year 5d If the organization received a contribution of qualified intellectual property, did the organization flee Form 1898-7 for X X If If the organization received an contribution of qualified intellectual property, did the organization flee Form 1898-7 for X X If If the organization received an contribution of qualified intellectual property, did	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
b If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule 0 4a At any time during the calendar year, did the organization have an interest, in or a signisture or other authority over, a financial account or a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," enter the name of the foreign country Security		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A arry time during the calendary 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). b If "Yes," enter the name of the foreign country >	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
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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.) 12a 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 13b 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			100			
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16 X						
	16		t income?	16		Х

26-0416747 MUTTVILLE Form 990 (2019) 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 on 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
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, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13 14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	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			

94103

255 ALABAMA STREET, SAN FRANCISCO, CA

Form 990 (2019) 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both a officer and a director/trustee		h an	compensation	compensation	amount of		
	week	\vdash	cer an	a a a	recto	or/trus	itee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mper		(** 27 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High emp	Former			
(1) RHONDA VITANYE	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) DOUG VETTER	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) AMY FREIDINGER	5.00									
INTERIM TREASURER		Х		Х				0.	0.	0.
(4) PATRICIA STANTON	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) KEVIN NISHIOKA	2.50									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(6) DON DICKERSON	2.50									
BOARD MEMBER		Х						0.	0.	0.
(7) JANE GOLDMAN	2.50									
BOARD MEMBER		Х						0.	0.	0.
(8) JESSICA GILMARTIN	2.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) JOYCE POLHAMUS	2.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) KATE WHEBLE	2.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) KERRY HOPKINS	2.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) SHAWN KELLEY	2.50									_
BOARD MEMBER		Х						0.	0.	0.
(13) JOHN LAKE	2.50									_
BOARD MEMBER		Х						0.	0.	0.
(14) MYRA ROTHFELD	2.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(15) RACHEL SHAY	2.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(16) JAY STOWE	2.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(17) SHERRI FRANKLIN	40.00			l				105.05.		4 - 000
CHIEF EXECUTIVE OFFICER				Х				126,214.	0.	15,208.

Part VII Section A. Officers, Dire	ectors, Trustees, Key Em	ploye	es,	and	<u>iH t</u>	ghes	st C	compensated Employe	es (continued)				
(A)	(B)			(C	;)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					nne	Reportable	Reportable		Es	timate	ed
	hours per	box, ı	unles	s per	son i	s both	n an	compensation	compensation		an	nount	of
	week	\vdash	er and	d a dir	recto	r/trust	tee)	from	from related			other	
	(list any	ector						the	organization			pensa	
	hours for related	or dir	gg			ated		organization	(W-2/1099-MI	SC)		om the	
	organizations	ustee	truste		e)	suadi		(W-2/1099-MISC)				anizati	
	below	ual tr	ional		ploye	t com						d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ainzati	טו וכ
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1b Subtotal	· ·						<u> </u>	126,214.		0.	1	5,2	08.
c Total from continuation shee							•	0.		0.			0.
d Total (add lines 1b and 1c)								126,214.		0.	1	5,2	08.
2 Total number of individuals (ind									000 of reportab	le			
compensation from the organiz						,			.,				1
componential from the engants	241011											Yes	No
3 Did the organization list any for	rmer officer director trust	مم لاد	2V A	mnl	OVA	e or	hia	thest compensated emr	olovee on				
line 1a? If "Yes," complete Sch			•	•	-		_	·	•		3		Х
4 For any individual listed on line													
and related organizations grea			•					•	trie organization		4		Х
	•		•						idual for consider		4		
5 Did any person listed on line 1					-			~		,	_		Х
rendered to the organization? A Section B. Independent Contractor		2 J 10	rsu	CH L	Jers						5		
<u> </u>					4	4 -		da a 4 a a 5 al a al a	# 400,000 - f		-411		
1 Complete this table for your fiv	- ·									npens	ation	rom	
the organization. Report comp		ear ei	nair	ıg w	/itn (or wi	tnin		year.				
Name a	(A) and business address	NO	NT E					(B) Description of s	envices	(Ompe		n
- Name a		110	1415				\dashv	- Boomption of c	JCI VIOCO			ioutioi	<u> </u>
							\dashv						
							4			 			
							4						
							\perp			<u> </u>			
										l			
2 Total number of independent of	ontractors (including but n	ot lim	nited	to t	thos	se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from	m the organization				()							

26-0416747 Page 9

Form 990 (2019) MUTTVILI
Part VIII Statement of Revenue

		Check if Schedule O	contains a re	sponse	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns	1	а					
Contributions, Gifts, Grants and Other Similar Amounts			·····	b					
اغ ق				c	414,677.				
ar A				d	, -				
,, ⊟≓,				e					
Sir		All other contributions, gifts,	- I	+					
ig je	•	similar amounts not included		f 4,	265,207.				
불하	_		⊢	g \$	124,503.				
la Ş	g					4,679,884.			
- "	n	Total. Add lines 1a-1f			Business Code	1,075,004.			
	_	MERCHANDISE S	או בכ		900099	8,815.	8,815.		
<u> jč</u>	2 a	MEKCHANDISE S	АПЕР		300033	0,013.	0,013.		
ne e	b								
Program Service Revenue	С								
	d								
	е								
ъ.	f	All other program service				0.015			
\rightarrow	g	Total. Add lines 2a-2f				8,815.			
	3	Investment income (include	-			106 601			106 601
		other similar amounts)				106,681.			106,681.
	4	Income from investment of	of tax-exemp	bond p	proceeds				
	5	Royalties							
			(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Sec	urities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
ther Revenue	С	Gain or (loss)	7c						
Re		Net gain or (loss)							
ē		Gross income from fundraising							
₹		including \$ 414	, 677 · c	of					
		contributions reported on							
		Part IV, line 18			467,131.				
	b	Less: direct expenses			80,556.				
		Net income or (loss) from				386,575.			386,575.
		Gross income from gamin							
		Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,			<u> </u>				
	u	and allowances		10a					
	h	Less: cost of goods sold							
		Net income or (loss) from			·				
\dashv	U	INGLITICOTTIC OF (1022) ITOTT	Jaies UI IIIVE	поту	Business Code				
Snc	11 -				Dusiness Code				
Jue Jue	11 a								
Miscellaneous Revenue	b								
Re	q	All other revenue							
Σ		All other revenue							
		Total. Add lines 11a-11d				5,181,955.	8,815.	0	493,256.
	12	Total revenue. See instruction	лı ə			<u>, , , , , , , , , , , , , , , , , , , </u>	, o,oio.	ı •	

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 respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1.41.400	00 063	10 741	21 710
	trustees, and key employees	141,422.	90,963.	18,741.	31,718.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 150 640	741,385.	152 746	250 510
7	Other salaries and wages	1,152,649.	/41,303.	152,746.	258,518.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	110,637.	71,162.	14,661.	24,814.
9	Other employee benefits	110,858.	71,102.	14,691.	24,863.
10	Payroll taxes	110,030.	71,504.	14,091.	24,003.
11	Fees for services (nonemployees):				
_	Management				
b	Legal	22,100.		22,100.	
d	Accounting	22,100.		22,100.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	column (A) amount, list line 11g expenses on Sch O.)	198,012.	166,063.	16,692.	15,257.
12	Advertising and promotion	26,040.	26,040.	, , , , , , , , , , , , , , , , , , ,	,
13	Office expenses	257,489.	60,946.	12,078.	184,465.
14	Information technology	39,056.	28,261.	6,811.	3,984.
15	Royalties				
16	Occupancy	70,816.	68,075.	1,370.	1,371.
17	Travel	31,430.	22,772.	2,749.	5,909.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	120,444.	49.		120,395.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,247.	34,490.	5,670.	7,087.
23	Insurance	48,172.	32,241.	6,908.	9,023.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ANIMAL CARE	1,435,644.	1,435,644.		
b					
С					
d					
е	All other expenses	108,227.	77,344.	5,131.	25,752.
25	Total functional expenses. Add lines 1 through 24e	3,920,243.	2,926,739.	280,348.	713,156.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00001	0 01-20-20				Form 990 (2019)

26-0416747 Page **11** Form 990 (2019)
Part X Balance Sheet MUTTVILLE

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,645,602.	1	1,888,593.		
	2	Savings and temporary cash investments			6,256,126.	2	6,879,870.
	3	Pledges and grants receivable, net	8,044,202.	3	7,240,864.		
	4	Accounts receivable, net	15,661.	4	110,767.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			49,137.	9	1,080,393.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	405,603.			
	b	Less: accumulated depreciation	10b	183,460.	178,571.	10c	222,143.
	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			16,189,299.	16	17,422,630.
	17	Accounts payable and accrued expenses	248,144.	17	219,921.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
<u>ia</u>		controlled entity or family member of any of the	•			22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, page 1)					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			248,144.	25	219,921.
	26	Total liabilities. Add lines 17 through 25			240,144.	26	219,921.
8		Organizations that follow FASB ASC 958, ch	eck nere	e 🖊 🔼			
ŭ	07	and complete lines 27, 28, 32, and 33.			5,640,642.	07	7,558,256.
3ala	27	Net assets with depart restrictions			10,300,513.	27 28	9,644,453.
βE	28	Net assets with donor restrictions			10,300,313.	28	7,044,433.
Ā		Organizations that do not follow FASB ASC and complete lines 29 through 33.	958, CNE	eck nere			
ō	20					20	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e				29 30	
Ass	30					31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			15,941,155.	32	17,202,709.
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances		16,189,299.	33	17,422,630.	
	JUU	TOTAL HADIHUES ATTO THE LASSETS/TUTTO DATATICES			10,100,200	აა	1,1422,000

Form **990** (2019)

Form 990 (2019) 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	5,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,92		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,94		
5	Net unrealized gains (losses) on investments	5		-1	58.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17,20	2,7	09.
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2019)

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.)

Section A. Public Support					
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total				
1 Gifts, grants, contributions, and					
membership fees received. (Do not					
include any "unusual grants.") 2,365,938. 2,920,821. 14,962,349. 4,220,241. 4,679,884	. 29,149,233.				
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 2,365,938. 2,920,821. 14,962,349. 4,220,241. 4,679,884	. 29,149,233.				
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)	9,505,739.				
6 Public support. Subtract line 5 from line 4.	19,643,494.				
Section B. Total Support					
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total				
7 Amounts from line 4 2,365,938. 2,920,821. 14,962,349. 4,220,241. 4,679,884	. 29,149,233.				
8 Gross income from interest,					
dividends, payments received on					
securities loans, rents, royalties,	170 220				
and income from similar sources 287. 367. 10,454. 54,543. 106,681	172,332.				
9 Net income from unrelated business					
activities, whether or not the					
business is regularly carried on	 				
10 Other income. Do not include gain					
or loss from the sale of capital					
assets (Explain in Part VI.)	00 201 565				
11 Total support. Add lines 7 through 10	29,321,565. L,456,401.				
	1,430,401.				
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	▶□				
organization, check this box and stop here Section C. Computation of Public Support Percentage	<u></u>				
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	66.99 %				
15 Public support percentage from 2018 Schedule A, Part II, line 14	61.94 %				
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b	,-				
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box					
and stop here. The organization qualifies as a publicly supported organization					
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%					
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	•				
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is					
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the					
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction					

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	· · · · · ·	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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	<u> </u>					
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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	<u></u>			1		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on	<u></u>			1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
<u></u>							<u></u>
	ction C. Computation of Publ			. (0)		Liel	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves			no 12 octumn (4)		17	0/
	Investment income percentage for 20					18	%
	Investment income percentage from 2						%
198	a 33 1/3% support tests - 2019. If the						I / IS NOT
	more than 33 1/3%, check this box a						P
r	33 1/3% support tests - 2018. If the	•			•		
20	line 18 is not more than 33 1/3%, che						

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	401		
m 90/	10b) or 99	10-E7	2010
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Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	uon 21 1 jpo 1 oupportung organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	, , ,			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
	-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.			
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organ	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Name of the organization

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

Employer identification number

2019

MUTTVILLE 26-0416747 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

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).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

prevention of cruelty to children or animals. Complete Parts I, II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization	Employer identification number
MUTTVILLE	26-0416747

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution	
1		Pe Pr 130,663. (Com	erson X eyroll encash encash encash encash encash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Typ	(d) be of contribution	
2		Pe Pa No (Com	erson X eyroll encash plete Part II for ash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) be of contribution	
3	Nume, address, and 2n + +	Pe Pa No (Com	erson X eyroll encash plete Part II for each contributions.)	
(a)	(b)	(c)	(d)	
No. 4	Name, address, and ZIP + 4	Pe Pa No (Com	erson X erson Department of the second of th	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Type	(d) be of contribution	
5		Pe Pa No (Com	erson X yyroll oncash plete Part II for ash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) be of contribution	
6		Pe Pa No (Com	erson X eyroll eyrocash eyrole te Part II for eash contributions.)	

Name of organization

Employer identification number

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
7		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$ \$\$	Person X Payroll
(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.)
(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.)

26-0416747

MUTTVILLE

Name of organization Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number MUTTVILLE 26-0416747 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

	ose duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	<u> </u>
		()	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			_
			_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	, ,		·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_	
		(e) Transfer of gif	t
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee
	mansieree s name, address, a	III ZIF T T	Helationship of transfer of to transfer ee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
		, ,	
	Transferee's name, address, a	nd 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

Name of the organization

MUTTVILLE

Employer identification number 26-0416747

Pai			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, 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 (for example, recreated	tion or education) 💹 Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n 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	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	l l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abov	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial states	ments that describes the
Doi	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Tracquires or (Other Similar Assets
rai	Complete if the organization answered "Yes" on Form		Other Sillinal Assets.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
Id	, .	•	
	of art, historical treasures, or other similar assets held for pub		
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
D			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therafice of public service,
	provide the following amounts relating to these items:		b ¢
	(i) Revenue included on Form 990, Part VIII, line 1		L 4
0		nouves or other similar spects for finance	
2	If the organization received or held works of art, historical treating fallouring amounts required to be repeated under EASP A		iai gairi, provide
_	the following amounts required to be reported under FASB A	_	• •
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		▶ ⊅

Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Other	Similar A	Assets (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at make sig	nificant use	of its	
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progra	am			
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exem	ot purpose i	n Part XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be made	aintained as part of t	he orga	nization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990, Pa	ırt IV, line 9, d	or
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII								
								Amou	nt
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	ı?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line 10			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years	back (e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	<u></u> %							
С	Term endowment >	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	ınd administe	ered for the	organizatio	n	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								1
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere), Part X, lir	ne 10.		
	Description of property	(a) Cost or o basis (investr		٠,	or other (other)	` ,	umulated eciation	(d) Boo	ok value
1a	Land								
	Buildings				1,412.				21,412.
	Leasehold improvements				1,144.		78,010		3,134.
d	Equipment				4,047.		76,450		7,597.
	Other			2	9,000.		29,000		0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)			22	22,143.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			of year market value
	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	Tid. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Dook value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide		_	

1					
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin				7 000 024
	Total revenue, gains, and other support per audited financial statements			1	7,000,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	1 - 0		
а	5		-158.	-	
b	Donated services and use of facilities		1,818,237.	-	
С	Recoveries of prior year grants			-	
d	, , , , , , , , , , , , , , , , , , , ,	2d			1 010 070
е	•			2e	1,818,079.
3	Subtract line 2e from line 1			3	5,181,955.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , ,			_	
b	, , , , , , , , , , , , , , , , , , , ,	4b			0
С				4c	U.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	5,181,955.
Ра	rt XII Reconciliation of Expenses per Audited Financial St		itn Expenses per	Ketu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				F 720 400
1	Total expenses and losses per audited financial statements			1	5,738,480.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1 010 025		
а	***************************************		1,818,237.	_	
b	, , , , , , , , , , , , , , , , , , , ,				
С	***************************************			_	
d	7	•			1 010 005
е	•			2e	1,818,237.
3	Subtract line 2e from line 1			3	3,920,243.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , ,				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	3,920,243.
	rt XIII Supplemental Information.				
_					
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part	X, line 2; Part XI,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,
				4; Part	X, line 2; Part XI,

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 instructions and the latest information.

OMB No. 1545-0047

2019

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. e X Solicitation of non-government grants a X Mail solicitations X Internet and email solicitations Solicitation of government grants 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. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) JANE GOLDMAN - 656 ARKANSAS FUNDRAISING - CONSULTANT Yes No ST., SAN FRANCISCO, CA 94107 MORK Х 0 34,776 0. SWITCHBLADE STUDIOS - PO BOX FUNDRAISING - CONSULTANT WORK 913, FAIRFAX, CA 94978 0. Х 6,338 0. BUILDINGBLOX CONSULTING LLC FUNDRAISING - CAPITAL - 530 FUNSTON AVE, SAN CAMPAIGN CONSULTANT Х 0 48,500 0. 89,614. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. $\overline{\mathsf{C}\mathsf{A}}$

26-0416747 Page 2 Schedule G (Form 990 or 990-EZ) 2019 MUTTVILLE 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 \$5.00

		or fundraising event contributions and gr	USS INCOME ON FORM 990	FEZ, III les Tariu ob. List	events with gross receip	ns greater than \$5,000.
			(a) Event #1 MUTTVILLE SENIOR PROM	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(5.5.11.1)[5.5]	(event type)	(10141111111111111111111111111111111111	
Revenue	1	Gross receipts	881,808.			881,808.
_	2	Less: Contributions	414,677.			414,677.
	3	Gross income (line 1 minus line 2)	467,131.			467,131.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	17,520.			17,520.
ect Exp	7	Food and beverages	53,979.			53,979.
Ë			2,550.			2,550.
	8 9	Entertainment Other direct expenses	<u> </u>			6,507.
	10	Direct expense summary. Add lines 4 through		<u> </u>	•	80,556.
	11	Net income summary. Subtract line 10 from li				386,575.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	(b) Pull tabs/instant		(d) Tatal manaisan (add
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						7 5 7 7
Ж	1	Gross revenue				
ses	2	Cash prizes				
pen	3	Noncash prizes				
Direct Expenses		Rent/facility costs				
⊡						
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)		>	
			, , ,		·	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a				Yes No
a	11 "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					

Sch	nedule G (Form 990 or 990-EZ) 2019 MUTTVILLE 2	6-041	6747	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a	·	<u>%</u>
	o An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			-
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	of "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	:		
	of gaming revenue retained by the third party >\$			
c	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	□ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III,	lines 9,	9b, 10b,
sc	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	SERS:		
<u>(I</u>) NAME OF FUNDRAISER: BUILDINGBLOX CONSULTING, LLC			
<u>(I</u>) ADDRESS OF FUNDRAISER: 530 FUNSTON AVE, SAN FRANCISCO, CA	941	18	

Schedule G (Form 990 or 990-EZ) MUTTVILLE	26-0416747 Page 4
Part IV Supplemental Information (continued)	-

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

		IVTTVI											167	47						
Part I	Excess Bene	efit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4),	and se	ection	n 501(c)(29) orga	anizati	ons o	nly).							
	Complete if the o	organization	n ansv	vered "Yes" on I	Form	990, Pa	art IV, line 25a	or 25k	o, or	Form 990-EZ, P	art V,	ine 40	b.							
1			(b) F	Relationship bety	ween	disqua	lified							(d)	Corre	cted?				
(a) Na	ame of disqualified p	person	. ,	person and or	rganization			(c) Description of t		escription of tran	sactio	n		Ye		No				
														+						
2 Enter	r the amount of tax i	incurred by	the o	rganization man	agers	or disc	nualified perso	nns du	rina ·	the vear under				_						
	10=0	•			•		•		•			> \$								
	r the amount of tax,											\$								
• Litter	tile amount of tax,	ii airy, oir ii	110 2, 6	above, reimbara	ca by	THE OI	gariizatiori					Ψ								
Part II	Loans to and	d/or Fror	n Int	erested Per	sons	S.														
	Complete if the o						Part V line 3	192 or [Eorm	000 Part IV lin	26:	or if th	o oraș	nizati	on					
	reported an amo	•					, Fait v, iiile S	oa oi i	OIII	1990, Fait IV, III	le 20,	טו וו נו	ie orga	ııızatı	JII					
	a) Name of	(b) Relatio		(c) Purpose		oan to or	(e) Origin	ادا	(f)	Balance due	(g)	In	(h) App	roved	(i) W	ritten				
	rested person	with organi	zation	of loan	fro	m the ization?	principal am	cipal amount		Dalarice due	defa		bý bo comm	ard or	(1) **	ment?				
	•					From									Yes	No	Yes		Yes	_
					То	FIOIII					162	No	162	No	162	No				
								. .												
otal Part III	Grants or As	cictance	Bor	efiting Inter	roeto	d Da	reone	▶ \$												
raitiii	_			_																
	Complete if the o		\neg			ŕ				(n =										
(a) i	Name of interested p	oerson	(b) Relationship interested pers			(c) Amou assista			(d) Type assistan				Purp assista						
				the organiza		iu	8331318	1100		assistari	CC		•	2001016	arioc					
			-									-								
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Schedule L (Form 990 or 990-EZ) 2019

(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?		
	person and the organization			Yes	No	
JANE GOLDMAN	BOARD MEMBER	66,000.	CONSULTING		Х	
Part V Supplemental Information. Provide additional information for re	esponses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS			
(A) NAME OF PERSON: JANE	GOLDMAN					
(D) DESCRIPTION OF TRANS	ACTION: 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 instructions and the latest information.

Name of the organization Employer identification number 26-0416747 MUTTVILLE

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu		_	s
1	Art - Works of art				9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	12	59.884	.AVG HI/LOW	FMV		
10	Securities - Closely held stock				1110 111, 1011			
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	13		.RETAIL VALU	E		
26	Other ► (VETERINARY EQ)	X	1	18,000				
27	Other ► (WINE (CASES))	X	28	12,144	.RETAIL VALU	E		
28	Other \blacktriangleright ($\overline{SPIRITS}$ (CASE)	X	32	5,000	.RETAIL VALU	Έ		
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	ported in Part I, lines 1 thro	ough 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	I which isn't required to be	used for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contr	butions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell nonca	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is c	hecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 MUTTVILLE	26-0416747	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.		
PART I, OTHER TYPES OF PROPERTY:		
DOG CLOTHING, LEASHES, AND HARNESSES (BULK)		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 2		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2878.		
(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE		
EVENT GIFT BAGS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 400		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1996.		
(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE		
DOG FOOD (CASES AND BAGS)		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTIONS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1240.		
(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE		
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNTS INCLUDED IN COLUMN B ARE THE ACTUAL NUMBER O	F ITEMS	
CONTRIBUTED BY THE DONOR.		

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 1,095 DOGS IN 2019. 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ANIMALS THROUGH OUR HOSPICE SYMPOSIUMS, SPEAKING ENGAGEMENTS, AND HOSPICE ADOPTIONS.

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

VOLUNTEERS:

MUTTVILLE HAS AN ENERGETIC CREW OF ABOUT 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. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 10,167. REVENUE \$ 0.

Name of the organization MUTTVILLE Employer identification number 26-0416747

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.

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 2019 CANDID/GUIDESTAR NATIONAL COMPENSATION REPORT AND THE

2019 NONPROFIT COMPENSATION ASSOCIATES NORTHERN CALIFORNIA COMPENSATION &

BENEFITS SURVEY FOR SIMILARLY SIZED ANIMAL RESCUE ORGANIZATIONS. THIS

PROCESS LAST OCCURRED IN 2019.

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 2019.

FORM 990, PART VI, SECTION C, LINE 18:

THE AGENCY'S 990S FROM 2017 THROUGH 2018 ARE POSTED ON ITS WEBSITE.

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

ALL FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART X, LINE 27:

MUTTVILLE	26-0416747
THE BOARD HAS DESIGNATED \$4,000,000 AS A RESERVE FOR THE	PLANNED
ACQUISITION OF A HEADQUARTERS FACILITY.	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY OVER THE
FINANCIAL STATEMENT AUDIT AND THE PROCESS HAS NOT CHANGED	FROM THE
PRIOR YEAR.	