990 Form

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

A	For	the 2	2019 calendar y	ear, or tax year begin	ning		, 2019, a	nd endi	ng		, 20
В	Check	k if app	plicable:	C Name of organization MU.	RALISM				Ì	D Emplo	oyer identification number
X	Addre	ess cha	ange	Doing business as							83-1950137
		chan	_		D. box if mail is not delivered to str	reet address)		Room/sui	ite	E Teleph	hone number
X		return	_	,	YON BLVD SUITE 1	,					(818)538-4770
П			/terminated		ince, country, and ZIP or foreign p					G Gross	
Ī		ided re		VALLEY VILLAGE,						\$	88,495
П			pending		icipal officer: ERNEST A M	ERT.AN			H(a) Is this a d		for subordinates? Yes X No
_	, .ppc	Janon		•	YON BLVD STE 104		,		H(b) Are all s		
_	Тах-е	xempt	t status: X 501		_		27		1		st. (see instructions)
J		site:		ISM.ORG	, ((co.()	(4)(1) 6.			H(c) Group		
			anization: X Cor		ociation Other ►	1	Year of formation	nn: 201			al domicile: CA
	art I	_	Summary	porduori reac reac	Other -		Tour or rorman	JII. 201	-0 0	otate or log	di dominio.
				the organization's missi	on or most significant activ	vities. TO C	DEATE CO	MMIINIT	TV MIIDA	T.C DD	EPARED AND
			-	SPECIAL NEEDS	=	villes. <u>10 C.</u>	KEATE CO.	MMONI	II MUKA	LIS FK	EFARED AND
çe		=	AINIED DI	DIECIAL NEEDS	AKTIBID.						
nau		-									
Ver		2 (Chack this hav	if the organization	discontinued its operation	ne or disposed o	f more than 1	25% of i	te not accot	te	
ô				_	rning body (Part VI, line 1	•				1 1	7
∞ ∞				-	s of the governing body (F						7
ties				_	calendar year 2019 (Part						
Activities & Governance				volunteers (estimate if r	• '						
				•	Part VIII, column (C), line						475
											0
_		D	vet unrelated bt	usiness taxable income	from Form 990-T, line 39					. 7b	0
o.		•		al avente (Deut VIII line	46)				Prior Year		Current Year
				•	1h)						29,968
ğ			-		2g)						58,527
Revenue), lines 3, 4, and 7d)						0
œ	1				es 5, 6d, 8c, 9c, 10c, and						0
					must equal Part VIII, colum						88,495
				• •	X, column (A), lines 1-3)						0
					(x, column (A), line 4)					0	
S	1										41,190
Expenses	1	16a Professional fundraising fees (Part IX, column (A), line 11e)									0
×			_	g expenses (Part IX, col							
Ш	- 1 :				es 11a-11d, 11f-24e) .						42,694
	١.				equal Part IX, column (A),						83,884
	_	9 F	Revenue less ex	kpenses. Subtract line	8 from line 12						4,611
Net Assets or	i cë							_	nning of Curre	ent Year	End of Year
sset	2		,	,							14,611
ĕ.	2		`								10,000
$\overline{}$		_			ine 21 from line 20			•			4,611
	art I		Signature I declare		n, including accompanying sched	ules and statements	and to the heet	of my know	wledge and heli	iof it is	
					cer) is based on all information of			or my knov	wiedge and bei	ici, it is	
				(TD1 33)							
Sig	ın		ERNIE N Signature of o							Dat	
			•							Dat	
Не	ıe			MERLAN, EXECUTI name and title	VE DIRECTOR						
			Print/Type prepare		Preparer's signature		Date			П.,	PTIN
D۰	id							00	Check	if if	
Pa		ro-	I S KROOP		I S KROOP CPA		10-01-20		self-emp	ployed	P01302591
	epai		Firm's name		P CPA A PROF COR				irm's EIN ►		
US	e O	шу	Firm's address		REL CYN BLVD STE	104		P	hone no.		
		ID C			ILLAGE CA 91607						606-8551
May	/ the	IRS	aiscuss this retu	um with the preparer sh	own above? (see instruction	ons)					🗌 Yes 🕱 No

Part IV Checklist of Required Schedules

	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 (see instructions).?	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		Х
ļ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
•	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		2
	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		2
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		2
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		2
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		2
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		2
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		2
)	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		3
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		2
l	Did the organization maintain an office, employees, or agents outside of the United States?	14a		:
	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		
	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		
	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		
	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 (see instructions)	17		
	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		١.
		10		2
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
	If "Yes," complete Schedule G, Part III	19		2
_		00		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
		20a 20b		2

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Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 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 Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		24u		
2 3a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	254		
00	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, 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		Х
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? If			
	"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
С	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 L	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		x
35a	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		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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? Note : All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10	v	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater 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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
. .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	va		Х
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X
b 10	Section 501(c)(7) organizations. Enter:	30		Х
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			
c	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		1
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		х
	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		х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Manage

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

Check if Schedule O contains a response or note to any line in this Part VI
Check it ochecule of contains a response of note to any line in this fact vi

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			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		х
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		х
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:	0-		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•		
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Λ
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	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).			
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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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 financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MURALISM (818)538-4770, 4804 LAUREL CYN BLVD STE 104, VALLEY VILLAGE, CA 91607			

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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 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.

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

Section A.

Check this box if neither the organization nor any relat	ed organizat	ion co	mper	nsat	ed a	ny curi	rent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m es per d a di	rson is rector	nan one s both ar Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ERNEST A MERLAN	40.00									
EXECUTIVE DIRECTOR				Х				19,988	0	0
(2)										
(3)										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										

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Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar			est Co	ompe	ensated Employe	es (continue	ed)		
	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss pei	son is	nan one s both a /trustee)		(D) Reportable compensation from the organization	(E) Reportabl compensation from relate organizatio	on d	(F Estimated of c compe from	d amount other nsation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MI		organiza	
<u>(15)</u>													
(16)													
<u>(17)</u>													
(18)													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Subtotal	ion A .						٠ ,	19,988		0		0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I							ore than \$100,000	of	•		0
3	Did the organization list any former officer, direct		kev en	olgn	vee.	or h	ighest	t con	npensated			Ye	es No
4	employee on line 1a? If "Yes," complete Schedu. For any individual listed on line 1a, is the sum of re	le J for such	individ	dual								3	x
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	con	nplet	te Sch	edul	le J for such			4	x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensation	on from	any	unr	elate	ed org	aniza	ation or individual			5	x
Secti	on B. Independent Contractors	, ,											
1	Complete this table for your five highest compensation from the organization. Report comp										vear.		
	(A) Name and business addres								(B) Description of service			(C) Compensatio	n
	. Tamo and pasmoss duries	-											
	Total number of independent contractors (includin	a hut not lim	ited to	thos	e lie	ted 4	ahove) wb	0				
	received more than \$100,000 of compensation fro	-					2000	, *VII	•				

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		Check if Schedule O co	ontains a respons	se or n	ote to any line in thi	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
	b	Membership dues		1b					
ants ints	C	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .		1d					
ifts, r Ar	e	Government grants (contr		1e	29,968				
nia Bis	f	All other contributions, gif		-10	25,500				
Sir	'	and similar amounts not in	-	1f					
but the	q	Noncash contributions inc							
d d	9	lines 1a-1f		1g	\$				
နှင့်	h				1 .	20.068			
	h	Total. Add lines 1a-1f		• • •		29,968			
	20	AGED A C			Business Code	FO FOR	50 505		
8	b				561700	58,527	58,527		
Program Service Revenue									
n Si	C								
ran Re	d								
5	e	All other management and design							
ъ.		All other program service							
		Total. Add lines 2a-2f .				58,527			
	3	Investment income (includi							
		other similar amounts) .			1				
		Income from investment of		•	i i				
	5	Royalties							
	_		(i) Rea	ıl	(ii) Personal				
		Gross rents							
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
	d	Net rental income or (loss))		▶				
	7a	Gross amount from	(i) Securit	ies	(ii) Other				
		sales of assets							
_	b	other than inventory Less: cost or other basis	7a						
Revenue		and sales expenses	7b						
š	l	Gain or (loss)							
		Net gain or (loss)		•					
Other		Gross income from fundra	ising						
Ò		events (not including \$_		_					
		of contributions reported o							
		1c). See Part IV, line 18		8a					
		Less: direct expenses .		8b					
		Net income or (loss) from t	_	ts					
	9a	Gross income from gaming	-						
		activities, See Part IV, line		9a					
		Less: direct expenses .		9b					
	С	Net income or (loss) from	gaming activities	·					
	10a	Gross sales of inventory, l							
		returns and allowances .		10a					
		Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales of inventor	y <u></u>	▶				
					Business Code				
sno	11a								
anc	b								
eve	С								
Miscellanous Revenue	-	All other revenue							
	е	Total. Add lines 11a-11d			▶				
	12	Total revenue See instru	ictions		_	99 495	59 527	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 12,992 6,996 19,988 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 14,078 9,033 5,045 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 7,124 4,844 2,280 11 Fees for services (nonemployees): 600 b 600 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 1,095 1,095 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Insurance 6,060 4,545 1,515 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 O.) MURAL MATERIALS AND RENTALS 25,840 25,840 SMALL TOOLS 511 511 C IT CONSULTANT AND WEB 1,440 1,440 d MARKETING 952 952 All other expenses е 6,196 2,475 927 2,794 Total functional expenses. Add lines 1 through 24e. . 25 83,884 59,729 20,409 3,746 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)

Form 990 (2019) MURALISM 83-1950137 Page 11

Part X Balance Sheet

1 Cash - non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X			
1				(A)		(B)
2 Savings and temporary cash investments 2 3				Beginning of year		End of year
3		1	Cash - non-interest-bearing		1	14,611
A Accounts receivable, net A		2				
10		3			3	
### Trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4	Accounts receivable, net		4	
Controlled entity or family member of any of these persons 5		5	•			
1989 1889 1889						
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6			· · · · · · · · · · · · · · · · · · ·		5	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 Prepaid expenses 10a 10c 11c 10c 11c 1		6				
Section Sect	Assets					
10a		7	Notes and loans receivable, net			
10a		8	F			
Basis. Complete Part VI of Schedule D 10a 10c		9	· · · ·		9	
b Less: accumulated depreciation . 10b		10a				
11 Investments - publicly traded securities 11 12 11 12 11 12 13 11 13 11 13 11 13 11 13 11 13 11 14 13 11 14 15 15 15 15 15 15						
12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Intangible assets 14 Intangible assets 14 Intangible assets. Add lines 1 through 15 (must equal line 33) 0 16 14,611 Intangible and accrued expenses 17 Intangible and accrued expenses 17 Intangible and accrued expenses 17 Intangible and accrued expenses 18 Intangible and accrued expenses 19 Intangible and accrued expenses 20 Intangible and accrued expenses 21 Intangible and accrued expenses 22 Intangible and accrued expenses 23 Intangible and accrued expenses 24 Intangible and accrued expenses 25 Intangible and accrued expenses 26 Intangible and accrued expenses Intangible		b				
13 Investments - program-related. See Part IV, line 11 14 14 15 15 16 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 0 16 14,611 17 Accounts payable and accrued expenses 177 18 Grants payable and accrued expenses 18 18 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 10,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 10,000 Organizations that follow FASB ASC 958, check here □		11	' ' '			
14			· · · · · · · · · · · · · · · · · · ·			
15 Other assets. See Part IV, line 11			, ,			
Total assets. Add lines 1 through 15 (must equal line 33) 0 16 14,611 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 10,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 26 10,000						
17			·			
18 Grants payable 18 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 10,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0 26 10,000 Organizations that follow FASB ASC 958, check here Inc. 27, 28, 23, 24, 23, and 23 24, 24, 25, and 24, 25, and 25, and 26, and 27, 28, 23, and 28, and 29, and 29				0		14,611
Tax-exempt bond liabilities						
20 Tax-exempt bond liabilities			` · ·			
Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here			F			
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			·			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					21	
23 Secured mortgages and notes payable to unrelated third parties	ies	22				
23 Secured mortgages and notes payable to unrelated third parties	≣					
Unsecured notes and loans payable to unrelated third parties	Ë					
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D						10.000
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			, , , , , , , , , , , , , , , , , , ,		24	10,000
of Schedule D 25 26 Total liabilities. Add lines 17 through 25 0 26 10,000 Organizations that follow FASB ASC 958, check here ▶ □		25	, -			
26 Total liabilities. Add lines 17 through 25			, ,		25	
Organizations that follow FASB ASC 958, check here		26	la contraction de la	0		10 000
and complete lines 27, 20, 22, and 22		20	_	U	20	10,000
Net assets without donor restrictions						
28 Net assets with donor restrictions	Ses	27			27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds	lan		F			
and complete lines 29 through 33. Capital stock or trust principal, or current funds	B					
5 29 Capital stock or trust principal, or current funds	Ē					
30 Paid-in or capital surplus, or land, building, or equipment fund	or F	29			29	
31 Retained earnings, endowment, accumulated income, or other funds	ets (· · · · · · · · · · · · · · · · · · ·			
TABLE	\SS(31	Retained earnings, endowment, accumulated income, or other funds		31	4,611
32 Total net assets or fund balances 0 32 4,611	et /			0		
33 Total liabilities and net assets/fund balances	Z	33	F	0		

EEA Form **990** (2019)

Form	n 990 (2019) MURALISM	83-19	50137	7	Pa	age 12
Pai	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			88,	495
2	Total expenses (must equal Part IX, column (A), line 25)	2			83,	884
3	Revenue less expenses. Subtract line 2 from line 1	3			4,	611
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
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			4,	,611
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ī			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

Form **990** (2019)

SCHEDULE A

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.

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

MUR	ALI	SM					83-195013	7
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instructions	i.
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check only	y one box.)		
1		A church, convention of churches, or	association of chu	rches described in sect i	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 c	r 990-EZ).	.)		
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state:						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)((A)(v).		
7	X	An organization that normally receives	s a substantial part	of its support from a gov	ernmental	unit or fror	n the general public	
	_	described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction v	with a land-grant colle	ge
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and state	e of the college or	
	_	university:						
10		An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	1511 tax) f	rom businesses	
	_	acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)		
11	Ц	An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organization organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	3
		of one or more publicly supported org	ganizations describ	ped in section 509(a)(1)	or sectior	า 509(a)(2)	. See section 509(a)(3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complet	te lines 12e, 12f, and 1	2g.
	а		n operated, superv	ised, or controlled by its	supported	organizati	on(s), typically by giving	ng
		the supported organization(s) the	power to regularly	appoint or elect a major	ity of the d	lirectors or	trustees of the	
		supporting organization. You mu	ist complete Part	IV, Sections A and B.				
	b	☐ Type II. A supporting organization	n supervised or co	entrolled in connection wi	th its supp	orted orga	nization(s), by having	
		control or management of the sup	porting organization	on vested in the same per	rsons that o	control or n	nanage the supported	
		organization(s). You must comp						
	С		 A supporting orga 	anization operated in cor	nection w	ith, and fur	nctionally integrated w	ith,
		its supported organization(s) (see	e instructions). Yo	u must complete Part I	V, Section	ıs A, D, an	d E.	
	d	☐ Type III non-functionally integr	rated. A supporting	g organization operated i	n connecti	on with its	supported organizatio	n(s)
		that is not functionally integrated.	-	•		•	t and an attentiveness	
		requirement (see instructions). Y	-					
	е	Check this box if the organization				a Type I,	Гуре II, Туре III	
		functionally integrated, or Type III		ntegrated supporting orga	anization.			
	f	Enter the number of supported organi						• • • •
	g	Provide the following information about		` ,				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	-	instructions)	instructions)
					Yes	No		
					162	No		
(A)								
(B)								
(C)								
(5)								
(D)								
(E)								
					l			I

Total

Schedule A (Form 990 or 990-EZ) 2019 MURALISM 83-1950137 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 **(e)** 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 29,968 29,968 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 Total. Add lines 1 through 3 29,968 29,968 **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) Public support. Subtract line 5 from line 4 29,968 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 29,968 29,968 **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... 29,968 12 Gross receipts from related activities, etc. (see instructions) 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 100.00 % % 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 X 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 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% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Pa	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							
Cal	endar 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 performed, or facilities fumished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
_	line 6.)							
	ction B. Total Support				1 (1)			
	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							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
_	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is regularly carried on							
12	.							
14	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
12	Total support. (Add lines 9, 10c, 11,							
13	and 12.)							
11		raanization's fi	ret second thi	rd fourth or fit	th tay year as	a section 50	1(c)(3)	
	4 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							
Sec	ction C. Computation of Public Suppor						· · · · · · · ·	
15				column (f))		15	%	
16						16	%	
_	ction D. Computation of Investment Inc					10	70	
17				ine 13. column	n (f))	17	%	
18								
	a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line							
130	17 is not more than 33 1/3%, check this box							
h	33 1/3% support tests - 2018. If the organiz	-	_	-				
	line 18 is not more than 33 1/3%, check this							
20		-	-	-	-		_	
_	. 3		,	, , , , , , , , , , , , , , , , , , , ,				

Schedule A (Form 990 or 990-EZ) 2019 **MURALISM** 83-1950137 Page 4

Part IV Sup

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

- 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?
- 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.)

9a 9b 9c 10a 10a 10b 16 17 18 18 19 105 105 105 105 105 105 105 105 105 105				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2-		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		Sa		
3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
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4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
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10a		Эb		
10a		9c		
10b				
10b				
		10a		
		401		
	(E-		or 000 5	7) 2040

Sched	ule A (Form 990 or 990-EZ) 2019 MURALISM 83-195013	7	Р	age 5
	rt IV Supporting Organizations (continued)	<u>'</u>		<u>9</u>
			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	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
500	tion C. Type II Supporting Organizations			
Sec	tion C. Type if Supporting Organizations		Yes	No
4	Mana a majariku af tha annonination la dispatana an turatana dunina tha tay yang alam a majariku af tha dispatana		res	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		
Sec	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).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		
	II O maratrayan a a comm			

Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (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. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in	struct	ions
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? 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.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explai	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Section	ns A through E.
C	tion A. Adjusted Not Income		(A) Drier Veer	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior 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			
СО	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions 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			
fa	actors (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,			
se	e 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		
Sec	tion 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			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
	instructions).			

EEA Schedule A (Form 990 or 990-EZ) 2019

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exem	npt purposes			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
_ <u>!</u>	Carryover from 2014 not applied (see instructions)				
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
Э	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result				
-	greater than zero, explain in Part VI . See instructions.				
О	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
'	and 4c.				
	Breakdown of line 7:				
	Fuence from 2015				
	Evenes from 2040				
	Excess from 2017				
U					

d Excess from 2018 e Excess from 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 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

MURALISM

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-1950137

01. Form 990 governing body review (Part VI, line 11)
GOVERNING BODY REVIEWS ALL ACCOUNTING AND TAX DOCUMENTS
02. Governing documents, etc, available to public (Part VI, line 19)
ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990	Overflow Statement	2019 Page 1
Name(s) as shown on return		FEIN
MURALISM		83-1950137

Description	Amount
PARKING AND TRANSPORT	\$ 226
MURAL DESIGNER	2,000
MISC	249
Total: 3	\$ <u>2,475</u>

MANAGEMENT AND GENERAL EXPENSE

Description		Amount
VOLUNTEER MEETING COSTS	\$	792
MISC		135
	Total: \$	927

FUNDRAISING EXPENSES

Description		<u>Amount</u>
VOLUNTEER MEETING COSTS	\$	794
DELVELOPMENT DIRECTOR	<u> </u>	2,000
	Total: \$	2,794

TAXABLE YEAR 2019

California Exempt Organization Annual Information Return

FORM

199

Calenda	ar Year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/	dd/yyyy)			
Corporatio	n/Organization name		orporation nur	nber	
MURA:	LISM	4192	040		
Additional	information. See instructions.	FEIN			
		83-1	95013	7	
Street add	ress (suite or room)		PMB no.		
<u>4804</u>	LAUREL CANYON BLVD SUITE 104				
City		State	Zip code		
VALL:	EY VILLAGE	CA	9160	7	
Foreign co	ountry name Foreign province/state/county		Foreign po	stal code	
A First Re	turn · · · · · · · · · · · · · · · · · · ·	the organization	<u> </u> on		
B Amende	ed Return · · · · · · · · · · · · · · · · · · ·	ns · ·		. ● Yes X	No
C IRC Sec	ction 4947(a)(1) trust • • • • • • • • • • • • • • • • • • •	tion 23701g?	 .	. ● Yes X	No
D Final Inf	formation Return? If "Yes," enter the gross receipts from nonme	ember sources		· · \$	
• 🗌 🛭	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is a public charity exempt unc	ler R&TC			
Enter da	ate: (mm/dd/yyyy) Section 23701d and meets the filing fee exce	eption,			
E Check a	accounting method: (1) 🗓 Cash (2) 🗌 Accrual (3) 🗋 Other check box. No filing fee is required • • •			. ●□	
F Federal	return filed? (1) 990T (2) 990PF (3) Sch H (990) M Is the organization a Limited Liability Compa	ny? · · ·		. ● Yes X	No
(4) 🗶 🤇	Other 990 series N Did the organization file Form 100 or Form 1	09 to report			_
G Is this a	group filing? See instructions ••••• Yes 💹 No taxable income? ••••••	• • • • •		. ● Yes X	No
H Is this o	rganization in a group exemption $\cdots \cdots \cdots $ Yes X No O Is the organization under audit by the IRS or	has the IRS			_
If "Yes,"	what is the parent's name? audited in a prior year? • • • • •	• • • • •		· • Yes X	No E
	P Is federal Form 1023/1024 pending?			· Yes X	∑ No
	organization have any changes to its guidelines Date filed with IRS	_			
	orted to the FTB? See instructions · · · · · · · · • U Yes X No				
Part I	Complete Part I unless not required to file this form. See General Information B and C.			00 405	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 · · · · · · · · · · · · · · · · · ·		1	88,495	00
	2 Gross dues and assessments from members and affiliates	• • • •	2		00
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received		3		00
Revenues			• 4	88,495	00
	This line must be completed. If the result is less than \$50,000, see General Information B Cost of goods sold 5		00	00,493	00
			00		
	6 Cost or other basis, and sales expenses of assets sold		7		00
	8 Total gross income. Subtract line 7 from line 4 · · · · · · · · · · · · · · · · · ·		• 8	88,495	00
	9 Total expenses and disbursements. From Side 2, Part II, line 18 · · · · · · · · · · · · · · · · · ·		• g	83,884	00
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		• 10	4,611	00
	11 Total payments · · · · · · · · · · · · · · · · · · ·		• 11		00
	12 Use tax. See General Information K		• 12		00
Filing Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 · · · · · · · · · · · · · · · · · ·		• 13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		• 14		00
	15 Filing fee \$10 or \$25. See General Information F · · · · · · · · · · · · · · · · · ·		. 15		00
	16 Penalties and Interest. See General Information J		. 16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	@	17		00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	best of my kno rledge.	wledge and be	elief, it is	
Sign Here	ı Title ı Date	nougo.	Telephon	ne	
	Signature of officer ►ERNIE MERLAN	2/2020	818-	538-4770)
	Preparer's Date Check if so	elf-	●PTIN		
	signature ► 10/01/2020 employed	▶ 🗌	P013	02591	
Paid Preparer's	Firm's name (or yours,		●Firm's FE		
Use Only	if self-employed) I S KROOP CPA A PROF CORP		20-4	111000	
	and address 4804 LAUREL CYN BLVD STE 104		●Telephon		
	VALLEY VILLAGE, CA 91607			<u>606-8551</u>	<u> </u>
	May the FTB discuss this return with the preparer shown above? See instructions		● Yes	s 🗓 No	

Part II Organizations with gross receipts of more than \$50,000 and private foundations 83-1950137 regardless of amount of gross receipts - complete Part II or furnish substitute information. 58,527 Gross sales or receipts from all business activities. See instructions 1 00 2 00 3 00 Receipts 4 00 from Other 5 00 Sources Gross amount received from sale of assets (See Instructions) 6 00 7 29,968 7 00 88,495 00 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. . . . 8 9 Contributions, gifts, grants, and similar amounts paid. Attach schedule 9 00 10 10 00 11 Compensation of officers, directors, and trustees. Attach schedule 11 00 12 00 Expenses 13 00 and 14 00 Disburse 15 Rents 15 00 ments 00 16 16 17 83,884 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 83,884 18 00 Schedule L **Balance Sheet** Beginning of taxable year End of taxable year Assets (c) (d) • • Federal and state government obligations · · · · • Investments in other bonds ۰ 7 ۰ Other investments. Attach schedule • **b** Less accumulated depreciation 11 Land................ • 12 Other assets. Attach schedule • Liabilities and net worth Contributions, gifts, or grants payable ۰ ۰ **18** Other liabilities. Attach schedule • 19 20 Paid-in or capital surplus. Attach reconciliation . ۰ • 21 Retained earnings or income fund 22 Total liabilities and net worth Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 7 Income recorded on books this year not included in this return. Attach schedule 3 Excess of capital losses over capital gains . . . 8 Deductions in this return not charged Income not recorded on books this year. against book income this year. Attach schedule Total. Add line 7 and line 8 · · · · · · · 5 Expenses recorded on books this year not deducted in this return. Attach schedule 10 Net income per return. 6 Total. Add line 1 through line 5 Subtract line 9 from line 6

Side 2 Form 199 2019

CAOVFLOW	State Supporting Statements	2019 Page 1
Name(s) as shown on return		SSN/FEIN
MURALISM		83-1950137

OTHER INCOME-CONTRIBUTIONS

Description		<u>Amount</u>
INDIVIDUAL PUBLIC CONTRIBUTIONS	\$	27,568
BOARD OF DIRECTORS CONTRIBUTIONS		2,400
	Total: \$	29,968

OTHER EXPENSES

Description		<u>Amount</u>
PER FEDERAL FORM 990 PAGE 10	\$	83,884
	Total: \$	83,884