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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014

Open to Public Inspection

A			lendar year, or tax year beginning , 2014, and ending		,
₽_		if applicable is change	C Name of organization) Emplo	yer identification number
F	l	change	MUFUTULI, INC	45-	-3053335
-	Initial r	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	Teleph	none number
		urn/terminated	(61	.5) 799-0933	
F		led return	5200 OLD HARDING RD City or town, state or province, country, and ZIP or foreign postal code		
			FRANKLIN TN 37064		p Exemption per ►
G	Acco	unting Meth		► If	the organization is not
					ch Schedule B
J	Tax-ex			90, 990)-EZ, or 990-PF)
		of organiza			·
L	Add I asset	ines 5b, 6c ts (Part II, c	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	·\$ 189,196.
Pa	<u>rt I</u>		ie, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
	,		he organization used Schedule O to respond to any question in this Part I		X
	1		ons, gifts, grants, and similar amo unts received	· [1 173,170.
	2	Program s	ervice revenue including government fees and contracts D	· · 2	2
	3	Membersh	nip dues and assessments	· · <u> :</u>	3
	4	Investmen	ount from sale of assets other than reventory	· · <u>L</u> 4	4
	5 a	Gross amo	ount from sale of assets other than inventory " 😤 " 🖔 🗓 . 📑 5 a		
			or other basis and sales expenses. 5 b		
	с 6		s) from sale of assets other than inventory (Subtract line Subtract line		5 c
R	а	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000) 6 a		
Ž	b	Gross inco	ome from fundraising events (not including \$ of contributions		
REVENUE			aising events reported on line 1) (attach Schedule G if the sum oss income and contributions exceeds \$15,000)	6.	
	С	Less dire	ct expenses from gaming and fundraising events 6 c 7 , 47		
	d	Net incom 6b and sul	e or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)		6d 8,556.
	7 a	Gross sale	es of inventory, less returns and allowances		
	b	Less cost	of goods sold		
	С	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	7 c
	8		enue (describe in Schedule O)	_ [3
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	181,726.
	10		d similar amounts paid (list in Schedule O)	10	174,000.
	11	Benefits p	aid to or for members	. 1	1
E	12	Salaries, c	other compensation, and employee benefits	. 1	2
XPENSES	13		al fees and other payments to independent contractors	1	3
N S	14		y, rent, utilities, and maintenance	. 14	4
Ĕ	15		ublications, postage, and shipping	1!	5
	16		enses (describe in Schedule O) · · · · · · ·		150.
	17		enses. Add lines 10 through 16		
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	
A S S E E T T	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year orted on prior year's return)	19	,
'T S	20	Other chai	nges in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets	or fund balances at end of year Combine lines 18 through 20	▶ 2	9,287.
BA	A For		k Reduction Act Notice, see the separate instructions.		Form 990-EZ (2014)

83 13

Forn	990-EZ (2014) MUFUTULI, INC			45	-305	3335 Page 2
Pa	rt II Balance Sheets (see the inst Check if the organization used Scheo	ructions for Part II)	on in this Part II			
		idie O to respond to arry quest	Unintilis raitili	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments					
23				1,711	. 22	9,287.
	J .			0		0.
24	Other assets (describe in Schedule O) .			0	. 24	0.
25	Total assets			1,711	. 25	9,287.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27	Net assets or fund balances (line 27 of o	column (B) must agree with lin	e 21)	1,711	27	9,287.
	rt III Statement of Program Service A				<u> </u>	Expenses
	Check if the organization used Sch	edule O to respond to any que	stion in this Part III		(Pen	uired for section 501
What	is the organization's primary exempt purpose? PF	OVIDE SUPPORT FOR	ORPHANAGE			and 501(c)(4)
Des	cribe the organization's program service acc sured by expenses. In a clear and concise i	complishments for each of its the	ree largest program se	rvices, as	òrgai	nizations, optional
mea	sured by expenses. In a clear and concise i	nanner, describe the services	provided, the number of	f persons	for ot	hers)
	fited, and other relevant information for eac	<u> </u>			_	
28	ALL FUNDS DISBURSED WERE					
	IN ZAMBIA IN ORDER TO BUI	LD AND SUPPORT AN	ORPHANAGE	. 		
	(Grants \$ 174,000) If th	is amount includes foreign gra	nts, check here	► X	28 a	174,000.
29				· '		<u> </u>
			-			
	70	is amount includes foreign grain		. – – – – – – –	20-	
	(Grants \$) If th	is amount includes foreign grain	nts, check here .	<u> </u>	29 a	
30						
					•	
	(Grants \$) If th	is amount includes foreign grai	nts, check here	`	30 a	
31	Other program services (describe in Scher					
		is amount includes foreign grai			31 a	
32	Total program service expenses (add lin				32	124 000
						174,000.
Pai	t IV List of Officers, Directors,	Trustees, and Key Em	Pioyees (list each one ev	en if not compensated -	- see th	ie instructions for Part IV) 🦳
	Check if the organization used Scho	edule O to respond to any que	stion in this Part IV			
	Officer if the organization used being	To to respond to any que	Storrin this rate v			· · · · · · · · · · · · · · · · · · ·
		(b) Average hours per	(c) Reportable compensation	(d) Health benefits		(e) Estimated amount of
	(a) Name and title		(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	, yee	(e) Estimated amount of other compensation
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation	(d) Health benefits contributions to emplo	, yee	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	, yee	
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	, yee	
CHA	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	other compensation
CHA GRE	(a) Name and title IALD_BUCK AIRMAN/DIRECTOR IG_WRAY	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	other compensation
CHA GRE SEC	(a) Name and title IALD_BUCK AIRMAN/DIRECTOR G_WRAY CRETARY/DIRECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee Frred	other compensation
CHA GRE SEC MAR	(a) Name and title IALD_BUCK AIRMAN/DIRECTOR G_WRAY CRETARY/DIRECTOR LY_BUCK	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred O.	O.
CHA GRE SEC MAF	(a) Name and title IALD_BUCK AIRMAN/DIRECTOR CG_WRAY CRETARY/DIRECTOR RY_BUCK CASURER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee Frred	other compensation
CHA GRE SEC MAF TRE	(a) Name and title IALD_BUCK AIRMAN/DIRECTOR AIRMAY CRETARY/DIRECTOR AY BUCK ASURER I WALTERS	(b) Average hours per week devoted to position 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	O. O.
CHA GRE SEC MAF TRE	(a) Name and title IALD_BUCK AIRMAN/DIRECTOR CG_WRAY CRETARY/DIRECTOR RY_BUCK CASURER	(b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred O.	O.
CHA GRE SEC MAF TRE	(a) Name and title IALD_BUCK AIRMAN/DIRECTOR AIRMAY CRETARY/DIRECTOR AY BUCK ASURER I WALTERS	(b) Average hours per week devoted to position 5.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	O. O.
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the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	· · · ·	Yes	No
If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		v
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		Х
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	330		
reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	_	Х
36 Did the organization undergo a liquidation, dissolution, termination, or significant	20		
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
b Did the organization file Form 1120-POL for this year?	37 b		Х
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
b If 'Yes,' complete Schedule L, Part II and enter the total			
amount involved			
a Initiation fees and capital contributions included on line 9			
b Gross receipts, included on line 9, for public use of club facilities			
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
section 4911 , section 4912 , section 4955 , section 4955			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess.			
benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40.6		.,
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization	40 b		_X
managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		1	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax			
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41 List the states with which a copy of this return is filed			
40 TI			
42 a The organization's books are in care of ► RONALD_BUCK Telephone no ► (615)	799-	-003	3
Located at \$ 5200 OLD HARDING RD FRANKLIN TN ZIP+4 \$ 37064			<u> </u>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
If 'Yes,' enter the name of the foreign country			
		1	
•			
Continue to the state of the st			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			Х
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		
The state of the foreign country			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
and enter the amount of tax-exempt interest received or accrued during the tax year		Ш	
<u> </u>		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	44		
of Form 990-EZ	44 a		<u>X</u>
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
If 'No,' provide an explanation in Schedule O	44 d		
	45 a		<u>X</u>
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		X

Obd the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check the organization used Schedule O to respond to any question in this Part VI 7. Did the organization engage in lobbying activities or have a section 501(f)) election in effect during the tax year? If Yes, complete Schedule C, Part II 8. Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 9. By a Did the organization make any transfers to an exempt non-charitable related organization? 9. Uniform the stable for the organization is the liphest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter Nane* (a) Name and title of each employee (b) Arganization from the organization if the section 500,000 of complete than 500,000 of complete tha	orm 990-	EZ (2014) MUFUTULI, INC			45-30	53335	Р	age 4
and twill section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 7. Did the organization again in obbying activities or have a section 501(h) election in effect during the tax year? If Yes. 8. If Yes. 8. If Yes. 9. Did the organization again in obbying activities or have a section 501(h) election in effect during the tax year? If Yes. 9. If Yes. 10. If		•		-			Yes	No
All Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in the Part VI 7. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, organization? 8. Is the organization as closed as described in section 170(b)(1)A(\()(1)\	46 Did t	he organization engage, directly or indirectly	r, in political campaign a	ictivities on behalf of or in	opposition to			
All Section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI. 7. Did the organization appage in lobbying activities or have a section 50(ft) election in effect during the tax year? If Yes. 8. Is the organization as chool as described in section 170(b)(1/A)(b)(r)? If Yes, complete Schedule E. 8. Is the organization make any transfers to an exempt non-chartable related organization? 9. Did the organization make any transfers to an exempt non-chartable related organization? 9. Did the organization make any transfers to an exempt non-chartable related organization? 9. Did the organization make any transfers to an exempt non-chartable related organization in filters: s none, enter None (employees) who each received more than \$100,000 of compensation from the organization in their is none, enter None (ft) results for some some some some some some some some		idates for public office? If 'Yes,' complete So	chedule C, Part I			46		X
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

MUFUTULI, INC 45-3053335								
Part I Reason for Public Ch	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
	he organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)							
1 A church, convention of chur	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2 A school described in section	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
4 A medical research organiza	-				•	he hospital's		
name, city, and state								
5 An organization operated for 170(b)(1)(A)(iv). (Complete	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)							
6 A federal, state, or local gove								
7 An organization that normally in section 170(b)(1)(A)(vi).	y receives a substantial					ublic described		
8 A community trust described	ın section 170(b)(1)(A)(vi). (Complete Part II)						
9 X An organization that normally from activities related to its e investment income and unrely June 30, 1975 See section	xempt functions – subj lated business taxable i	ect to certain exceptions, ncome (less section 511	and (2)	no more	than 33-1/3% of its sup	port from gross		
10 An organization organized ar	nd operated exclusively	to test for public safety	See sec t	ion 509	(a)(4).			
An organization organized an or more publicly supported o	rganizations described i	in section 509(a)(1) or s	ection 5	09(a)(2)	. See section 509(a)(3).	urposes of one Check the box in		
a Type I. A supporting organization(s) the power to complete Part IV, Sections	regularly appoint or elec	sed, or controlled by its s ct a majority of the direct	upported ors or tru	l organız stees of	ation(s), typically by givi the supporting organiza	ng the supported tion You must		
b Type II. A supporting organize management of the supporting must complete Part IV, Sec	ng organization vested i	ntrolled in connection with in the same persons that	its supp control o	oorted or or manag	ganization(s), by having ge the supported organiz	control or ation(s) You		
c Type III functionally integration organization(s) (see instruction	ated. A supporting organons) You must comple	nization operated in conr ete Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	rith, its supported		
d Type III non-functionally infunctionally integrated The constructions) You must com	rganization generally m	iust satisfy a distribution i	connecti requirem	on with ent and	its supported organization an attentiveness require	n(s) that is not ment (see		
e Check this box if the organization integrated, or Type III non-ful	ation received a written	determination from the If	RS that is	з а Туре	I, Type II, Type III functi	onally		
f Enter the number of supported of	•							
g Provide the following information	about the supported or	rganızatıon(s)						
(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
	<u> </u>		Yes	No				
(A)		•						
(B)								
(C)								
(D)								
(E)								
Total								

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

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

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

Sec	tion A. Public Support	 	· · · · · · · · · · · · · · · · · · ·				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		•				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					-	
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organization for the o	on's first, second,	third, fourth, or fifth	n tax year as a sect	ion 501(c)(3)	•
	tion C. Computation of Pu						
	Public support percentage for 2014		•				<u>%</u>
15	Public support percentage from 20	113 Schedule A, Pa	art II, line 14			15	%
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di jualifies as a public	d not check the bo ly supported orga	ox on line 13, and t nization	he line 14 is 33-1/3	% or more, check th	box ▶
t	33-1/3% support test — 2013. If the and stop here. The organization of	he organization did qualifies as a publi	f not check a box of cly supported orga	on line 13 or 16a, a nization · · · · ·	and line 15 is 33-1/3	3% or more, check t	his box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' te:	st, check this box a	and stop here . Exp	lain in Part VI how	▶ []
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a pub	and stop here. Exp olicly supported org	olain in Part VI how to anization	the ··· ···►
18	Private foundation. If the organiz	ation did not check	(a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ıs ▶ ∐
DAA					Cal	adula A (Form 000	000 EZ\ 0044

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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)

	tion A. Public Support						
	idar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees			-			
	received (Do not include any 'unusual grants').		11 200	70 004	40 000	172 170	211 504
2	Gross receipts from admis-		11,300.	78,804.	48,230.	173,170.	311,504.
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's		ŀ				
3	tax-exempt purpose					16,026.	16,026.
3	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the					·	
	organization's benefit and either paid to or expended on						
_	ıts behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the		-				
•	organization without charge. Total. Add lines 1 through 5		11.200	70.004	40.000	100 106	207 520
	Amounts included on lines 1.		11;300.	78,804.	48,230.	189,196.	327,530.
	2, and 3 received from disqualified persons						
Ŀ	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or		i				
	1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)						327,530.
	tion B. Total Support						
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6		11,300.	78,804.	48,230.	189,196.	327,530.
iva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources					0	
b	Unrelated business taxable		·			0.	0.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975 .						1
	Add lines 10a and 10b					0.	0.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
12	regularly carried on Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11 and 12)		11,300.	78,804.	48,230.	189,196.	327,530.
14	First five years. If the Form 990 is organization, check this box and st			urd, fourth, or fifth	tax year as a secti		<u> </u>
Sec	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 2014	(line 8, column (f)	divided by line 13,	column (f)) .		15	100.00 %
16	Public support percentage from 20	13 Schedule A, Pa	rt III, line 15			16	90
Sec	tion D. Computation of Inv	estment Incon	ne Percentage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for	2014 (line 10c, col	umn (f) divided by I	line 13, column (f)		17	0.00 %
18	Investment income percentage from	m 2013 Schedule A	A, Part III, line 17			18	ુ
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	the organization di	d not check the box e re. The organization	on line 14, and li	ne 15 is more than ublicly supported o	33-1/3%, and lin	le 17
b	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, o	the organization di	d not check a box of	on line 14 or line 1	9a, and line 16 is r	nore than 33-1/3	%, and
20	Private foundation. If the organiza	ation did not check	a box on line 14, 1	9a, or 19b, check	this box and see in	structions	.

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	tion A. All Supporting Organizations		Yes	No
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	. 1	103	
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)	. 2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	. 3a		
ı	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	3b		
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	3с		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	. 4a		
t	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	4b		
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	4c		
5 a	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)	5a		
t	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?	. 5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		I
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	. 7		
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).	. 8		
9 a	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	· 9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	. 9b		
	Did a disqualified person (as defined in line 9(a)) 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	. 9с		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
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)	106		

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b	-	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	<u> </u>	
Se	ction B. Type I Supporting Organizations		1	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
	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		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1_		
Se	ction D. All Type III Supporting Organizations			
		ı	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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a 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			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ons)		
2	Activities Test Answer (a) and (b) below.	ĺ	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3ь		_

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•	Schedule A	(Form 990 or 990-EZ) 201	4 MUFUTULL.	TNC

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Section 2.	Novem	ber 20, 1970 See instr Athrough E	uctions. All
Sec	tion A – Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1	<u> </u>	
2	Recoveries of pnor-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	. <u> </u>	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b	····	
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
ε	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 pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	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-functionally-integrated (see instructions)	і Туре	III supporting organizati	on

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Schedule A (Form 990 or 990-EZ) 2014

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Par	t v Trype III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continuea)		
	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purpose	es			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of support				
4	Amounts paid to acquire exempt-use assets			_	
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
7					
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.				
9	Distributable amount for 2014 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·			
10	Line 8 amount divided by Line 9 amount				
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
_1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)				
3	Excess distributions carryover, if any, to 2014				
а					
b					
С					
d		· · · · · · · · · · · · · · · · · · ·			
е	From 2013				
	Total of lines 3a through e				
_	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2014 from Section D, line 7 \$				
а	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount	·			
С	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)				
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)				
7	Excess distributions carryover to 2015. Add lines 3j and 4c				
8	Breakdown of line 7				
а					
b					
С					
d	Excess from 2013				
	Evenss from 2014	· · · · · · · · · · · · · · · · · · ·			

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Schedule A (Form 990 or 990-EZ) 2014

Part VI : Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2014

Attach to Form 990 or Form 990-EZ Open to Public Department of the Treasury Internal Revenue Service Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 45-3053335 MUFUTULI, Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Part i Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants е а Internet and email solicitations Solicitation of government grants b Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) (or retained by) (or retained by) from activity have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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

4 -	~ ~		. ~ ~	
45-	30	15.	3.3.	35

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Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (d) Total events (a) Event #1 (c) Other events (add column (a) GOLF TOURNAMENT through column (c)) REVENUE (event type) (event type) (total number) Gross receipts 16,026. 16,026. 2 Less Contributions Gross income (line 1 minus line 2). 16,026 16,026. Cash prizes Noncash prizes . DIRECT Rent/facility costs -Food and beverages EXPERSES Entertainment Other direct expenses. 7,470. 7,470. 10 Direct expense summary Add lines 4 through 9 in column (d) . . 7,470. Net income summary Subtract line 10 from line 3, column (d) . . 8,556. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (a) Bingo (c) Other gaming REVENUE bingo/progressive (add column (a) bingo through column (c) Gross revenue . . 2 Cash prizes . . EXPENSE Noncash prizes Rent/facility costs . Other direct expenses. . Yes Yes Yes Volunteer labor . No No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? . b If 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain

	ieddie G (1 Citti 990 di 990-EZ) 2014 MUFUTULT, TNC		45-3053335	raye s
11	Does the organization operate gaming activities with nonmember	ers?	· · · · · Yes	No
12 .	Is the organization a grantor, beneficiary or trustee of a trust or a administer chantable gaming?	member of a partnership or other entity form	ed to Yes	No
13	Indicate the percentage of gaming activity conducted in			
	a The organization's facility		. 13a	ુ
	b An outside facility			90
14	Enter the name and address of the person who prepares the org	ganization's gaming/special events books and	records	·
	Name •			
	Address			
15 a	a Does the organization have a contact with a third party from who	om the organization receives gaming revenue	? ∏Yes	∏No
	b If 'Yes,' enter the amount of gaming revenue received by the org			
	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			
			Yes	No
t	b Enter the amount of distributions required under state law to be		pent in the	
_	organization's own exempt activities during the tax year hart IV Supplemental Information. Provide the explanation	<u> </u>	- l (!!!\ (\	
, 01	art IV Supplemental Information. Provide the expland Part III, lines 9, 9b, 10b, 15b, 15c, 16, and information (see instructions).	d 17b, as applicable. Also provide an	y additional	

'SCHEDULE O (Form 990 or 990-EZ)

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number MUFUTULI, INC 45-3053335

How Book Value Determined

How FMV Determined

Description of Property.

Date of Gift . .

Book Value

FMV

1