

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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending

B Check if applicable:	C	D Employer identification number
<input checked="" type="checkbox"/> Address change	Mostly Mutts Animal Rescue and Adoption, Inc. 3238 Cherokee Street Kennesaw, GA 30144	41-2142032
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(770) 314-8974
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		308,573.
<input type="checkbox"/> Application pending	F Name and address of principal officer: Tammy Turley	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Same As C Above	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status	501(c)(3) 501(c) () (insert no.) <input checked="" type="checkbox"/> 4947(a)(1) or 527	H(c) Group exemption number ▶
J Website: ▶	www.mostlymutts.org	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2004	M State of legal domicile: GA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>To rescue unwanted animals, give veterinary care and adopt them out to families.</u>			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		8
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5		3
6	Total number of volunteers (estimate if necessary)	6		280
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
9	Program service revenue (Part VIII, line 2g)	76,361.		46,925.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229,589.		261,626.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16.		-8,250.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-11,502.		-18,189.
		294,464.		282,112.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14	Benefits paid to or for members (Part IX, column (A), line 4)			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,721.		44,011.
16a	Professional fundraising fees (Part IX, column (A), line 11e)			
b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	155,211.		164,563.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	184,932.		208,574.
19	Revenue less expenses. Subtract line 18 from line 12	109,532.		73,538.
20	Total assets (Part X, line 16)	Beginning of Current Year		End of Year
21	Total liabilities (Part X, line 26)	159,342.		543,475.
22	Net assets or fund balances. Subtract line 21 from line 20	14,239.		324,834.
		145,103.		218,641.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Tammy Turley Type or print name and title.	Date Executive Dir.
Paid Preparer Use Only	Print/Type preparer's name Lydia Simpson	Preparer's signature <i>Lydia Simpson</i>
	Firm's name ▶ SIMPSON & ASSOCIATES CPAS, (P.C.)	Date 9/20/14
	Firm's address ▶ 4343 SHALLOWFORD RD MARIETTA, GA 30062-5023	Check <input type="checkbox"/> if self-employed PTIN P00536332
	Firm's EIN ▶ 20-0616527	Phone no. (678) 205-3806

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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