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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Α	For th	he 2018 calen	dar year, o	r tax y	ear begii	nning 7,	/01	, 2018	, and end	ing 6	/30	,	2019	
В	Check i	if applicable:	С								D Employ	er identi	fication number	
	Ad	ddress change	Mule De	eer	Founda	ation					68-	01632	253	
	-	ame change				West St	te H				E Teleph			
	-	-				UT 8410					·			
	-	itial return			0_01,	01 011	-				888	-3/5-	-3337	
	Fin	nal return/terminated												
	An	mended return									G Gross r	eceipts 5	3 16,703,	
	Ap	oplication pending	F Name and	d addres	ss of principa	al officer:				` '	is a group retu			X No
			Same As	s C.	Above					H(b) Are	all subordinates lo," attach a list	included	i? Yes	No
ī	Tax-	exempt status:	X 501(c)(3)		501(c) ()◀	(insert no.)	4947(a)(1) o	r 527	II IN	io, attacii a iisi	. (see iiis	structions)	
J			W.MULED				(()()		H(c) Grou	up exemption n	umber ►		
K		n of organization:	X Corporati		Trust	Association	Other ►	T ₁	Year of form				egal domicile: UT	
				OH	Trust	ASSOCIATION	Other	<u> </u>	rear or form	ation: 19	00 III 3	state of fe	egai domicile: U1	
Pa	art I	Summar	<u>y</u>	:			1 -:::E:1							
	1	Briefly descri	be the orga	inizati	on's miss	sion or mos	st significant	activities: Se	<u>ee Sche</u>	edule_0	Q			
ė														
Governance														
E														
<u></u>	2	Check this bo						ations or disp					sets.	
<u>ن</u>	3	Number of vo										3		13
တ္တ	4	Number of in										4		13
≝	5	Total number										5		0
Activities &	6	Total number										6		1,500
ĕ		Total unrelate										7a		0.
	b	Net unrelated	d business t	taxable	e income	from Form	n 990-T, line	38				7b		0.
											Prior Year		Current Yo	ear
ø)		Contributions									1,288,1	L02.	1,024	,567.
Revenue	9	· · · · · · · · · · · · · · · · · · ·							1	L1,985,9	991.	12,497	,031.	
Š	10	Investment in	ncome (Par	t VIII,	column (A), lines 3,	, 4, and 7d).				30,3	302.	32	,928.
ď	11	Other revenu	e (Part VIII	, colur	nn (A), li	nes 5, 6d,	8c, 9c, 10c,	and 11e)			1,501,2	268.	2,007	,527.
	12	Total revenue	e — add line	es 8 th	rough 11	(must equ	ıal Part VIII,	column (A), I	ine 12)	1	L4,805,6		15,562	
	13	Grants and s	imilar amou	unts pa	aid (Part	IX, column	(A), lines 1-	3)			•			
	14	Benefits paid	I to or for m	nembe	rs (Part I	X, column	(A), line 4).							
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									1,935,1	28	. 2,204,	705
es	10-										1, 755, 1	120.	2,204	, 105.
Expenses	16a	6a Professional fundraising fees (Part IX, column (A), line 11e)												
ğ	b	Total fundrais	sing expens	ses (P	art IX, co	ılumn (D), I	line 25) 🟲		16,742					
Ш	17	Other expens	ses (Part IX	, colu	mn (A), l	ines 11a-11	ld, 11f-24e).			1	L3,644,8	345.	13,231	,661.
	18	Total expens	es. Add line	es 13-	17 (must	equal Part	IX, column	(A), line 25).			L5,579,9		15,436	
		Revenue less									-774,3			,687.
- 6 g							-				ning of Curre		End of Ye	•
ta c	20	Total assets	(Part X line	<u>-</u> 16)							4,387,5		4,573	
See Bals	21	Total liabilitie	,	,							623,3	210		,212.
Net Assets Fund Balanc			•		•						•			•
		Net assets or		ices. S	Subtract	ine 21 fron	1 line 20				3,764,1	187.	3,889	<u>,874.</u>
Pa	art II	Signatur	e Block											
Und	er penalt	ties of perjury, I de	eclare that I have	ve exam	ined this ret	urn, including	accompanying so	hedules and state	ements, and t	to the best of	f my knowledge	and belie	ef, it is true, correct	, and
COIII	ipiete. De	eciaration of prepa	arer (ourer urari	onicer)	is based on	all lillorifiation	Tot willer prepar	er rias arīy kriowi	euge.	1				
														
Sig	gn	Signatu	ire of officer								Date			
He	ere	▶ Mil	es More	tti						CEO				
			print name an											
		Print/Type p	oreparer's name	e		Preparer's s	signature		Date		Check	X if	PTIN	
Pa	id	Camero	on Pribl	വില		Camero	on Pribbi	le			self-employ		P01249334	
	nu epare						cy Group,		1		:p.oy	1.	_ 010 10001	
	se On							ייייי			Firm's FIN	▶ 27	1600601	
J 3	,. 511	Firm's addr	Firm's address 1438 N Highway 89 Ste 120 Farmington, UT 84025									1698621		
_											Phone no.	801-	447-9572	
Ma	y the I	IRS discuss th	ns return w	ith the	prepare	r shown ab	ove? (see in	structions)					X Yes	No

Par	t III	Statement of Program Service Accomplishments	_
	D.:i-f	Check if Schedule O contains a response or note to any line in this Part III	ζ
1		Cahadula O	
	<u>see</u>	Schedule 0	_
			_
			_
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	
	lf "Y∈	s," describe these new services on Schedule O.	
3		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
		s," describe these changes on Schedule O.	
4	Desc Secti and	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, evenue, if any, for each program service reported.	
4 a	(Cod	e:) (Expenses \$ 11,329,593. including grants of \$) (Revenue \$ 9,915,635.))
	Men	bership support services provided by the organization represent the benefits	
	pro	vided to all Mule Deer Foundation members. The organization offers multiple	
		berships with different benefits at each level. Members receive educational	
		erials and are invited to support our local and national projects by attending	_
	<u>Ch</u> a	pter and National events held throughout the year.	_
			_
			_
			_
			_
			_
			-
4 t	(Cod	e:) (Expenses \$ 3,776,531. including grants of \$) (Revenue \$ 3,305,212.))
	•	Mule Deer Foundation works closely with its members and partners to facilitate	•
		rehabilitation of Mule Deer, Black-Tailed Deer, and their habitat. The	_
		anization accomplishes their mission through wildlife habitat conservation,	_
	rev	italization, and enhancement projects. Projects that the organization are involved	_
	in	include, but are not limited to, urban deer transplantation, water installation	
		e. guzzlers), juniper removal, reseeding, and rehabilitation of forage for deer	
		cies. At the close of 2016, the Mule Deer Foundation has rehabilitated and	_
	pre	served over 1.5 million acres of critical Mule Deer and Black-Tailed Deer Habitat.	_
			_
			_
			_
1.	: (Cod	e:) (Expenses \$ 129,350. including grants of \$) (Revenue \$	<u> </u>
40		DUCTION AND DISTRIBUTION OF ORGANIZATION PUBLICATION OF MULE DEER	,
		NDATION MAGAZINE TO MEMBERSHIP AND GENERAL PUBLIC. THIS MAGAZINE	_
		TAINS NUMEROUS ARTICLES ON WILDLIFE HABITAT CONSERVATION AND WAYS TO	-
		ITALIZE AND ENHANCE NATURAL HABITAT. THIS MAGAZINE IS GIVEN AWAY.	_
			_
			_
			_
			_
	LOH	v nuo muone paguino a (Dagariha in Cabadula O.)	
4 0		r program services (Describe in Schedule O.) See Schedule O (Revenue \$)	
10		enses \$ including grants of \$) (Revenue \$) program service expenses > 15, 235, 474	

Form 990 (2018) Mule Deer Foundation Part IV Checklist of Required Schedules

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
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? <i>If 'Yes,' complete Schedule D, Part II</i>	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.			
á	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	
ŀ	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
(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
C	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		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)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	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
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
	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	
20a	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		
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		X

Form 990 (2018) Mule Deer Foundation Part 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? <i>If 'Yes,' complete Schedule J.</i>	23	X	
24 a	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
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
25 a	a 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
ı	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, 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		X
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		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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	
Pa	rt 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		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	© Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2018) Mule Deer Foundation

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

			Yes	No
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 2a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3 b		
	a 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		Х
1	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).			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(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
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
•	services provided to the payor?	7 a		X
	b If '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 Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		21
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a 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 10 b Section 501(c)(12) organizations. Enter:			
	a 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.)			
	a 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			
	a 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.	154		
I	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			
	c Enter the amount of reserves on hand			
	a 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 in Schedule O	14b		
	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
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.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 13 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 13 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 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** 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 VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ 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* ... See .Schedule .Q Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 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? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization... See .Schedule..O...... 15 b 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?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow See Schedule O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Miles Moretti 1939 S 4130 W Ste H Salt Lake City UT 84104 888-375-3337

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.....

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours	thar	n one Ì s both	oox, an o	unles fficer truste	,	e n	Reportable compensation from	(E) Reportable compensation from	Estimated
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KELLI POOLE	11									_
BOARD MEMBER	0	Χ						0.	0.	0.
(2) Ron Ness	1									
Board Member	0	Х						0.	0.	0.
(3) CJ Buck	11							_		_
Board Member	0	Χ						0.	0.	0.
(4) Bob Jacobs	11							•		
Board Member	0	Χ						0.	0.	0.
(5) GREG SHEEHAN	1							•	•	•
BOARD MEMBER	0	Χ						0.	0.	0.
	1							•	•	•
Board Member	0	Х	1					0.	0.	0.
	1	,,						^	0	0
Board Member	0	Х	-					0.	0.	0.
(8) Kirstie Pike	1	,						0	0	0
Board Member	0	Х	1					0.	0.	0.
(9) ADAM WEATHERBY	1							0	0	0
BOARD MEMBER	0	Х						0.	0.	0.
(10) Art Reese								0	0	0
Board Member	0	Х						0.	0.	0.
(11) Daniel Harrison Board Member	1	Х						0	0.	0
(12) Andrew McKean	0	Λ	1					0.	0.	0.
		Х						0.	0.	0
Board Member	40	Λ	1					0.	0.	0.
(13) Brian Feinhold				v				120 000	0	0
COO (14) Miles Moretti	0		\vdash	Χ		\vdash	_	120,000.	0.	0.
CEO CEO	$-\frac{40}{0}$	-		Х				222 000	0.	0
CEU	U	L		Λ				222,000.	0.	0.

Form 990 (2018) Mule Deer Foundation		17	_					1111 1 10	68-016325	3	Page	8
Part VII Section A. Officers, Directors, Tru		Key	Em			es, a	and	d Highest Com	pensated Emp	loyees	5 (continue	ed)
(A) Name and title	Average hours per week	offic	, unle	ess pe nd a d	sition more erson directo	than of the thick that the thick tha	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amo	(F) stimated unt of other spensation	ſ
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	f org an	rom the ganization of related anizations	
<u>(15)</u>												
<u>(16)</u>												
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							•	342,000.	0 .			0.
c Total from continuation sheets to Part VII, Section							>	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	342,000.	0.			0.
from the organization 2	to those i	isteu	abo	ve) \	WHO	recen	veu	more man \$100,00	o or reportable con	pensalio	i 1	
Tom the organization Z											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										3		Χ
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$1	50,00	00'?	If '	es,'	' com	ple	te Schèdule J for	from 	4	X	
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper ,' comple	satio	n fr chec	om lule	any <i>J fo</i>	unre r suc	late h p	ed organization or erson	individual	. 5		Χ
Section B. Independent Contractors												
1 Complete this table for your five highest compensation from the organization. Report compensation.	sated indes sation for	epen the c	den alen	t coi dar <u>i</u>	ntrad year	ctors endir	tha ng v	t received more tl vith or within the or	nan \$100,000 of ganization's tax yea	ır.		
(A) Name and business addr	ess							Description of	of services	Compe	C) ensation	
GTS FORESTRY 1017 EASTERN AVE SACRAMENTO,	CA 9586	4						HABITAT PROJE	CTS	2	.97 , 58	0.
J&J LOGGING 18659 HWY 550 SO MONTROSE, CO								HABITAT PROJE			40,94	
SOLANO ARCHAOLOGICAL 131 SUNSET AVE STE E#							5	HABITAT PROJE			19,82	
LANDMARK ENVIRONMENTAL 3344 DUSTY GOLD LAN				CA	95	667		HABITAT PROJE			13,43	
SUMMIT FORESTRY 2305 ASHLAND ST STE C ASHL. 2 Total number of independent contractors (including b				se I	ister	d ahov	ve) '	HABITAT PROJE who received more			10,59	<u>J.</u>
\$100,000 of compensation from the organization							,	10001404 111016	C.MIT			

. u.		Check if Schedule O contains a response of	r note to an	y line in this Part V	TIL		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d d e	Federated campaigns	81,431.				
	g	Similar amounts not included above		1,024,567.			
Program Service Revenue		Project Revenue 9000 Program Revenue 9000 Magazine Revenue 9000	99	12,442,306. 54,725.	12,442,306. 54,725.		
Program	g	All other program service revenue		12,497,031.			
	3 4 5	other similar amounts)	oroceeds►	32,928.	32,928.		
	b	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)					
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
a).	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events	>				
Other Revenue		(not including \$	01,741.				
ğ		Net income or (loss) from fundraising events	87,211. ►	414,530.			
		Gross income from gaming activities. See Part IV, line 19 a 2,0					
		Less: direct expenses	49,320.	1,591,946.	1,591,946.		
	b	Gross sales of inventory, less returns and allowances	6,021. 4,970.	1 051	1 051		
		` '	ness Code	1,051.	1,051.		
	11 a b						
	c						
	_	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		15,562,053.	14,122,956.	0.	0.

Form 990 (2018) Mule Deer Foundation 68
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	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	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		31,p31,033	3	
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	342,000.	300,960.	37,620.	3,420.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,556,726.	1,556,726.	Ţ,	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	148,124.	130,349.	16,294.	1,481.
10	Payroll taxes	157,855.	138,912.	17,364.	1,579.
11	Fees for services (non-employees):		·	·	•
a	Management	222,640.	195,923.	24,490.	2,227.
Ł	Legal	10,007.	8,806.	1,101.	100.
c	: Accounting	21,080.	18,550.	2,319.	211.
c	Lobbying				
e	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 0.)	17,947.	15,793.	1,974.	180.
12	Advertising and promotion	66,022.	66,022.	1,3/4.	100.
13	Office expenses	00,022.	00,022.		
14	Information technology				
15	Royalties				
16	Occupancy	72,531.	63,827.	7,979.	725.
17	Travel	. = / = = .	22/2-11	.,,,,,,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,726,781.	3,726,781.		
20	Interest	17,885.	15,739.	1,967.	179.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,874.	9,874.		
	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM EXPENSES	3,841,770.	3,841,770.		
	PROJECT EXPENSES	2,993,137.	2,993,137.		
C	TAGS	1,438,618.	1,438,618.		
C	OTHER EXPENSE	664,019.	584,337.	73,042.	6,640.
e	All other expenses	129,350.	129,350.		
25	Total functional expenses. Add lines 1 through 24e	15,436,366.	15,235,474.	184,150.	16,742.
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).				

		Check if Schedule O contains a response or note to	any line	in this Part X								
					(A) Beginning of year		(B) End of year					
	1	Cash – non-interest-bearing			558,185.	1	1,165,132.					
	2	Savings and temporary cash investments			2,798,726.	2	2,477,545.					
	3	Pledges and grants receivable, net				3						
	4	Accounts receivable, net			7,082.	4	35,528.					
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	nplovees	s. Complete I		5						
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a 3)(B), and (9) volunt Part II o	s defined under I contributing ary employees' f Schedule L		6						
Ø	7	Notes and loans receivable, net		7								
Assets	8	Inventories for sale or use		<u></u>	445,128.	8	550,289.					
As	9	Prepaid expenses and deferred charges		L	5,000.	9	21,310.					
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1		3,000.		21,310.					
		Less: accumulated depreciation		409,980.	F71 00F	10 -	202 102					
		· · · · · · · · · · · · · · · · · · ·		86,798.	571,235.	10 с 11	323,182.					
	11 12	Investments — publicly traded securities		<u></u>		12						
	13	Investments – program-related. See Part IV, line 11.		L		13						
	14	Intangible assets				14						
	15	Other assets. See Part IV, line 11	2,150.	15	100.							
	16	Total assets. Add lines 1 through 15 (must equal line			4,387,506.	16	4,573,086.					
	17	Accounts payable and accrued expenses	34)		227,951.	17	397,301.					
	18	Grants payable			221, 331.	18	331,301.					
	19	Deferred revenue	395,368.	19	285,911.							
	20	Tax-exempt bond liabilities	030,0001	20	200/3221							
S	21	Escrow or custodial account liability. Complete Part I'		<u> </u>		21						
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disquali	fied persons.		22						
_	23	Secured mortgages and notes payable to unrelated th	ird partie	s		23						
	24	Unsecured notes and loans payable to unrelated third	•	<u></u>		24						
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to relat plete Par	ted third parties, t X of Schedule D.		25						
	26	Total liabilities. Add lines 17 through 25			623,319.	26	683,212.					
ses		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ► ∑	and complete								
aŭ	27	Unrestricted net assets			-1,814,766.	27	727,875.					
Bal	28	Temporarily restricted net assets			4,816,906.	28	1,953,795.					
힏	29	Permanently restricted net assets			762,047.	29	1,208,204.					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here	▶ ∐								
9	30	Capital stock or trust principal, or current funds			30							
se	31	Paid-in or capital surplus, or land, building, or equipm	ent fund.			31						
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32						
let	33	Total net assets or fund balances			3,764,187.	33	3,889,874.					
_	34	Total liabilities and net assets/fund balances										

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	,56	2,0	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2				66.
3	Revenue less expenses. Subtract line 2 from line 1	3				87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3			87.
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 in Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_			
	column (B))	10	3	,88	9,8	74.
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
				Υ	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a				
1	b Were the organization's financial statements audited by an independent accountant?		2	2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te				
	Separate basis X Consolidated basis Both consolidated and separate basis					
(c 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?			2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a 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?			3 a		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 in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 08/03/18		Fo	orm 9	90 (2	2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

		e organization						mpioyer identifica		er	
		Deer Foundation						8-016325			
Par		Reason for Public Cha		9				see instruc	tions.		
	rga	nization is not a private found	`	3 ,		,	,				
1		A church, convention of church	,		,		(i).				
2		A school described in section 1									
3		A hospital or a cooperative h	,								
4		A medical research organizar name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in sec	ction 170(b)(1)(A)(iii). E	nter the	hospital's	
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ge or university owned	or oper	ated by	a governi	mental unit de	escribed	in	
6		A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).				
7	L	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)						
9	Ē	An agricultural research organia	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a I	and-grant colle	ege		
		or university or a non-land-gran	nt college of agriculture		the nan	ne, city,					
10	X	An organization that normally r from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions—sul lated business taxabl	oject to certain exception exception	ns. and	(2) no i	more than	n 33-1/3% of i	ts suppo	rt ['] from aross	
11		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).			
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) c	r sectio	n 509(a	ı)(2). See	section 509(a	ut the pu)(3). Che	rposes of one ck the box in	
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise	d. or controlled by its sur	ported o	rganizat	tion(s), tvp	ically by giving	the suppon. You n	oorted ust	
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	ation supervised or o	controlled in connection the same persons that c	with its ontrol or	support manage	ted organi the suppo	zation(s), by orted organizat	having c ion(s). Y o	ontrol or ou	
С		Type III functionally integrated. organization(s) (see instruction		tion operated in connection	n with, a	nd functio	onally integ	grated with, its	supported	I	
d		Type III non-functionally integrated. The of	r ated. A supporting org organization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported	organization(s	that is r	ot	
е		instructions). You must com Check this box if the organization	ation received a writt	en determination from	the IRS	that it is	s a Type I	, Type II, Typ	e III func	tionally	
f	Er	integrated, or Type III non-funter the number of supported of							[
		ovide the following information	-						L		
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed loverning ment?		unt of monetary see instructions)		Amount of other (see instructions)	
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
											

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				_
	Public support percentage for 20						%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2018. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box ►
b	33-1/3% support test—2017. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization.	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

68-0163253

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	tion A. Public Support		· ·	·			
	lar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not include						
	any 'unusual grants.')	2,118,312.	1.301.211.	1,313,260.	1.288.102	790,146.	6,811,031.
2	Gross receipts from admissions,	2711070121	1/001/2111	1,010,200.	1,200,102.	73071101	0,011,001.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	7,385,829.	9,621,211.	10109701.	13487259.	14720325.	55,324,325.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf.						
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	9,504,141.	10922422.	11422961.	14775361.	15510471.	62,135,356.
/a	2, and 3 received from						
L	disqualified persons	0.	0.	0.	0.	0.	0.
D	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	0	0	0		0	0
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line	0.	0.	0.	0.	0.	<u> </u>
	7c from line 6.)						62,135,356.
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	dar year (or fiscal year beginning in) ► Amounts from line 6	9,504,141.	10922422.	11422961.	14775361.	15510471.	62,135,356.
	Gross income from interest, dividends,	9,304,141.	10922422.	11422901.	14//3301.	13310471.	02,133,330.
	payments received on securities loans, rents, royalties, and income from						
	similar sources	2,947.	15,356.	15,159.	30,302.	32,928.	96,692.
b	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	2,947.	15,356.	15,159.	30,302.	32,928.	96,692.
11	Net income from unrelated business activities not included in line 10b,	•				•	
	whether or not the business is						
12	regularly carried on Other income. Do not include						0.
-	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,507,088.	10937778.	11438120.	14805663.	15543399.	62,232,048.
14	First five years. If the Form 990	is for the organiza	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)((3)
Sec	organization, check this box and tion C. Computation of Pu	blic Support P	ercentage				······
	Public support percentage for 20			ne 13, column (f))	15	99.84 %
16	Public support percentage from	2017 Schedule A,	Part III, line 15.			16	0.00 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	e			
	Investment income percentage f	•	• • •	-	***		0.16 %
	Investment income percentage f						0.00 %
19a	33-1/3% support tests—2018. If is not more than 33-1/3%, check	the organization d this box and sto	lid not check the p here. The orgar	box on line 14, ar nization qualifies a	nd line 15 is more as a publicly supp	than 33-1/3%, ar orted organization	nd line 17
b	33-1/3% support tests-2017. If	the organization d	id not check a bo	x on line 14 or lin	ne 19a, and line 10	5 is more than 33	-1/3%, and
20	line 18 is not more than 33-1/3%		-				
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	check this box and	see instructions.	····· 🟲 📋

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4 a		
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.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
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 .	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sche	edule A (Form 990 or 990-EZ) 2018 Mule Deer Foundation	68-0163253	F	Page 5
Pa	rt IV Supporting Organizations (continued)		1	1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
;	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below governing body of a supported organization?	, the 11 a	ı	
1	b A family member of a person described in (a) above?	1115	,	
,	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in	Part VI. 11c	:	
Sec	ction B. Type I Supporting Organizations			
		and a first	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly a or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' des Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizatio If the organization had more than one supported organization, describe how the powers to appoint and directors or trustees were allocated among the supported organizations and what conditions or restriction applied to such powers during the tax year.	ocribe in on's activities. Yor remove		
2	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how probenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlle supporting organization.	viding such		
Sec	ction C. Type II Supporting Organizations		1	1
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or mana supporting organization was vested in the same persons that controlled or managed the supported organization.	gement of the		
Sec	ction D. All Type III Supporting Organizations	, , , ,	1	
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of organization's tax year, (i) a written notice describing the type and amount of support provided during tyear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copi organization's governing documents in effect on the date of notification, to the extent not previously pro-	he prior tax es of the		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporganization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Par the organization maintained a close and continuous working relationship with the supported organizatio	t VI how		
3	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 organization this regard.	tions played 3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instructions).		
i	The organization satisfied the Activities Test. Complete line 2 below.	,		
1	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
,	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ment entity (see instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purpos supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supporganizations and explain how these activities directly furthered their exempt purposes, how the organizations to those supported organizations, and how the organization determined that these activities	orted ization was constituted		
	substantially all of its activities.	2a		
l	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the the organization's position that its supported organization(s) would have engaged in these activities but organization's involvement.	reasons for		
3				
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or each of the supported organizations? Provide details in Part VI. 	trustees of 3a		
I	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac supported organizations? <i>If</i> 'Yes,' describe in Part VI the role played by the organization in this regard.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2018

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C. line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)