Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

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

Α	For th	e 2020 calendar y	ear, or tax year begin	ning		, 2020 , a	ınd endi	ng		, 20		
В	Check i	f applicable:	C Name of organization MU	RALISM					D Empl	loyer identification number		
	Address	s change	Doing business as							83-1950137		
	Name o	hange	Number and street (or P.	O. box if mail is not delive	ered to street address)		Room/su	ite	E Telep	phone number		
	Initial re	turn	4804 LAUREL CA	NYON BLVD SU	JITE 104					(818)538-4770		
Ī	Final re	turn/terminated	City or town, state or prov			·						
Ī	Amende	ed return	VALLEY VILLAGE	, CA 91607					\$	189,499		
Ī	Applica	tion pending	F Name and address of prir					H(a) Is this a	group return	for subordinates? Yes X No		
_								H(b) Are all	I subordinates included? Yes No			
ı	Tax-exe	empt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	attach a li	st. See instructions		
J	Websit		ISM.ORG	· · · · · · · · · · · · · · · · · · ·				H(c) Group	exemption	number		
K	Form of	organization: X Corp		ociation Other		L Year of formati	ion: 201			gal domicile: CA		
	rt I	Summary							`			
	1		the organization's missi	on or most significa	ant activities: TO	CREATE CO	MMUNI	TY MURA	LS PR	EPARED AND		
		•	SPECIAL NEEDS	•								
çe												
Activities & Governance		-										
Ver	2	Check this box ▶	if the organization	discontinued its or	perations or disposed	of more than	25% of i	ts net asse	ts.			
တိ	3	Number of votino	g members of the gove	rning body (Part VI	I, line 1a)				. з	7		
øŏ ••	4		endent voting members							7		
ties	5		individuals employed in							9		
ξį	6		volunteers (estimate if r	-								
¥	78		ousiness revenue from	• ,						0		
			usiness taxable income	,	,					0		
				·				Prior Year		Current Year		
	8	Contributions and	d grants (Part VIII, line	1h)				29	9,968	118,919		
<u>a</u>	9		revenue (Part VIII, line	•					3,527	70,580		
enr	10	-	me (Part VIII, column (A	-,					,	0		
Revenue	11		Part VIII, column (A), lin							0		
	12		add lines 8 through 11 (88	3,495	189,499		
	13		ar amounts paid (Part I						,	0		
	14		or for members (Part I)		,					0		
	15							L,190	102,684			
ses	16		draising fees (Part IX, o							0		
Expenses		b Total fundraising	expenses (Part IX, col	umn (D), line 25)	>	10,421						
Ä	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24	le)			42	2,694	66,089		
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colu	mn (A), line 25)				3,884	168,773		
	19	Revenue less ex	penses. Subtract line	18 from line 12 .					1,611	20,726		
	es						Begi	nning of Curr	ent Year	End of Year		
ets c	<u>ឌ</u> 20	Total assets (Pa	rt X, line 16)					14	1,611	130,136		
Net Assets or	E 21	Total liabilities (F	Part X, line 26)					10	,000	104,799		
	를 22	Net assets or fur	nd balances. Subtract	line 21 from line 20				4	1,611	25,337		
Pa	art II	Signature I	Block									
			that I have examined this return ion of preparer (other than offi				of my know	wledge and be	lief, it is			
	, 00.100	, and complete. Declarat	or propertor (outlot triair out	001) 10 20000 011 011 111011	nation of milen proparer na	any miomoago.						
٥.		ERNIE M								05-17-2021		
Sig	jn	Signature of o	officer						Da	ate		
He	re	ERNIE M	MERLAN, EXECUTI	VE DIRECTOR								
		1,	name and title	ı								
		Print/Type prepare	r's name	Preparer's signature		Date		Check	if	PTIN		
Pa		I S KROOP	CPA	I S KROOP CP	A	05-17-20	21	self-em	ployed	P01302591		
	pare		I S KROO	P CPA A PRO	F CORP		F	Firm's EIN				
Us	e On	ly Firm's address ▶	4804 LAU	REL CYN BLVD	STE 104		F	hone no.				
			VALLEY V	ILLAGE CA 91	.607				818-	606-8551		
May	the IF	RS discuss this retu	ım with the preparer sh	own above? (see ii	nstructions)					Yes X No		

83-1950137

Page 2

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	х	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
,	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		v
5	election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
;	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		х
	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		х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	115		
		11f		Х
1	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	IZa		X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
3	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
)	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
	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		x
	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		x
	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		х
	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		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
а	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Page 4

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			Λ
2-tu	\$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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	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,			
0-1	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
b	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	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
31		37		.,
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
Dan	19? Note: All Form 990 filers are required to complete Schedule O. Statements Begarding Other IBS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			NI -
4	Enter the number reported in Poy 2 of Form 1006. Enter 0, if not emplicable		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	4-		
	reportable gaming (gambling) winnings to prize winners?	1c	X	i

83-1950137 Page 5

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 2a 9			
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 <i>e-file</i> (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 on 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		x
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	•		Х
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		v
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:	35		
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	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		
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.			

Form 990 (2020) MURALISM 83-1950137 Page 6

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

I dit VI	To T
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section A.	Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain 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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Λ
•	the year by the following:			
a	The governing body?	8a	х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD		
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	This Section B requests information about policies not required by the internal Nevertue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
b	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		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120		
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		v
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			X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
a b	Other officers or key employees of the organization	15a		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		Λ.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Ioa	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	iJa		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sec	organization's exempt status with respect to such arrangements?	100		
36 0	List the states with which a copy of this Form 990 is required to be filed California			
1 <i>7</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	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			

Form 990 (2020) MURALISM 83-1950137 Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII 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 relation	ted organizat	ion co	mper	nsat	ed a	ny curr	ent	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 ss per d a di	son is	nan one s both an //trustee) 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				39,560	0	0
(2) KATHRYN KEENE MERLAN DIRECTOR		x						0	0	0
(2) PIGUI POPINGON										
DIRECTOR		x						0	o	0
(4) LAWRENCE SPEAR										
DIRECTOR		х						0	0	0
(5) LARRY KEENE										
DIRECTOR		х						0	0	0
(6) JOEL ROBINSON										
DIRECTOR, CHAIRPERSON		x		х				0	0	0
(7) BRYAN BRANNAN										
DIRECTOR, SECRETARY		x		х				0	0	0
(8) BRADLEY D CARR										
DIRECTOR, TREASURER		x		х				0	0	0
(9)										
(10)										
(11)										
(12)										
<u>(13)</u>										
<u>(14)</u>										

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an	d H	ligh	est Co	mp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week	Average box, unless person is officer and a director, over week						(D) Reportable compensation from the organization	(E) Reporta compensa from rela organizat	ation ted	(F) Estimated at of othe compense		
		(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-N		orga	nization d organi	and
(15)														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	ion A .		 			 	· •			0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wł	ho re	eceive	d mo	ore than \$100,000	of				C
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," complete Schedu		-	-			-					3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the individual.	an \$150,000)? If "Y	'es,"	con	nplei	te Sch	edu	le J for such			4		
5	individual	compensation	on from	any	unr	elate	ed orga	aniz	ation or individual			5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ay vear			
-	(A)	oriodilori ioi	uio oui	Crido	ai ye	<i>-</i>	inding	******	(B)	IIZAIIOITO II	ix your.	(C)		
	Name and business addres	SS							Description of service	es	(Compens	ation	
2	Total number of independent contractors (includin	-				ted a	above)) wh	0					

83-1950137

Part VIII Statement of Revenue

	Check if Schedule O contains a response	or note to any line in this	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
Service Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	Business Code 561700	118,919	70,580		
Program Service Revenue	d e f All other program service revenue g Total. Add lines 2a-2f		70,580			
Other Revenue	b Less: cost of goods sold	(ii) Personal (iii) Personal (iii) Other (ii) Other				
Miscellanous Revenue	c Net income or (loss) from sales of inventory 11a b c d All other revenue	Business Code				
	12 Total revenue See instructions	<u> </u>	189 499	70 580	0	0

	990 (2020) MURALISM			83-195013	7 Page 1
Pa	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organ	izations must complet	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			<u> [</u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
3b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	39,560	29,671	9,889	
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	54,258	47,804	6,454	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,866	7,472	1,394	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	668		668	
С	Accounting	738		738	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,868		1,868	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	174		174	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,258	1,258		
23	Insurance	4,568	2,284	2,284	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MURAL PAINTER SERVICES	2,238	2,238		
b	MURAL SUPPLIES AND EQUIPMENT	23,262	23,262		
С	WEB SITE AND IT CONSULTANT	1,758		1,758	
d	MARKETING AND PROMO ITEMS	2,993			2,993
е	All other expenses	26,564	12,270	6,866	7,428
25	Total functional expenses. Add lines 1 through 24e	168,773	126,259	32,093	10,421
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2020) MURALISM 83-1950137 Page 11

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	14,611	1	113,777
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
sets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 17,617			
	b	Less: accumulated depreciation 10b 1,258		10c	16,359
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,611	16	130,136
	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,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iliq		controlled entity or family member of any of these persons		22	
Lis	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	10,000	24	57,799
	25	Other liabilities (including federal income tax, payables to related third	10,000		31,133
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	47,000
	26	Total liabilities. Add lines 17 through 25	10,000	26	104,799
	20	Organizations that follow FASB ASC 958, check here	10,000	20	104,799
		and complete lines 27, 28, 32, and 33.			
es	27	Net assets without donor restrictions		27	
anc		Net assets with donor restrictions		28	
Bal	28	F		20	
pg		· —			
Ę	20	and complete lines 29 through 33.		20	
S 01	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	4,611	31	25,337
Net Assets or Fund Balances	32	Total net assets or fund balances	4,611	32	25,337
	33	Total liabilities and net assets/fund balances	14,611	33	130,136 Form 990 (2020)

EEA Form **990** (2020)

Form	990 (2020) MURALISM	83-19:	50137	<u>'</u>	Pa	age 12
Par	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)				189,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			168,	773
3	Revenue less expenses. Subtract line 2 from line 1	. 3			20,	726
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			4,	611
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			25,	337
Par	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	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		
	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					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

EEA Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

MUE	ALI						83-195013			
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must o	complete	this part) See instructions	3.		
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)				
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		hospital's name, city, and state:								
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	government	al 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 receive	s a substantial part	of its support from a gov	vernmental	unit or fron	n the general public			
	_	described in section 170(b)(1)(A)(vi	•							
8	П	A community trust described in secti		•						
9	П	An agricultural research organization			rated in co	njunction v	vith a land-grant collec	ae		
		or university or a non-land-grant colle				•	•	,		
		university:		,	,	•	9			
10	П	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons. membe	ership fees, and gross			
		receipts from activities related to its e	` '	• • •		•				
		support from gross investment income	•	•		•				
		acquired by the organization after Ju		,		,	2400000			
11	П	An organization organized and opera				,				
12	П	An organization organized and opera	•				carry out the purposes	3		
-	ш	of one or more publicly supported or	•	•						
		Check the box in lines 12a through 12	-	. , , ,				•		
	а	Type I. A supporting organization						•		
	-	the supported organization(s) the		•		•		.9		
		supporting organization. You mu			iny or the c	001010 01	a dolo do di alio			
	b	Type II. A supporting organization	•		ith its sunr	orted orga	nization(s) by having			
	~	control or management of the sur	•			•	. ,			
		organization(s). You must comp		•	isons that	CONTROL OF 11	lanage the supported			
	С	Type III functionally integrated			nnection w	ith and fur	actionally integrated wi	ith		
	C	its supported organization(s) (se		•				ш,		
	d	Type III non-functionally integr	,	•	•			n(c)		
	u	that is not functionally integrated.						11(3)		
		requirement (see instructions). Y	-	•		•	t and an attentiveness			
	е	Check this box if the organization	•				Type II Type III			
	E	_				sa ryper, r	уре п, туре п			
	f	functionally integrated, or Type III Enter the number of supported organ			ariizatiori.					
		Provide the following information abo						• • • • •		
	g) Name of supported organization	(ii) EIN	` ,	(iv) Is the o	ranization	(v) Amount of monotony	(vi) Amount of		
	(1	name of supported organization	(11) E114	(iii) Type of organization (described on lines 1-10	' '	ir governing	(v) Amount of monetary support (see	other support (see		
				above (see instructions))	docum	nent?	instructions)	instructions)		
					Yes	No				
					163	140				
(A)										
(B)										
(C)										
(D)										
(C)										
(E)										
Tota	ıl									

Schedule A (Form 990 or 990-EZ) 2020 MURALISM 83-1950137 Page 2

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

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

Section A Public Support

	ction A. Public Support			1			
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				29,968	118,919	148,887
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				29,968	118,919	148,887
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						148,887
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4				29,968	118,919	148,887
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						148,887
	Gross receipts from related activities, etc. (s	ee instructions	3)			12	
	First five years. If the Form 990 is for the or				L		(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo	rt Percentac	ie				
	Public support percentage for 2020 (line 6, c			column (f)) .		14	%
	Public support percentage from 2019 Sched		-			15	%
	33 1/3% support test - 2020. If the organiza					% or more, ched	
	box and stop here . The organization qualified						
k	33 1/3% support test - 2019. If the organiza	-		-			
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	-		-			
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts					-	
	organization			o o.ga <u>-</u> a	444oo ao a p	aciony capporter	-
ŀ	o 10%-facts-and-circumstances test - 2019.			neck a box on	line 13, 16a, 16l	b. or 17a. and lii	ne
•	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fa					-	
	organization			-	-		▶ □
18	Private foundation. If the organization did r						
. •	instructions						▶ □

83-1950137

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.)

Sec	ction A. Public Support		_		_		
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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			T			
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
D	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	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	∟ ınization's first	second third	fourth or fifth	tax vear as a s	ection 501(c)(3)
	organization, check this box and stop here				-		
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched		-			16	%
	ction D. Computation of Investment Inc					1	
	Investment income percentage for 2020 (line			ine 13, column	n (f))	17	%
	Investment income percentage from 2019 So		• •			18	%
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	=	-	-	•		

Schedule A (Form 990 or 990-EZ) 2020 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5с		
	_		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	40		
	10a		
	10b		
۸ (Eo		or 990-F	Z) 2020

Sched	ule A (Form 990 or 990-EZ) 2020 MURALISM 83-195013	7	F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			ı
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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		
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 line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		-,	•
b				
				tions

Yes No

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

6

مام	lule A (Form 990 or 990-EZ) 2020 MURALISM		83-195	-0127	Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza		10137	Page
1				in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	•		•	
_	, , , , , , , , , , , , , , , , , , , ,		•		rent Year
Se	ction A - Adjusted Net Income		(A) Prior Year	(opf	tional)
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount			(A) Prior Year	` '	rent Year
1	Aggregate fair market value of all non-exempt-use assets (see			, ,	,
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C - Distributable Amount			Curre	nt Vear

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 in	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization							
	(see instructions).								

1 2

3

4

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

EEA

3

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

6

7

8

Sched	83-1950137	Page							
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D - Distributions									
1	Amounts paid to supported organizations to accomplish exempt purposes	1							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity	2							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3							
4	Amounts paid to acquire exempt-use assets	4							
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5							

6 Other distributions (describe in Part VI). See instructions.

8 Distributions to attentive supported organizations to which the organization is responsive

Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
	From 2016			
	From 2017			
d	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
_	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017 Excess from 2018			
	F (0040			
<u>e</u>	Excess from 2020			

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 D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MUF	ALISM		83-1950137
Pa	rt I Organizations Maintaining Donor Advised Fo	unds or Other Similar Funds or Accou	unts.
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
-	funds are the organization's property, subject to the organizati		
6	Did the organization inform all grantees, donors, and donor ad	=	
•	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		a historically important land area
	Protection of natural habitat		a certified historic structure
			a certified filsione structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a col	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		. 2c
d	Number of conservation easements included in (c) acquired a		
	5		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the
	tax year		
4	Number of states where property subject to conservation ease	·	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservation	on easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation ea	asements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4))(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements that	at describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in furthera	ance of public
	service, provide, in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical trea		
	following amounts required to be reported under FASB ASC 9	_	-
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
b	Assets included in Form 990, Part X		

Sched	dule D (Form 990) 2020 MURALISM						83-19			age 2
Pa	rt III Organizations Maintaining C	Collections of A	Art, Hist	orical T	reasures	, or Ot	her Similar A	Assets (co	ontin	ued)
3	Using the organization's acquisition, accession,	and other records,	check any	of the follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan c	or exchange	program	IS			
b	Scholarly research		е	Other						
С	Preservation for future generations			•						•
4	Provide a description of the organization's colle	ctions and explain h	now they fu	urther the o	organization's	s exempt	purpose in Part			
	XIII.	·	•		Ü	·				
5	During the year, did the organization solicit or re	ceive donations of	art, historio	al treasure	es, or other s	similar				
	assets to be sold to raise funds rather than to b		•		-			Tyes	s 🗆	No
Pa	rt IV Escrow and Custodial Arrange			<u> </u>						
	Complete if the organization ar		on Form	990. Pa	rt IV. line	9. or re	eported an ar	nount on F	-orm	
	990, Part X, line 21.				,	,				
1a	Is the organization an agent, trustee, custodian of	or other intermediar	v for contri	butions or	other assets	not				
								🗆 Yes	s 🗆	No
b										,
-	ii 100, Oxpain the arrangement ii 1 arrytii arr	a complete the relie	wing table	•			Δ	Amount		
С	Beginning balance					. 10		inount		
d	• •									
e										
f	Ending balance									
' 2а	Did the organization include an amount on Form						- 1	Yes		No
b						•			=) 110
	irt V Endowment Funds.	TICOR TICIC II THE CXP	nanation n	as been pro	Ovided Offi E	art Am	<u> </u>		<u>- </u>	
· u	Complete if the organization ar	swered "Ves"	on Form	990 Pa	rt IV line	10				
	Complete ii the organization di	(a) Current year	(b) Pri		(c) Two years		(d) Three years bad	ck (e) Four		
1a	Beginning of year balance	(a) Current year	(b) File	n yeai	(c) Two years	5 Dack	(u) Three years bac	,k (e) Foul	years L	Jack
b	Contributions									
	-									
С	Net investment earnings, gains, and									
لہ	losses									
d	' ·									
е	'									
	programs									
t	Administrative expenses									
g	End of year balance		I. 4							
2	Provide the estimated percentage of the current		line 1g, co	iumn (a)) r	neid as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ► %									
С	Term endowment • %	1.4000/								
_	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possessi	on of the organizati	on that are	e held and	administered	for the				T
	organization by:								Yes	No
								3a(i)		
	(ii) Related organizations							3a(ii)		
b	(//							3b		<u></u>
4	Describe in Part XIII the intended uses of the or		ment fund	s.						
Pa	Int VI Land, Buildings, and Equipm		_						_	_
	Complete if the organization ar									J.
	Description of property	(a) Cost or other		· ·	r other basis		Accumulated	(d) Bool	к value	
_		(investme	nt)	(c	other)	d	epreciation			
1a	Land	•								

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	17,617		1,258	16,359
_ е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colum	n (B), line 10c.)		16.359

Dort VIII	Investments	Other Securities		
Schedule D (Forn	n 990) 2020	MURALISM	83-1950137	Page 3

rait vii	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line	11b. See For	m 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va			(c) Method of valuation: t or end-of-year market value
(1) Financial						· · · · · · · · · · · · · · · · · · ·
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	week and the second sec	2.1				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12 Investments - Program Related.	2.) ▶				
rait viii	Complete if the organization answere	d "Ves" on For	m 000 Dar	t IV/ line	11c See For	m 000 Part Y line 13
	•	u res onroi			110. 36610	
	(a) Description of investment		(b) Book va	alue	Cos	(c) Method of valuation: t or end-of-year market value
(1)						tor ond or your market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 1:	3.) ▶				
Part IX	Other Assets.					
	Complete if the organization answere	d "Yes" on For	m 990, Par	t IV, line	11d. See Fo	m 990, Part X, line 15.
	(a) D	escription				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
<u>(6)</u>						
(7)						
(8)						
(9)	in (h) must sound Form 000 Part V and (D) line 1	E \			_	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15	5.)			· · · · · · · · · · · · · · · · · · ·	
	Other Liabilities.					ee Form 990 Part Y
Total. (Colum	Other Liabilities. Complete if the organization answere					ee Form 990, Part X,
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on For	m 990, Par			ee Form 990, Part X,
Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability		m 990, Par			ee Form 990, Part X,
Part X 1. (1) Federal i	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ncome taxes	d "Yes" on For	m 990, Par			ee Form 990, Part X,
Part X 1. (1) Federal i	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" on For	m 990, Par			ee Form 990, Part X,
Total. (Column Part X 1. (1) Federal in (2) TURAL In (3)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ncome taxes	d "Yes" on For	m 990, Par			ee Form 990, Part X,
Part X 1. (1) Federal i (2) TURAL i (3) (4)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ncome taxes	d "Yes" on For	m 990, Par			ee Form 990, Part X,
1. (2)////////////////////////////////////	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ncome taxes	d "Yes" on For	m 990, Par			ee Form 990, Part X,
1. (1) Federal i (2)/fURAL I (3) (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ncome taxes	d "Yes" on For	m 990, Par			ee Form 990, Part X,
1. (1) Federal i (2) MURAL I (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ncome taxes	d "Yes" on For	m 990, Par			ee Form 990, Part X,
1. (1) Federal i (2)/IURAL I (3) (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ncome taxes	d "Yes" on For	m 990, Par			ee Form 990, Part X,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020 MURALISM 83-1950137 Page 4

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

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	,		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
a			
b			
C	Other losses		
d			
e		2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	art XIII Supplemental Information.		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
			_

EEA Schedule D (Form 990) 2020

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

MURALISM 83-1950137 01. Officer, directors, etc. family relationship (Part VI, line 2) ERNEST MERLAN, EXECUTIVE DIRECTOR MARRIED TO KATHRYN KEENE MERLAN, DIRECTOR JOEL ROBINSON, DIRECTOR MARRIED TO RICKI ROBINSON, DIRECTOR LARRY KEENE, DIRECTOR FATHER OF KATHRYN KEENE MERLAN, DIRECTOR LARRY KEENE, DIRECTOR FATHER IN LAW TO ERNEST MERLAN, EXECUTIVE DIRECTOR 02. Form 990 governing body review (Part VI, line 11) GOVERNING BODY REVIEWS ALL ACCOUNTING AND TAX DOCUMENTS 03. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST 04. List of other expenses (Part IX, line 24e) 11 PARKING AND TRANSPORT PROJECT CONSULTANT \$ 12,259 VOLUNTEER MEETING AND TRANING \$ 1,132 PAYROLL PROCESSING SERVICE Ś 655 BOOKKEEPING SERVICES Ġ 3,440 COMPUTERS SOFTWARE APPS \$ 1,639 FUNDRAISING EVENTS \$ 5,428 DEVELOPMENT DIRECTOR 2,000

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attachment Sequence No. 179

Identifying number

MURALISM FORM 990 - 1 83-1950137 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property 7 8 8 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. h Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 1,258 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 1,258 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

										-					
	Section A - I	Depreciation a	nd Other I	nforma	tion (C	autio	n: See th	ne instr						mobiles.)
24a	Do you have evider	nce to support the b	usiness/invest	tment use	claimed?		Yes	☐ No	24b If "	Yes," is	the evi	dence w	ritten?	Yes	S No
Ту	(a) /pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	(d) r other basis		(e) Basis for dep (business/inv use o	estment/	(f) Recovery period	Met	(g) hod/ ention		(h) ciation ction	Elected se	ection 179
25	Special depreciation	on allowance for (d proper	ty placed	in sei		• • • • • • • • • • • • • • • • • • • •							
	the tax year and u							_			25				
	Property used mo					. 566	i i Sti uctioi				23				
			r -			- 1 17				n / T			1 05		
WOR	RK VAN	05-27-2020	100.0%		17,6	эт /	-	17,617	7 7	S/L-	нх		1,25	5	
			%							-					
			%												
27	Property used 509	% or less in a qua							1	T					
			%							S/L-				_	
			%							S/L-				_	
			%							S/L-					
	Add amounts in co		_								28		1,25	В	
29	Add amounts in co	olumn (i), line 26.							· · · · · /ehicles				29		
to yo	nplete this section four employees, firs Total business/inv	t answer the ques	stions in Sec	tion C to	see if yo	u mee		ption to	completin		ction fo	r those v		vehicles (
1	the year (don't in	clude commuting	miles) .												
31	Total commuting r	niles driven durin	g the year												
	Total other person														
	miles driven														
	Total miles driven														
	lines 30 through 3	• •													
	Was the vehicle a			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty						1							1	
	Was the vehicle u														
	than 5% owner or														
	Is another vehicle	•													
-	TO GROUNDS VOINGE	Section C - Q		or Fmn	lovers '	Who	Provide	Vehicl	es for U	se by	Their F	- -mploy	IPPS		
Δns	swer these ques			_	-					-				es who :	aren't
	re than 5% owner		•		•	011 10	oompion	ng coo	11011 10 10		100 000	o by o	прюус	00 11110 1	
	Do you maintain a					nal ue	e of vehic	les incli	ıdina com	muting	hv			Yes	No
	your employees?								-	-	-			103	110
	Do you maintain a														
	employees? See t														
	Do you treat all us														
	•	•											• • •		
	Do you provide mo		-					-							
	use of the vehicles														
	Do you meet the re														
	Note: If your answ		40, or 41 is	"Yes," d	on't com	plete S	Section B	for the c	covered v	enicles.					
Pa	rt VI Amor	tization													
	(a) Description o	f costs	Date amo	b) ortization gins	А	mortiza	(c) ble amount		(d) Code sec	tion	Amortiz period percent	ation or	Amortiza	(f) ation for this	year
42	Amortization of co	sts that begins du	uring your 20	20 tax ye	ar (see i	nstruct	ions):								
43	Amortization of co	sts that began be	fore your 202	20 tax ye	ar							43			
		nts in column (f).	-	-						-		44			

990 Overflow Statement		2020 Page 1
lame(s) as shown on return	FEIN	
MURALISM		83-1950137
OTHER PROGRAM SERVICES EXEPENSES		
Description		Amount
ARKING AND TRANSPORT	\$	13
ROJECT CONSULTANTS		12,25
Total:	\$	12,259 12,27 0
MANAGEMENT AND GENERAL EXPENSE		
Description		Amount
OLUNTEER MEETING AND TRAINING COSTS	<u> </u>	
AYROLL PROCESSING SERVICE		
BOOKKEEPING SERVICES		3,44
COMPUTER SOFTWARE APPS Total:	- <u>,</u>	1,63
Total:	₽	6,86
FUNDRAISING EXPENSES		
Description		Amount
FUNDRAISING EVENTS	<u> </u>	5,42
DELVELOPMENT DIRECTOR Total:		2,000
Total:	\$ <u>—</u>	7,42
CASH ACCOUNTS END OF THE YEAR		
Description		Amount
BALANCE IN CITY NATIONAL BANK	<u>\$</u>	112,00
BALANCE IN PAYPAL AND SQUARE UNDEPOSITED IN CNB	—	1,77
Total:	\$ <u></u>	113,77
LOANS PAYABLE		
LOANS PAYABLE		Amount
Description BBAD LOAN	<u>\$</u>	10,000
Description BBAD LOAN PPP RELIEF LOAN	\$ \$	10,000 16,299
Description BBAD LOAN PPP RELIEF LOAN BBAD 2ND LOAN	\$	10,000 16,299 16,500
Description SBAD LOAN PPP RELIEF LOAN SBAD 2ND LOAN LA REGIONAL LOAN		10,00 16,29 16,50 15,00
Description BBAD LOAN PPP RELIEF LOAN BBAD 2ND LOAN		Amount 10,000 16,299 16,500 15,000 57,799

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2020

PAGE 1

Name(s) as shown on return

For your records only

Social security number/EIN

1	MURALISM				, ,			,					. 83	-1950137		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life		Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	WORK VAN	05272020	17,617		100.00			17,617	7	SI	L HY	7.143		1,258	1,258	1,258
	m. t l		15.615					15 615		-				1 050	1 050	1 050
	Totals		17,617	l				17,617				L	<u> </u>	1,258	1,258	1,25

1,258

TAXABLE YEAR 2020

California Exempt Organization Annual Information Return

____FORM

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyy	/y)	, and endi	ng (mm/dd/yyyy)_				
Corporation/Organization name MURALISM			California 4192	corporation num	ıber		
Additional information. See instructions.			FEIN 83-1	1950137			
Street address (suite or room) 4804 LAUREL CANYON BLVD SUIT	ГЕ 104			PMB no.			
City VALLEY VILLAGE			State CA	Zip code 9160	7		
Foreign country name	Foreign province/state/county	1	1	Foreign pos	stal code		
A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return? Dissolved Surrendered (Withdrawn) Merged/R Enter date: (mm/dd/yyyy) E Check accounting method: (1) Cash (2) Accrual F Federal return filed? (1) 990T (2) 990PF (3) (4) Cother 990 series G Is this a group filing? See instructions H Is this organization in a group exemption If "Yes," what is the parent's name?	●	Did the organization have any characteristics of exempt under R&TC Section 2: engaged in political activities? Sets the organization exempt under f "Yes," enter the gross receipts of the organization a limited liability of the organization file Form 100 exable income? • • • • • s the organization under audit by audited in a prior year? • • • • s federal Form 1023/1024 pendictored in the properties of the prior year?	rructions	s	• Yes X	No No	
Part I Complete Part I unless not required to file this form. See 1 Gross sales or receipts from other sources. From Side 2 Gross dues and assessments from members and affiliat Receipts and 3 Gross contributions, gifts, grants, and similar amounts reand affiliat Total gross receipts for filing requirement test. Add line This line must be completed. If the result is less than \$1.00 to the complete comp	2, Part II, line 8 es eceived 1 through line 3.			• 2 • 3	189,499	00 00 00	
5 Cost of goods sold • • • • • • • • • • • • • • • • • • •	I, line 18 • • • • •	6		• 9	189,499 168,773 20,726	00	
10 Excess of receipts over expenses and disbursements. S 11 Total payments • • • • • • • • • • • • • • • • • • •	ct line 12 from line 11 · · · · line 11 from line 12 · · · ·			10 11 12 13 14 . 15	20,720	00 00 00 00	
Sign Here 16 Balance due. Add line 12 and line 15. Then subtract line Under penalties of perjury, I declare that I have examined to true, correct, and complete. Declaration of preparer (other	his return, including accompar than taxpayer) is based on all Ti	information of which preparer hat tle SECUTIVE DIR	and to the best of my kn is any knowledge. Date 05/17/2021	Telephone 818-5	•) 00)	
		PROF CORP	Check if self- employed ▶	•Firm's FE 20-41	111000		
4804 LA	AUREL CYN BI VILLAGE, CA pove? See instructions			●Telephone 818-6 ● Yes	606-8551	<u>L</u>	

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. 70,580 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 7 118,919 7 00 189,499 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 16 168,773 Other expenses and disbursements. Attach schedule 17 00 168,773 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 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 2020

043

TAXABLE YEAR Corporation Depreciation and Amortization

2020 and Amortizat	ion							3885
	RAM SERVIC	ES - 1						
Corporation name						rnia corporat		nber
MURALISM					41	92040)	
Part I Election To Expense Certain Prop								
1 Maximum deduction under IRC Section 179 f						1		\$25,000
2 Total cost of IRC Section 179 property placed						2		17,617
3 Threshold cost of IRC Section 179 property b						3		\$200,000
4 Reduction in limitation. Subtract line 3 from lin	•		• • • • • • • •			4		25 000
5 Dollar limitation for taxable year. Subtract line						5		25,000
(a) Description of property		(b) Cost (busines	ss use only)	(c) Elect	ea cost	_		
6						_		
						_		
						_		
7 Listed property (elected IRC Section 179 cos	+\		7			_		
8 Total elected cost of IRC Section 179 proper	,					8		
9 Tentative deduction. Enter the smaller of lin						9		
10 Carryover of disallowed deduction from prior						10		
11 Business income limitation. Enter the smaller						11		25,000
12 IRC Section 179 expense deduction. Add line						12		23,000
13 Carryover of disallowed deduction to 2021. A								
Part II Depreciation and Election of Addit					356			
(a)	(b)	(c)		(e)	(f)	(g)		(h)
Description of property	Date acquired	Cost or other basis	(d) Depreciation allowed or	Depre-	Life or	Depreciati		Additional first
23334, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	(mm/dd/yyyy)		allowable in earlier years	ciation method	rate	this ye	ar	year depreciation
14 WORK VAN	05/27/2020	17,617		SL	7	1,25	58	
15 Add the amounts in column (g) and column (h	n). The total of column	(h) may not exce	eed \$2,000.					
See instructions for line 14, column (h)	•	• •			. 15	1,25	58	
Part III Summary								
16 Total: If the corporation is electing:								
IRC Section 179 expense, add the amount of	on line 12 and line 15,	, column (g) or						
Additional first year depreciation under R&T			line 15, columns (g) and (h) o	r			
Depreciation (if no election is made), enter th							16	1,258
17 Total depreciation claimed for federal purpose	es from federal Form	4562, line 22 · ·					17	1 0 = 0
18 Depreciation adjustment. If line 17 is greater	than line 16, enter the	difference here a	nd on Form 100 o	r Form 100V	V, Side 1,	, line 6.		
If line 17 is less than line 16, enter the differen	nce here and on Form	100 or Form 100	W, Side 2, line 12	. (If California	a deprec	ation		
amounts are used to determine net income b	efore state adjustmen	ts on Form 100 or	r Form 100W, no a	ıdjustment is	necessa	ry) · · ·	18	
Part IV Amortization								
(a)	(b)	(c)	(d)	(e)		(f)		(g)
Description of property	Date acquired	Cost or other basis	Amortization allowed allowable in earlier year	or R&TC Sec		eriod or		Amortization
	(mm/dd/yyyy)		allowable in earlier yea	irs (see insir	.) pe	rcentage		for this year
19								
(9)						20		
21 Total amortization claimed for federal purpose	es from federal Form 4	4562, line 44 🕠				21		
22 Amortization adjustment. If line 21 is greater to	han line 20, enter the	difference here ar	nd on Form 100 or	Form 100W	' ,			
Side 1 line 6. If line 21 is less than line 20, en	ter the difference here	and on Form 10	0 or Form 100W 5	Side 2 line 1	2	22		

043 7621204 FTB 3885 2020

CAOVFLOW	State Supporting State	ements	2020 Page 1
Name(s) as shown on return MURALISM	11		SSN/FEIN 83-1950137
TOTALISM			03 1730137
	OTHER INCOME-CO	NTRIBUTIONS	
Description			Amount
INDIVIDUAL PUBLI	C CONTRIBUTIONS	matal.	\$ 118,919
		TOTAL:	\$ 118,919
	OTHER EXP	ENSES	
Description			Amount
	990 PAGE 10		\$ 168,773
		Total:	\$ 168,773