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Form **990** 

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

► Do not enter social security numbers on this form as it may be made public. 
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public

Α	For th	ne 2015 calen	dar year, or tax year beginning , 2015, a	nd en	ding			,		
В	Check	f applicable	C Name of organization MUTUO, INC.				D Employ	er identii	fication num	ber
	$\prod_{Ad}$	dress change	Doing business as				03-0	03176	573	
	$\vdash$	ime change	Number and street (or P O box if mail is not delivered to street address)	Ro	om/sulte		E Telepho			
	-	tial return	20 BECKLEY ST.			İ	(80	2) 45	76-817	3
	$\vdash \dashv$		City or town, state or province, country, and ZIP or foreign postal code				(00.	2/ 1	0 017	<del></del>
	<b>-</b>	al return/terminated		0564			C 0		100	070
	$\vdash$	nended return		<u>0564</u>		i le this e	G Gross re group return			
	LAp	plication pending	F Name and address of principal officer				-		-	Yes X No
				0564	1	If 'No,' a	ubordinates ittach a list (:	see instru	ctions)	_YesNo
l	Tax-	exempt status	501(c)(3) X 501(c) ( 7 )	527						
J	Wei	bsite: ► N/			H(c	) Group e	xemption nu	mber -		
K	Form	of organization	X Corporation Trust Association Other ► L Year	ar of for	mation	1988	} M s	tate of leg	gal domicile	VT
Pa	rt I	Summar				_		-		
				RPET	UATE	THE	ITALI	AN CU	JLTURE	
a)		•								
ğ										
Шa										
Activities & Governance	2	Check this bo	if the organization discontinued its operations or disposed of	of moi	re thar	25% of	f its net as	sets		
ŏ	3	Number of vo	ing members of the governing body (Part VI, line 1a)					3		9
တ	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)					4		9
ţį.	5	Total number	of individuals employed in calendar year 2015 (Part V, line 2a)					5		
ť	6	Total number	of volunteers (estimate if necessary)					6		25
Ac	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12					7a		7,968.
	b	Net unrelated	business taxable income from Form 990-T, line 34					7b		7,968.
						Pr	ior Year		Curre	ent Year
	8	Contributions	and grants (Part VIII, line 1h)				20,4	74.		9,517.
ŭ	9		ce revenue (Part VIII, line 2g)		_					
Revenue	10	_	come (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>		13,0	88.		7,968.
æ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>-</u>		14,6			32,017.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)				48,1	$\overline{}$		49,502.
	13		milar amounts paid (Part IX, column (A), lines 1-3)				10,1	<del>~~·</del>		43,302.
	,									
	14		to or for members (Part IX, column (A), line 4)							
Ş	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		-		28,1	09.		24,042.
J.S.	16 a	Professional f	undraising fees (Part IX, column (A), line 11e)	• • •	$\cdot \cdot \mid$					
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) ▶			, ,	- 1	-		· - ',
Û,	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e).	//:	= 0, .		34,5	73.		35,329.
	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)		ال و ال		62,6			59,371.
	19		expenses Subtract line 18 from line 12				-14,5			-9,869.
გ წ		Trevenue less	MAY 31 20	nih .		D	g of Curren		End	of Year
130	20	Tetal consts /	<b>€</b> C	010	(2)	Beginnin				
Net Assets Fund Balanc	20	•	Part X, line 16)	حدا ا			742,4			744,037.
A P	21		(Part X, line 26)				68,6			80,134.
		Net assets or	fund balances Subtract line 21 from line 20		- ==.		673,7	72.	(	663 <u>,</u> 903.
Pa	rt II	Signatur	e Block							
Unde	r penalt	ies of perjury, I dec	lare that I have examined this return, including accompanying schedules and statements are (other than officer) is based on all information of which preparer has any knowledge	and to the	e best of	my knowle	edge and beli	ef, it is tru	e, correct ar	nd
comp	olete De	eclaration of prepar	er (other than officer) is based on all information of which preparer has any knowledge							
		► _/Y	feet. Brould				<u>5//</u>	9//	6	
Sig	ın	Signatu	re of officer			Dat	e			
He	re	▶ ROB	ERT BRAULT							
			print name and title							
		Print/Type p	reparer's name Preparer's signature	Date			Check	ıf F	PTIN	
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US	e On	Firm's addre					Firm's EIN		027588	
		1	Barre VT 05641			ľ	Phone no	(802	) 476-	8673

Form 990 (2015)

	990 (2			JO, INC.						03-0	317673	F	age 2
Par	t III	State	ement	of Progra	m Ser	ice Accomplish	nents						
		Check	k if Sche	dule O conta	ins a res	oonse or note to any li	ne in this Part I	<u> 11</u>			· · · · · ·	<u></u> .	
1	Briefly	descri	ibe the o	rganization's	mission								
	PERE	ETU	ATE T	<u>HE ITALI</u>	AN CU	LTURE.			. <b>_ _</b>	<b></b>	- <b></b>		
			- <b></b> -							. <b></b> .			
			- <b></b> .					- <b></b>	<b></b> _	. <b></b>	. <b></b>		
2	Did the	e orgar	nization	undertake an	y significa	ant program services o	luring the year	which were	not listed on t	he prior	_		
	Form 9	990 or	990-EZ	?							Ye	s X	No
	If 'Yes	,' desci	ribe thes	se new servic	es on Scl	nedule O							
3	Did the	e orgar	nization	cease condu	cting, or r	nake significant chang	es in how it coi	nducts, any i	program servi	ces?	🗍 Ye	s X	No
	If 'Yes	,' desci	ribe thes	se changes o	n Schedu	le O.							
4	Descri	be the	organiz	ation's progra	ım servici	e accomplishments for	each of its thre	ee largest pr	ogram service	es, as measu	red by exper	nses	
	Section and re	n 501(( venue	(c)(3) and	d 501(c)(4) oi for each prog	ganizatio ram servi	ns are required to reported	ort the amount	of grants an	d allocations	to others, the	total expens	ses,	
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	/Code		<del></del>				ling grants of	<u> </u>		) (Revenue	c	····-	
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4 6	∍ iotal į	orogran	ım servic	e expenses	_						_		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	_	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a	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	11 b		Х
1	c 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	11 c		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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
,	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	!	Х
	<b>a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

,' ;'

Form	990 (2015) MUTUO, INC. 03-031767	3	Р	age 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
þ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
	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		
t	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	and the fall and t			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	74,00	Х
_	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	No. 1 and 1	34		Х
35:	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA	A.	Form	990 (2	2015)

# Form 990 (2015) MUTUO, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1 c		
2 a	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 2 a			
h	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	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)?	4 a	. <u>-</u> .	Х
	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)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		х
	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 b		
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?	7 a		×
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		Х
d	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		_
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
t	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	- 1	ĺ	
t	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 0.			
	Section 501(c)(12) organizations. Enter			
E	Gross income from members or shareholders	1		i 1
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	Is the organization licensed to issue qualified health plans in more than one state?	13 a		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O.			,
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	000 (	2045
ΙΑΑ	TEEA0105 10/12/15	Form	33U (2	40 ID)

Scried Control Control Scried Control Control Scried Control Control Scried Control Control Scried Control Scried Control Scried Control Co	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	pelow, ar ges in	d for	
Section A. Governing Body and Management  1 a Enter the number of voling members of the governing body at the end of the tax year.  1 a Butter the number of voling members of the governing body at the end of the tax year.  1 a 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Schedule O. See instructions.			V
18 Enter the number of voting members of the governing body at the end of the tax year.  If there are malerial differences in voting rights among members of the governing body. or if the poverning body delegiated broad of the governing body or if the governing body of the governing body delegiated broad or in the poverning body of the governing body of the governing body of the government of the governing body of the government of the governing body of the government of government of the gover				· 14
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b Enter the number of voting members included in line 1a, above, who are independent   2	If there are material differences in voting rights among members	9	103	٠.
officer, director, trustee, or key employee?  2	b Enter the number of voting members included in line 1a, above, who are independent 1b	9	,	
3	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
of officers, directors, or fustees, or key employees to a management company or other person?  3		2		X
since the prior Form 990 was field?  5 Did the organization become aware during the year of a significant diversion of the organization's assasts?  5 Did the organization have members or stockholders?  7 a Did the organization have members or stockholders?  7 a 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?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  a The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's maining address? If Yes, 'provide the names and addresses in Schedule O  9 X  Section B. Politicies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affliates?  10b Tes, 'Idd the organization have written policies and procedures governing the activities of such chapters, alfiliates, and branches to ensure their operations are consistent with the organizations exemple purposes?  10b Tes, 'Idd the organization have written orificed in Interest policy?' If No.' go to hine 13.  10c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, 'describe in Schedule O they to regularly and consistently monitor and enforce compliance with the policy? If Yes, 'describe in Schedule O thow this was done.  11c Did the organization have a written conflict of interest policy? If No.' go to hine 13.  12c Via the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous s	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization	<ul> <li>12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li></ul>	12a 12b 12c 13		X
b Other officers or key employees of the organization	<ul> <li>12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li></ul>	12a 12b 12c 13		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed Vermont  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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  16 a X  X  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  21 State the name, address, and telephone number of the person who possesses the organization's books and records	<ul> <li>12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li></ul>	12a 12b 12c 13		X X X
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<ul> <li>12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li></ul>	12a 12b 12c 13 14		X X X
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0.5641 (0.00) 476 0.173	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website	12a 12b 12c 13 14 15a 15b 16a 16b 20nly) availa		X X X
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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.

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

				(C)						
(A) Name and Title	(B) Average hours per	Pos than	both dire	an of ector/	fficer a truste			(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- lions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL ALDRIGHETTI PRESIDENT	2.00			х				2,250.	0.1	0.
(2) ENNIO CESTARO SECRETARY	10.00			Х		Х		492.	0.	0.
(3) KARL MILLER SECRETARY	2.00			х				1,040.	0.	0.
(4) CHARLES BIZZOZERO AUDITOR				х				196.	0.	0.
				Х				3,192.	0.	0
(6) MANUEL CARCOBA DIRECTOR	6.00			Х				2,060.	0.	0.
(7) RICHARD DENTE AUDITOR				Х				196.	0.	0
_(8) CARL COUILIARD				Х				900.	0.	0.
(9) BRUCE JACKSON SECRETARY	2.00			х				1,480.	0.	0.
(10)										····
(11)										
<u>(12)</u>					_					
(13)										
(14)										

(A) Name and title	Average hours per	(do	not c	( <b>(</b> Pos	•					
		ours box, u per office veek			Position (do not check more than on box, unless person is both a officer and a director/trustee			(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable  compensation from  related organizations  (W-2/1099-MISC)	Estimated amount of other compensation
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	ey employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5)					_					
3)										
"										
3)										
)										
))										
)										
2)										
3)										
1)									-	
5)		1								
b Sub-total		• • •	<u> </u>		• •	• •	•	11,806.	0.	0
c Total from continuation sheets to Part VII, Sec							<b>^</b>	11,806.	0.	
d Total (add lines 1b and 1c)							eive			npensation
<ul> <li>Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such</li> <li>For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual</li></ul>	r <i>individual</i> reportable c r than \$150,	 ompe ,000?	nsat	tion ∕es'	 and com		· ·		nployee	Yes No 3 X
Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes										. 5 X
Complete this table for your five highest compensation from the organization Report compensation Report Co	sated indepe	nden	t cor	ntrac	ctors	that	rece	eived more than \$1	00,000 of	ar
(A) Name and business ad			Calc		. yc.	ar 611	umg	(B) Description of		(C) Compensation
				_						
Total number of independent contractors (including \$100,000 of compensation from the organization	ng but not lir	nited	to th	nose	liste	ed ab	ove	 ) who received mo	re than	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1 a	Federated campaigns	. 1a					
irar	b	Membership dues	1b	9,517.		j		
S, G		Fundraising events	<del></del>					]
Gift		Related organizations						
JS,	е	Government grants (contributions)	1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants similar amounts not included above	, and e 1 <b>f</b>					
를 돌		Noncash contributions included in I						
S E	_	Total. Add lines 1a-1f			9,517.			
<u></u>				Business Code				
Program Service Revenue	2 a							
æ	b		<del>_</del>					· · · · · · · · · · · · · · · · · · ·
ξi	С						<del></del> .	
æ	d						·	
ıam	е		· <del></del>					
\$	l .	All other program service rev						
						<del></del>		
	3	Investment income (including other similar amounts)	g aividenas, 	interest and	7,968.	0.	7,968.	0.
	4	Income from investment of ta						
	5	Royalties		<u>.</u> ▶				
			(ı) Real	(II) Personal				
	l	Gross rents	37,601					
	1	Less rental expenses	47,876					
	ı	Rental income or (loss)	-10,275					
	ł	Net rental income or (loss)	(i) Securities	(ii) Other	-10,275.	-10,275.	0.	0.
	7 a	Gross amount from sales of assets other than inventory	(1) 0000111100	(.,, 0				1
	١.				İ			}
	þ	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						ļ
ō	8 a	Gross income from fundraisi	ng events					
		(not including \$						
ě		of contributions reported on						
Other Reven	Ι.	See Part IV, line 18						
홓		Less <sup>·</sup> direct expenses		b		}-		
0	1	Gross income from gaming a See Part IV, line 19	activities					
		Less direct expenses						
		: Net income or (loss) from ga						-
		, , ,	•					
	liva	Gross sales of inventory, les and allowances	, , , , , ,	a 138,407.				
		Less cost of goods sold		<b>b</b> 89,601.				
		: Net income or (loss) from sa	ales of inver		48,806.	48,806.	0.	0.
		Miscellaneous Revenue		Business Code			<del></del>	- <del></del>
	11 a							
				<u> </u>				<del> </del>
		All other revenue			-6,514.	-6,514.	0.	0
		Total. Add lines 11a-11d			-6,514. -6,514.	0,014.		
		Total revenue. See instruct			49,502.	32,017.	7,968.	0

Par			har arrantana must e	complete column (A)	
Sect	non 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res	nonse or note to any line	on this Part IX	ompiete column (A).	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
_	Grants and other assistance to foreign organizations, foreign governments, and for-				
4 5	eign individuals See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	11,806.	11,806.		
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	9,360.	9,360.		***
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,876.	2,876.		·
11	Fees for services (non-employees)				
а	Management				
	Legal				
	Accounting	4,468.	4,468.		
-	Lobbying	4,400.	4,400.		· · · · · · · · · · · · · · · · · ·
	· · ·	<del></del>			
	Professional fundraising services See Part IV, line 17		,		
	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	5,916.	5,916.		
14	Information technology	57510.	0,3200		
	Royalties				
15					
16	Occupancy				
17	Travel	<del></del>			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,685.	11,685.		
23 24	Insurance				
	of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	OPERATING SUPPLIES	1,277.	1,277.		
	ODNATIONS	9,731.	9,731.		
	LICENSES	1,800.	1,800.		
	BANK_CHARGES	452.	452.		
	All other expenses				
	Total functional expenses Add lines 1 through 24e.	59,371.	59,371.		
	Ţ	33,371.	32,3,1		
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				
	SOP 98-2 (ASC 958-720)	<u></u> i			

Part X Balance Sheet 

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	14,800.	1	21,942
2	Savings and temporary cash investments	274,823.	2	282,385
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
2 7	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use	3,667.	8	4,854
9 AS	Prepaid expenses and deferred charges		9	1,051.
10	a Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D			
	b Less accumulated depreciation	372,980.	10 c	365,646.
11	Investments — publicly traded securities	76,140.	11	69,210.
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 34)	742,410.	16	744,037
17	Accounts payable and accrued expenses	6,879.	17	11,136.
18	Grants payable		18	
19	Deferred revenue		19	19,861.
20	Tax-exempt bond liabilities		20	
ဟူ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	. <u> </u>
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	61,759.	23	49,137.
24	Unsecured notes and loans payable to unrelated third parties	01,139.	24	49,137.
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	68,638.	26	80,134.
s 8	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
<u>E</u> 27	Unrestricted net assets	673,772.	27	663,903.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			,
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>2</b> 33	Total net assets or fund balances	673,772.	33	663,903.
2 34	Total liabilities and net assets/fund balances	742,410.	34	744,037.

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Form 990 (2015)

Form	990 (	2015)	MUTUO,	INC.										03-	0317	673		Pag	ge <b>12</b>
Par	t XI		nciliatio	n of N	et Assets														
					ains a respo										· · ·	· · ·		<u> </u>	. X
1					/III, column										1			49,5	02.
2					IX, column										2			<u>59,3</u>	71.
3					t line 2 from										3			-9,8	69.
4					eginning of										4		<u>6</u>	73,7	72.
5					investments										5				
6					lities										6				
7															7				
8															8				
9					und balance										9				
10	Net a	ssets or	fund balan	ces at e	nd of year (	Combine I	lines 3 thi	rough	9 (must e	equal Pa	art X, li	ine 33,			10		66	63,9	n3
Pai					ts and Re										<del></del>			<u> </u>	<u>00.</u>
1 ai	<u> </u>							ر معرا ،	n thia Dar	. VII									П
		Check	if Schedule	U cont	ains a respo	onse or no	ne to any	/ IIIIe II		<u> </u>		· · ·	<del></del>			<del></del>	<del></del>	Yes	No No
1	Acco	unting m	nethod used	I to prep	are the Forr	m 990	Cas	sh	XAccr	ual		ther				[	= +	21	·./
		organiza hedule 0		jed its m	ethod of ac	counting f	rom a pri	or yea	ar or chec	ked 'Otl	her,' ex	xplaın					4"	J., 3	1
2 a				financia	statements	compiled	or review	wed b	y an inde	pendent	t accou	untant?					2 a	Х	
		_			licate wheth									ved on a		ĺ		ĩ	
	sepa	rate bas	is, consolida	ate <u>d b</u> as	sis, or both	ei tile iiile		atom or	113 101 1110	you. w	0.0 00.	трпоа	0. 101.01					1	
		Separa	te basis	□ C	onsolidated	basis	Boti	th cons	solidated	and sep	parate l	basıs				ſ			
	Were	the org	anization's	financia	statements	audited b	oy an inde	lepend	lent accou	untant?							2 b		X
					licate wheth									rate			7		
	basis	s, consol	idated basis	s, o <u>r b</u> ot	h											Ì			
	X	•	ite basis	1 1	onsolidated				solidated	•	•								لــــــــــــــــــــــــــــــــــــــ
•	If 'Ye	s' to line w, or co	2a or 2b, d	loes the	organizatio icial statemi	n have a d ents and s	committe selection	e that of an	assumes independ	respon	nsibility countain	for ove	ersight of	the aud	rt, 		2 c	х	
	in Sc	cheđule (	D T		er its oversig													,	
	As a Audi	result of t Act and	f a federal a d OMB Circi	ular A-1	as the organ									• • • •			3 a		Х
1	olf'Y∈	s,' did th	ne organizat	tion und	ergo the red	juired aud	lit or audi	its? If	the organ	ization (	did not	t under	go the re	quired a	udıt	j			
	or au	idits, exp	olain why in	Schedu	ile O and de	scribe an	y steps ta	aken t	o undergo	such a	audits .						3 b		
BAA				<u></u>													Form	990 (2	2015)

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

nspection

Employer identification numbe MUTUO, INC. 03-0317673 Parties Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Partill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a **b** Total acreage restricted by conservation easements . . . . . . . . . . . . . 2 c c Number of conservation easements on a certified historic structure included in (a) . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Pantill. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (ii) Assets included in Form 990, Part X . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items b Assets included in Form 990, Part X . . . <u>..</u>..<u>......</u>......

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	O, INC.		_		03-0317			Page 2	
Pant III Organizations Mainta	ining Colle	ctions of Art,	Historic	al Treasures, or	Other Similar Ass	ets (co	ontinu	ıed)	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
a Public exhibition		d 🗌	Loan or e	xchange programs					
b Scholarly research		е	Other _						
c Preservation for future generations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5 During the year, did the organization to be sold to raise funds rather than	n to be maınta	ined as part of the	organizati	ion's collection?		Yes		No	
Park IV Escrow and Custodia line 9, or reported an a	I Arrangen mount on F	n <b>ents.</b> Comple orm 990, Part	te if the X, line 2	organization answ 1.	ered 'Yes' on Form	990, F	Part I\	<b>/</b> ,	
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian o	or other intermedia	ry for conti	ributions or other asset	s not included	Yes		No	
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and	complete the follow	wing table						
						Amount			
c Beginning balance									
d Additions during the year	. <b></b> .				1 d				
e Distributions during the year					1 e				
f Ending balance					1 f				
2 a Did the organization include an arr	nount on Form	990, Part X, line 2	1, for escr	ow or custodial accoun	t liability?	Yes		No	
<b>b</b> If 'Yes,' explain the arrangement in							[	٦	
o w voo, ov, provident of the original of the		·		·			_		
Part V Endowment Funds. C	Complete if t	he organizatio	n answe	red 'Yes' on Form	990, Part IV, line 1	0.			
	(a) Current		rior year	(c) Two years back	(d) Three years back	I	our years	s back	
1 a Beginning of year balance	(a) carrein	Jour Cy .		(4) ) 50 52	(4)				
<b>b</b> Contributions									
<b>b</b> Contributions				-	<del> </del>				
c Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships					<u> </u>				
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance						<u> </u>			
2 Provide the estimated percentage	of the current	year end balance	(line 1g, co	olumn (a)) held as:					
a Board designated or quasi-endow	ment >	9							
b Permanent endowment ▶		<del></del>							
c Temporarily restricted endowment	<b>•</b>	olo							
The percentages on lines 2a, 2b, a		egual 100%							
				1 . 1 . 1	1				
3 a Are there endowment funds not in organization by:	the possessio	n of the organizati	on that are	e neid and administered	for the	Γ	Yes	No	
(i) unrelated organizations						3a(i)			
(ii) related organizations									
<b>b</b> If 'Yes' on line 3a(ii), are the relate								<del>                                     </del>	
						1 00		<u> </u>	
4 Describe in Part XIII the intended			ment lund	s	<del></del>				
Part VII Land, Buildings, and	Equipmen	<b>t.</b>		0 Ded IV line 44e	Can Farm 000 Da	V 1:.	10	V	
Complete if the organization	zation answ	rered yes on i	-orm 990	J, Part IV, line TTa	. See Form 990, Pa	irt A, III	ne io	/ <u>.</u>	
Description of property		(a) Cost or other to (investment)		(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	ook va	ilue	
1 a Land	<b></b>	125,	957.				125	<u>,957.</u>	
<b>b</b> Buildings	<i></i> .	622,	997.				622,	,997.	
c Leasehold improvements									
d Equipment			741.				129	,741.	
e Other								· • • •	
Total. Add lines 1a through 1e (Column			X. column	(B), line 10c)			878	,695.	
BAA	. juj made oque		,	<u>. , ,                                 </u>	Schedu	ıle D (Fo			

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
	· · · · · · · · · · · · · · · · · · ·		
<u> </u>			
<u> </u>	· ·		
al (Column (b) must equal Form 990, Part X, column (B) line 12) ▶		<del> </del>	
art VIII Investments — Program Related.	<u> </u>		
Complete if the organization answered	Yes' on Form 990,	Part IV, line 11c. See Form 990	), Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	
1)			
2)			
3)			
4)			
5)			
6)			
7)		<del></del>	
8)			
9)			
(0)		7	
tal (Column (b) must equal Form 990, Part X, column (B) line 13) > art IX Other Assets.	·		
Complete if the organization answered '	Yes' on Form 990,	Part IV, line 11d. See Form 990	0, Part X, line 15.
Complete if the organization answered '	Yes' on Form 990, scription	Part IV, line 11d. See Form 990	0, Part X, line 15. (b) Book valu
Complete if the organization answered '		Part IV, line 11d. See Form 990	O, Part X, line 15. (b) Book valu
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Complete if the organization answered ' (a) De  (a) De  (b) Column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (c) Must equal Form 990, Part X, column (d) Must equal Form	ine 15)	11e or 11f See Form 990, Part X, line	(b) Book valu
Complete if the organization answered ' (a) De  (b) (a) De  (c) (a) De  (a) De  (c) (a) De  (c) (b) Must equal Form 990, Part X, column (B) In  (c) (c) (d) (d) (e) Must equal Form 990, Part X, column (B) In  (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	ine 15)	11e or 11f See Form 990, Part X, line	(b) Book valu
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Part XI Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Return.	<u> </u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 13		
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	1. 20	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	St.	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	<u>4</u> c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
<u>art XII  </u> Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	2a.	<u></u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	2a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements	2a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements	2a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements	2a	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements	2a	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  C Other losses  2 c	2a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII )  e Add lines 2a through 2d	2a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities  b Prior year adjustments  c Other losses  c Other (Describe in Part XIII )  e Add lines 2a through 2d	2a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments Cother losses Cother losses Cother (Describe in Part XIII) e Add lines 2a through 2d  Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b  4 a	2a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments C Other losses C Other losses C Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)  4 Ab  C Other (Describe in Part XIII)   2a.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  c Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII )  c Add lines 4a and 4b	2a.	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	2a.	

#### **SCHEDULE 0** (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.

Department of the Treasury

Pt XI

ROUNDING

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service	at www.irs.gov/form990.	mspection
Name of the organization		Employer identification number
MUTUO, INC.		03-0317673
Pt VI, Line 8a	YES	
Pt VI, Line 8b	YES	
Pt VI, Line 11b	REVIEWED BY DIRECTORS AND OFFICERS	