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PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

432001 11-07-14

▶ 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.

A	or the	2014 calendar year, or tax year beginning JUL 1, 2014 and ending	JUN 30, 2015				
	Check if	C Name of organization	D Employer identific	cation number			
	applicabl	E. C.	The State of the S				
	Addre	SCHOOL OF ARTS AND CULTURE AT MHP					
F	Name		80-0	714882			
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number	· ·			
-	Final	1700 ALUM ROCK AVENUE		(408)794-6250			
	return termin		G Gross receipts \$	1,663,238.			
	ated Amen		The second secon	H(a) Is this a group return			
	return _Applic		for subordinates				
	tion pendir	SAME AS C ABOVE	H(b) Are all subordinates in				
_	Tou ov			list. (see instructions)			
+	Mahai	te: SCHOOLOFARTSANDCULTURE.ORG	H(c) Group exemption				
		organization: X Corporation Trust Association Other ► L Ye		A State of legal domicile; CA			
_	art I	Summary	di oriorination, = v = = [.i.	otato or logar sammeno			
Sheet.	1 .	Briefly describe the organization's mission or most significant activities: TO NARROW	THE OPPORTU	NITY GAP IN			
e	1	ARTS EDUCATION FOR THE NEXT GENERATION STUDEN	TS LEADERS &	ARTISTS.			
anc		Check this box if the organization discontinued its operations or disposed of mo					
Governance	2			14			
300	3	Number of voting members of the governing body (Part VI, line 1a)		13			
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		5			
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	1.00	513			
ž	6	Total number of volunteers (estimate if necessary)		0.			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year			
e			1,096,563.	956,132.			
	8	Contributions and grants (Part VIII, line 1h)	699,445.	697,703.			
enr	9	Program service revenue (Part VIII, line 2g)	439.	465.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,938.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,446.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,805,893.	1,663,238.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	262,977.	2,400.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	434,554.	430,524.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	33,188.	35,624.			
ăx	. b	Total fundraising expenses (Part IX, column (D), line 25) 76,907.	1 000 050	1 121 154			
ш	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,020,258.	1,131,154.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,750,977.	1,599,702.			
-	19	Revenue less expenses. Subtract line 18 from line 12	54,916.	63,536.			
Net Assets or	9	FIRST TRANSPORT OF TRANSPORT ACCOUNTS TO TORRES	Beginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)	9,188,104.	8,619,714. 222,697.			
at A	21	Total liabilities (Part X, line 26)	173,669.				
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	9,014,435.	8,397,017.			
	art II	Signature Block		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	- / 1/2			
		1 amara Columb	Date 03/6	07/16			
Sig	n	Signature of officer	Date				
Her	re	TAMARA ALVARADO, EXECUTIVE DIRECTOR Type or print name and title					
			Date Check	PTIN			
2 20		Print/Type preparer's name Preparer's signature	1, -				
Pai			2 0 2 / 0 9 / 16 self-employ				
	parer	Firm's name ARMANINO LLP	Firm's EIN ▶	94-6214841			
Use	Only	Firm's address 50 WEST SAN FERNANDO STREET, STE 500		0 200 6400			
	59454 PR	SAN JOSE, CA 95113	Phone no. 40	8-200-6400			
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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rai	TIV Checklist of Required Scriedules			
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
J	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D. Part III	₈	Į	x
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?	1		l
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>	1	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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.		1	;
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.		1	
a	Part VI	11a	x	Į
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1118	 	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	x
_	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	110		
U		44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		 ^
u	·	444	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	<u> </u>	X
_	• • •	11e		 ^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		 -
124	· · · · · · · · · · · · · · · · · · ·	40-	x	
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<u> </u>	├─
D			ł	l v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\vdash	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	 ^
IJ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service potivities outside the United States, or aggregate foreign investment, unless that \$100,000			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	 	├^
10	·	ا ـــ		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16				x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		x	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	^	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			w
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		X
19				X
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
_	n 100 to mo 200, die eie eiegenzauch augen a copt ei na gudleu illeliciel Statslifens (C III)3 (2001) 1			

Part IV | Checklist of Required Schedules (continued Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K, If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete X 25b Schedule L. Part I 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." X complete Schedule L, Part II 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part iV X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes." complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 3<u>5b</u> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 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

Par	Statements Regarding Other IRS Filings and Tax Compliance						$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	·····		·····		ليا
		1 .	ء ا	م	89°.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>		5 <u>9 </u> *	**;		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b_	<u> </u>	끡			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming	⊢	- 		
	(gambling) winnings to prize winners?	i	 I	·⊢	<u>1c</u>		7.7
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			_ -			
	filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>	_5		-	- 2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return				<u>2b</u>	X	940.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		L	15		*
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?				За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		_	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				- 1		
	financial account in a foreign country (such as a bank account, securities account, or other financial			L	4a_		X
ь	If "Yes," enter the name of the foreign country: ▶			_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).	1	¥6		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			[5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			L	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ÌΓ			
-	any contributions that were not tax deductible as charitable contributions?			1	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		• • • • • • • • • • • • • • • • • • • •	"			
•	and the state of t			-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			·			
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	rovided to the navo	₆₂ -	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	, 41000 p	TOVIDUA TO THE PAYO	- 1	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ae roa	uirod	" 			
Ç		as ieqi	oned .	- {	7c		Х
		7d	T	·	70	:	-
	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 of			\dashv	7e		X
			···	··	7 6		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			⊢		N/	
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		=	··· [7g	N/	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		• _	' ⊦	7h	14/	.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ı by tn	e N/A	⊢	<u>_</u> -		
_	sponsoring organization have excess business holdings at any time during the year?	•••••••	•••••	·· ├-	8		· ••
9	Sponsoring organizations maintaining donor advised funds.		37 / 3	-			, 32.
a	Did the sponsoring organization make any taxable distributions under section 4966?	••••••			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • • • • • • • • • • • • • • • •	N/A	- -	9b		_
10	Section 501(c)(7) organizations. Enter:	1	1		,		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		— [:	ŔĸĿ	:	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l	-	\$***		
11	Section 501(c)(12) organizations. Enter:	ı	1			ř	•
а	Gross income from members or shareholders N/A	11a		—	.		ŀ
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	i	!				
	amounts due or received from them.)	11b	<u> </u>	ᆜ			<u> </u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	Ļ	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_[- 1		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•	L			_
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	L	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
C	Enter the amount of reserves on hand	13c					
				L	14a		X
-	If "You " has it filed a Form 720 to report these payments? If "I'll I	- ^		- 17	44h		i

Form 990 (2014) SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? ••••• 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X b Each committee with authority to act on behalf of the governing body? 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b 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 12c in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b 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 X 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶CA 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. X Upon request Other (explain in Schedule O) Another's website Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records:

95116

VANESSA SHIEH - (408)794-6250

1700 ALUM ROCK AVENUE, SAN JOSE,

1

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid..
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organize (A)	(C)						(D)	(E)	(F)	
Name and Title	Average hours per week	box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustise or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAMARA ALVARADO	40.00	l								E 683
EXECUTIVE DIRECTOR		X	_	X	<u> </u>	<u> </u>	<u> </u>	93,488.	0.	7,673.
(2) CARMEN SIGLER	1.00									
PRESIDENT		X	<u> </u>	X	_			0.	0.	0.
(3) ROY HIRABAYASHI	1.00	l						ا	•	•
VICE PRESIDENT		X	<u> </u>	X	_			0.	0.	0.
(4) PETER JENSEN	1.00	l		l <u>.</u> _						^
TREASURER		X	<u> </u>	X	<u> </u>			0.	0.	0.
(5) STEVE MCCRAY	1.00	ł		١				١	•	^
SECRETARY	1 00	X	<u> </u>	X	_	_		0.	0.	0.
(6) CONNIE MARTINEZ	1.00	.						١	0.	0.
DIRECTOR		X	⊢	<u> </u>	_		-	0.	U.	<u> </u>
(7) MIGUEL SALINAS	1.00	١.,						0.	0.	0.
DIRECTOR	1 00	X	H	┝	-	⊢	<u> </u>	U .		· ·
(8) GABRIEL MONTES	1.00	↓			1	1		0.	0.	0.
DIRECTOR	1 00	X	\vdash		├	<u> </u>	┝	0.	<u> </u>	<u>.</u>
(9) LINDA SNOOK	1.00	₩					1	0.	0.	0.
DIRECTOR	1.00	X	-	┢	⊢	\vdash	⊢			
(10) JULIA CASTO	1.00	x					l	0.	0.	0.
DIRECTOR	1.00	₽	┢	 	├		⊢	0.	V •	
(11) ELISA ORONA	1.00	x	l					0.	0.	0.
DIRECTOR (12) DEBRA FIGONE	1.00	₽	⊢		-	┢	\vdash			
·•	1.00	$ \mathbf{x} $						0.	0.	0.
DIRECTOR (13) ERNESTO MARTINEZ	1.00	A	┢		┢	H	\vdash			
DIRECTOR	1.00	x						0.	0.	0.
(14) LAURIE HALSEY	1.00	Ë	 	\vdash	\vdash	\vdash	H			
DIRECTOR		x	1					0.	0.	0.
(15) VANESSA SHIEH	40.00	T	Т	Г	Г		T			
ASSOCIATE DIRECTOR & CFO		1		x	l			97,850.	0.	6,333.
			Г			Г	Γ			
		1	L	L	L		L			
			l							
		1	ı		l		l	1		

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (B) (C) Unrelated Related or Total revenue from tax under business exempt function sections 512 - 514 revenue revenue 1a 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b b Membership dues 1c c Fundraising events Contributions, Gifts, 1d d Related organizations 525,336. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 430,796. similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ 956,132. h Total. Add lines 1a-1f Business Code 436,846. 436,846. 531390 2 a RENTAL INCOME Program Service 260,857. b TUITION AND FEES 611600 260,857. f All other program service revenue 697,703. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 465. 465. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events -9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS INCOME 900099 8,938. 8,938. b d All other revenue 8,938. e Total. Add lines 11a-11d **▶** 1,663,238. Total revenue. See instructions. 706,641. 0. 465

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	X
<u> </u>	Check if Schedule O contains a respons	se or note to any line in t	this Part IX	(C)	(D)
Do 1	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,400.	2,400.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				* (
4 5	Compensation of current officers, directors,			<u> </u>	
	trustees, and key employees	210,357.	127,364.	62,952.	20,041.
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	149,210.	138,469.	9,481.	1,260.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,3,220	200,203.		
9	Other employee benefits	41,843.	39,569.	2,274.	
10	Payroll taxes	29,114.	21,113.	6,852.	1,149.
11 a	Fees for services (non-employees):				
b		1,445.		1,445.	
c		51,033.		51,033.	
d			-		
e f		35,624.			35,624
9		487,769.	472,663.	6,335.	8,771.
12	Advertising and promotion	27,729.	23,003.		4,726.
13	Office expenses	86,717.	53,430.	33,175.	112.
14	Information technology				
15	Royalties				
16	Occupancy	269,924.	218,939.	47,088.	3,897.
17 18	Payments of travel or entertainment expenses	12,222.	12,190.		32.
4-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,924.	4,989.	596.	339.
20 21	Payments to affiliates				
21	Payments to affiliates Depreciation, depletion, and amortization	8,666.	7 011	1 222	
23	Indiana.	16,018.	7,011.	1,308.	347.
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)			16,018.	
	amount, list line 24e expenses on Schedule 0.)	151,366.	146 006	3 561	
b	MISCELLANEOUS	12,131.	146,996. 725.	3,761. 11,406.	609.
c	TRAINING	210.	210.	11,400.	
d		210.			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,599,702.	1,269,071.	253,724.	76,907.
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)				
22010	11-07-14				5 000 mm ii

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 4,270. 15,704. 1 Cash - non-interest-bearing 143,555. 297,193. 34,393. 2 Savings and temporary cash investments 2 339,994. 3 Pledges and grants receivable, net 3 32,062. 30,356. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 7,970. 8.142. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 96,113.10a basis. Complete Part VI of Schedule D 24,088. 80,191. 15,922.10b 10c b Less: accumulated depreciation Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 8,054,473. 8,735,427. Other assets. See Part IV, line 11 15 15 8,619,714. 9,188,104. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 171,749. 162,549. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 50,948. 11,120. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 222,697. 173,669. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 40,991. -76,656. 27 Unrestricted net assets _____ 9,091,091. 8,356,026. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 8,397,017. 9,014,435. Total net assets or fund balances 33 33 8,619,714. 9,188,104. 34 Total liabilities and net assets/fund balances

Form	990 (2014) SCHOOL OF ARTS AND CULTURE AT MHP	80-071	4882	Pag	_{1e} 12
Par	t 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)		1,663		
2	Total expenses (must equal Part IX, column (A), line 25)		1,599		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,53	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		9,01	1,4.	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-680),9	<u> </u>
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,		D RETERN	201 201	
	column (B))	10	8,39	7,03	<u> 17.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
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			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		2b	Х	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		20		200
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			Shire.	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
oa	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	THE PARTY OF THE P		Form	990	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Employer identification number

SCHOOL OF ARTS AND CITATIRE AT MHP

80-0714882

Α-	<u> </u>	December Public	Shamb Claire	HID CONTORD			14						
Pa		Reason for Public C					e instructions.						
he (organi	zation is not a private founda	ation because it is: (F	or lines 1 through 11, cl	heck only o	one box.)							
1		A church, convention of chu	ırches, or associaticı	n of churches described	in sectio	n 170(b)(1)(A)(i).						
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E.)									
3	一	A hospital or a cooperative I		· · · · · · · · · · · · · · · · · · ·	ection 170	(b)(1)(A)(iii).						
4	Ħ	A medical research organiza						the hospital's name.					
-	لـــا		anon operatos in con	janouon mura mopua.		00000							
_		city, and state:					versental veit describe	od in					
5	لـــا	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local gov											
7	X	An organization that normal	ly receives a substar	ntial part of its support fr	rom a gove	rmmental u	ınit or from the general p	oublic described in					
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)										
8		A community trust describe		1)(A)(vi). (Complete Par	t ().)								
9	\equiv	An organization that normal				ontribution	ns. membership fees. an	d gross receipts from					
9		activities related to its exem											
		income and unrelated busin		(less section 5 i i tax) irc	an busines	ises acquir	ed by the organization a	itel dulle 30, 1373.					
		See section 509(a)(2). (Cor	•										
10	\sqsubseteq	An organization organized a											
11	Ш	An organization organized a											
		more publicly supported org	ganizations described	d in section 509(a)(1) o	r section !	509(a)(2) . :	See section 509(a)(3). (Check the box in					
		lines 11a through 11d that o	describes the type of	supporting organization	and com	plete lines	11e, 11f, and 11g.						
а		Type I. A supporting orga						giving					
_		the supported organizatio											
		organization. You must c											
		Type II. A supporting orga	•		ion with it	e eunnorte	d organization(e), by hay	vina					
D	_												
		control or management of			ame perso	ns that cor	ittoi or manage the supp	DOTTEG					
		organization(s). You mus											
C		Type III functionally integ						d with,					
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organia	zation(s)					
	•	that is not functionally into											
		requirement (see instructi											
_		Check this box if the orga	•	=									
6	Ц_						13pc 1, 13pc 11, 13pc 11.						
	_	functionally integrated, or		ally integrated support	ng organiz	auon.		· · · · · ·					
f		r the number of supported o	•		·····	••••••							
g		ide the following information			ling to the o	ranization	(v) Amount of monetary	(vi) Amount of					
	(0	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	in your	support (see	other support (see					
		organization		above or IRC section	governing (document?	Instructions)	Instructions)					
				(see instructions))	Yes	No	instructions)						
				·									
_				<u></u>									
]							
	-		Capta in the Call		100 18412								
			page 2000 and the control of the con		1	1	I	1					

Schedule A (Form 990 or 990-EZ) 2014 SCHOOL OF ARTS AND CULTURE AT MHP
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(b) 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,920.	995,599.	854,163.	1096563.	956,132.	3906377.
2	Tax revenues levied for the organ-						
	ization'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		730,194.		9445141.		10904929.
4	Total. Add lines 1 through 3	3,920.	1725793.	1583757.	10541704.	956,132.	14811306.
5	The portion of total contributions						
	by each person (other than a	Table 1					
	governmental unit or publicly					madalla.	
	supported organization) included	100% 育地區	Ambilia .				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					200	32,284.
6	Public support. Subtract line 5 from line 4.			HEROT.			14779022.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,920.	1725793.	1583757.	10541704.	956,132.	14811306.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		er consumer				
	and income from similar sources		378.	446.	439.	465.	1,728.
9	Net income from unrelated business		20				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		500000000000	was managean			
	assets (Explain in Part VI.)		500.	3,883.	9,446.	8,938.	
11	Total support. Add lines 7 through 10						14835801.
12							,201,479.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3)	
_	organization, check this box and stop						► X
_	ction C. Computation of Publi						
	Public support percentage for 2014 (li					14	%
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the o						20000
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						9100
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 160, 1/a, or 1/b	, check this box a	nu see instructions	000 57) 0044

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Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	now, please com	piete Part II.	-			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and			1-1-1-1-1			
•	membership fees received. (Do not						
	include any "unusual grants.")			ļ.			_
2	Gross receipts from admissions,						
	merchandise sold or services per-						ł
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513			İ			
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to		1				
	or expended on its behalf	ı					
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1					
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)		ngitanana.				
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6					<u> </u>	
10a	Gross income from interest,	1					
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					<u> </u>	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975						<u> </u>
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	1					
	regularly carried on	<u> </u>]			
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2014 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2013					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage			1 1	
17	Investment income percentage for 20	14 (line 10c, colu	ımn (f) divided by li	ne 13, column (f))			%
18	Investment income percentage from 2						%
19a	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organia	zation	▶∟_
b	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, ched						▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	>

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
		His .	
1	3a		
	3b		
1	11:15		
-	3c		
-			
-	4a_	Carrier and	
-	4b		
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	9a		
	9b		
-	9c	The same	4000
	10a	(A)	1884
	10b		

	dule A (Form 990 or 990 EZ) 2014 SCHOOL OF ARTS AND CULTURE AT MHP 80-07	1488	2 Pa	ige 5
Par	t IV Supporting Organizations (continued)		· ·	
		I CONSTRUCTION	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1120		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		e ilasti	RILLS.
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	No
197			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	PERMIT		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		1
Sec	the supported organization(s). tion D. Type III Supporting Organizations			
000	tion B. Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Sietini.		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	THE STATE	the same	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	74 P. 1975		190
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		Medi	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	FERMI		1
	significant voice in the organization's investment policies and in directing the use of the organization's		Min.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		March.	
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	auctions)		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Tools Assured (s) and (s) below	uctions).	Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	THE REAL PROPERTY.	100	Day
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		H	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	122		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	MALE STATE	1	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	10	2000	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	States	THE R. P.
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU	_	

Schedule A (Form 990 or 990-EZ) 2014 SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 4 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities b Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e 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 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A)

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-function	onally-integra	ated Type III suppor	ting organization (s	ee
	instructions)				

4

5

Schedule A (Form 990 or 990-EZ) 2014

4

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

a b c Breakdown of line 7:

d Excess from 2013e Excess from 2014

chedule A	A (Form 990 or 990-EZ) 2014 SCHOOL OF ARTS AND CULTURE AT M	HP 80-0714882 Page
Part VI	A (Form 990 or 990-EZ) 2014 SCHOOL OF ARTS AND CULTURE AT M Supplemental Information. Provide the explanations required by Part II, line 10; F	Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	, and complete the part to any additional months and part to the part to any additional months and additional months additional months and additional months a	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

	SC	HOOL OF ARTS AND CULTURE AT MHP	80-0714882			
Organiz	ation type (check or	ne):				
Filers o	f:	Section:				
Form 99	00 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90·PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
X	=	filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts 1, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it m	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

SCHOOL	OF	ARTS	AND	CULTURE	\mathbf{AT}	MHP
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80-0714882

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>104,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 525,336.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>40,000.</u>	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SCHOOL OF ARTS AND CULTURE AT MHP

80-0714882

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	·	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		s5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		s54,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SCHOOL OF ARTS AND CULTURE AT MHP

80-0714882

HOOL OF	ARTS AND CULTURE AT MHP	00	-0/14002
art II Nonc	ash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
			990, 990-EZ, or 990-PF) (2

Employer identification number

HOOL O	F ARTS AND CULTURE AT	MHP	80-0714882 n section 501(c)(7), (8), or (10) that total more than \$1,000 for
t) c	he year from any one contributor. Complete o omploting Part III, enter the total of exclusively religious.	columns (a) through (e) and the follow , charitable, etc., contributions of \$1,000 or le	VING LINE ENTRY. For organizations
No. om art I	Jse duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
ļ		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>irt I </u>			
		(e) Transfer of gift	
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
No.	(h) Duman of sift	(c) Use of gift	(d) Description of how gift is held
art I	(b) Purpose of gift	(c) Ose of grit	(d) Description of now gire o note
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OF ARTS AND CHLTHER AT MHP

Employer identification number 80-0714882

OMB No. 1545-0047

Pai	Organizations Maintaining Donor Advised	Funds or Othe	r Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6			
		(a) Donor ad	rised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	riting that the assets	held in donor advised fu	ınds
	are the organization's property, subject to the organization's ex	kclusive legal contro	1?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that	grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor or o			
	impermissible private benefit?			
Pai	rt II Conservation Easements. Complete if the orga	nization answered	'Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all tha <u>t ap</u> p	у).	
	Preservation of land for public use (e.g., recreation or ed	ucation) 🔲 F	Preservation of a historica	ally important land area
	Protection of natural habitat	r	reservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation con	tribution in the form of a	conservation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		***************************************	2a
b	Total acreage restricted by conservation easements	•••••		
C	Number of conservation easements on a certified historic struc	cture included in (a)		. 2c
d	Number of conservation easements included in (c) acquired aft	ter 8/17/06, and not	on a historic structure	
	listed in the National Register	•••••		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished,	or terminated by the orga	anization during the tax
	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	odic monitoring, insp	ection, handling of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, an			
7	Amount of expenses incurred in monitoring, inspecting, and er			
8	Does each conservation easement reported on line 2(d) above	satisfy the requiren	ents of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?	•••••		Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	on's financial statem	ents that describes the o	rganization's accounting for
	conservation easements.	A.4 10-4		Similar Assats
Pa	Organizations Maintaining Collections of		reasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib		research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			to the second control of and Initerioral
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	ication, or research	in turtnerance of public s	service, provide the following amounts
	relating to these items:			. •
	(i) Revenue included in Form 990, Part VIII, line 1			
_			ar assets for financial asis	
2	If the organization received or held works of art, historical treas			i, provide
	the following amounts required to be reported under SFAS 116			> \$
a				
b	Assets included in Form 990, Part X		***************************************	× ×

Sche		OF ARTS AN							<u> 14882</u>		2
	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other S	imilar	Assets	(continu	ed)	_
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the fe	ollowing that	are a signi	ficant us	se of its c	ollection it	ems	
	(check all that apply):										
а	Public exhibition	C	ı 🔲 ı	Loan or excl	hange prograi	ms					
b	Scholarly research	•	, 🗀 (Other							_
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organization	n's exempt	t purpos	e in Part :	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or other	r similar as	sets		_	_	
	to be sold to raise funds rather than to be ma								Yes	l No	<u> </u>
Pai	tiv Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" to Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										_
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contributions	s or other asse	ets not inc	luded	_	_		
	on Form 990, Part X?				· · · · · · · · · · · · · · · · · · ·			L	」Yes	N	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:							_
									Amount		_
C	Beginning balance	•••••	••••			•••••	1c				_
d	Additions during the year			• • • • • • • • • • • • • • • • • • • •		••••••	1d_				
е	Distributions during the year				•••••		1e				_
f	Ending balance						1f		-		_
	Did the organization include an amount on F						?	ـــا	」 Yes	H	0
	If "Yes," explain the arrangement in Part XIII.										_
Pal	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two years	s dack (d) inree ye	ears back	(e) Four y	ears back	<u>-</u>
	Beginning of year balance				 						_
	Contributions		-								—
	Net investment earnings, gains, and losses										_
	Grants or scholarships									-	_
0	Other expenditures for facilities										
	and programs		-								
f	Administrative expenses										_
9	End of year balance	L	<u> </u>		<u> </u>						_
2	Provide the estimated percentage of the curr	rent year end balanc		j, column (a))) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
C	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should be a second and a second a second and a second and a second and a second and a second an	-	-4: 46	4 aug bald am		ad fan Alaa a		elan.			
Ja	Are there endowment funds not in the posse	ssion of the organiza	auon ma	t are neto an	iu auministere	ed for the c	Jigariiza	MON	L.	es No	_
	by: (i) unrelated organizations								3a(i)	GO 141	<u>'</u>
									3a(ii)		_
	(ii) related organizations	listed as required a	n Schod		•••••		•••••	•••••			_
<i>1</i>	Describe in Part XIII the intended uses of the	-				••••••	••••••	•••••	OD		_
Pai	rt VIII Land, Buildings, and Equipm		WILLIGHT I	unus.							_
	Complete if the organization answere). Part IV.	. line 11a. Se	e Form 990.	Part X. line	1 0.				
	Description of property	(a) Cost or o			or other		umulate	d l	(d) Book	value	_
	boomphion or property	basis (investi			(other)		ciation		(-,		
1a	Land		-								_
	Buildings										_
	Leasehold improvements										_
	Equipment			2	7,197.	1	.1,04	6.	16	,151	-
	Other				8,916.		4,87	6.	64	,040	•
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 10	Oc.)			▶	80	,191	•

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014 SCHOOL OF AI	RTS AND CULTU	RE AT MHP 80-	0714882 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of-vear market value
	(b) BOOK VAIUE	(c) Method of Valuation. Oost of Cha	or year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			SECTION ACLOSES
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to 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 end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		La Transport	
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			19,880.
(2) DONATED RENT RECEIVABLE			8,034,593.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	: 15.)	>	8,054,473.
Part X Other Liabilities.			

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability (1) Federal income taxes (2)(3)(4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2014 SCHOOL OF ARTS AND CULTURE A **EXI Reconciliation of Revenue per Audited Financial Statement				7/14002 Page 1
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				1 662 520
1				1	1,663,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	200		
b	Donated services and use of facilities	2b	300.	:	
C	Recoveries of prior year grants	2c			
d		2d			200
e	Add lines 2a through 2d			2e	300.
3	Subtract line 2e from line 1			3	1,663,238.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b			0
C	Add lines 4a and 4b			4c	1,663,238.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	to Mith	Evnonces per B	5	
Ра	t XII Reconciliation of Expenses per Audited Financial Statemen			etuii	l .
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			1	2,280,956.
1	Total expenses and losses per audited financial statements	•••••		\Box	2,200,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ایا	681,254.	1	
а	Donated services and use of facilities	2a	001,234.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)				681,254.
8	Add lines 2a through 2d			2e	1,599,702.
3	Subtract line 2e from line 1		***************************************	3	1,333,702.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		\vdash	0.
C	Add lines 4a and 4b			4c	1,599,702.
5 10a	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		***************************************	9 1	1,333,1020
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	lings 1h s	and 2h: Part V. line 4	· Dart \	/ line 2: Part XI
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			, , a.,	, 1110 2, 1 211 71,
unes	20 and 40; and Part XII, lines 20 and 45. Also complete this part to provide any addition	mai imoim	auon.		
PAI	RT X, LINE 2:				
	a as y as as as as a s				
GEI	FERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVI	DE AC	COUNTING A	ND I	DISCLOSURE
				-	
GU:	DANCE ABOUT POSITIONS TAKEN BY AN ORGANIZAT	I NOI	N ITS TAX	RETU	JRNS THAT
	 				
MI	HT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED	ITS	TAX POSITI	<u>ons</u>	AND
BE:	LIEVES THAT ALL OF THE POSITIONS TAKEN BY TH	IE ORG	ANIZATION	IN .	ITS
<u>FEI</u>	DERAL AND STATE EXEMPT ORGANIZATION TAX RETU	IRNS A	RE MORE LI	KEL	THAN NOT
TO	BE SUSTAINED UPON EXAMINATION.				_
ואיזי	ORGANIZATION'S FEDERAL RETURNS COULD BE SU	влест	TO EXAMIN	ATI	ON BY
1111	OROMITANTION D'INDUITANT MAIONING COURS 22 DE				
FE	DERAL TAXING AUTHORITIES, GENERALLY FOR 3 YE	ARS A	FTER THEY	ARE	FILED.
line		rpem m	יר א אראנא הער אראנא הער אראני ארש אראני אר	TON	BA GUYUE
T.H.	ORGANIZATION'S STATE RETURNS COULD BE SUBJ	ECT T	O EARMINAT	TON	DI SIVIE
m 2 1	TIME ATTIMEDE THE CONTRACTOR FOR A VEADE THEY	יוסג י	בדו.פה		

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	SCHOOL OF	ARTS AND	CULTURE	AT MHP	80-0714882 Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Info	rmation _{(continued})			
					, <u>, , , , , , , , , , , , , , , , , , </u>
				<u> </u>	
					<u></u>
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Inspection Employer identification number

SCHOOL	OF ARTS AND CULTURI	ra s	MI	IP	80-0714	882
	Complete if the organization answe				ne 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a	e X Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-ge governising e ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
JONO MARCUS CONSULTING - 4331 KIRKHAM STREET, SAN	GRANTWRITING	Yes	No X	267,000.	35,624.	231,376.
				267,000.	35,624.	231,376.
List all states in which the organization or licensing. CA	n is registered or licensed to solicit (utions	Cr nas been notified	it is exempt from re	yisuation

Sch Pa	edul I rt I	le G (Form 990 or 990-EZ) 2014 SCHOOL Fundraising Events. Complete if the of fundraising event contributions and groups.	e organization answered	i "Yes" to Form 990, Par	t IV, line 18, or reported	
	-		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
٨			(event type)	(event type)	(total number)	col. (c))
Revenue						
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				<u> </u>
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
حَ	8	Entertainment				
	9	Other direct expenses				
	10				>	
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<u> </u>	<u></u>
148	ırt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	n 990, Part IV, line 19, or	reported more than	
Revenue		\$13,000 011 0111 350 LZ, and ca.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re		Gross revenue				
	Ġ	Gross revende				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8_	Net gaming income summary. Subtract line 7	from line 1, column (d)		.	
9	E~	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	the organization licensed to conduct gaming as No," explain:	ctivities in each of these			Yes No
-	_			· 		
		ere any of the organization's gaming licenses re			rear?	Yes No
	_					
	_				 	······································

Sch	edule G (Form 990 or 990-EZ) 2014 SCHOOL OF ARTS AND CULTURE AT MHP	80-0714882	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
	Indicate the percentage of gaming activity conducted in:	1 1	
8	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ts:	
	Name		
	Address >	· · · · - · ·	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount	
	of gaming revenue retained by the third party > \$		
c	e If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
			<u> </u>
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
ε	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	·············	
Į.	organization's own exempt activities during the tax year > \$	ni tit o	
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and f	Part III, lines 9, 9b, 10t	b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	at III, III 00 0, 00, 10.	
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:	
(I) NAME OF FUNDRAISER: JONO MARCUS CONSULTING		
7=			
(I) ADDRESS OF FUNDRAISER: 4331 KIRKHAM STREET, SAN FRANCISCO	O, CA 94122	2
_		_	
<u>PA</u>	RT I, LINE 2B, COLUMN (V):		
<u>J0</u>	NO MARCUS CONSULTING WAS PAID ON A MONTHLY BASIS FOR GRANT	WRITING	
SE	RVICES.		
_			

Schedule G	(Form 990 or 990-EZ)	SCHOOL	OF ART	rs and	CULTURE	AΤ	MHP	80-0714882	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _{(contir}	nued)						
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

432211 08-27-14

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number 80-0714882

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WORKING TOGETHER TOWARD A COMMUNAL AND JOYFUL EXPERIENCE OF CREATING
ART TOGETHER - NOT AS COMPETITIVE PRESSURE TO SEE WHO IS BEST.
THE SCHOOL IS PROUD TO OFFER CHILDREN AND THE COMMUNITY AN INSPIRING
SPACE OF PROFESSIONAL CALIBER FOR PERFORMANCE AND EXHIBITION AS A
VEHICLE TO MAKE THEIR LEARNING VISIBLE. AFTERSCHOOL PROGRAMS SPAN TEN
WEEKS; SUMMER DAY CAMPS PROVIDE A FULL DAY OF ARTS CURRICULUM, A
HEALTHY LUNCH AND TWO SNACKS. ALL SESSIONS CULMINATE IN A STUDENT
PERFORMANCE/EXHIBITION OPEN TO THE COMMUNITY. CLASSES INCLUDE HIP HOP,
BREAKDANCE, FOLKLORICO, CAPOEIRA, BRAZILIAN SAMBA, REGGAE AND
AFRO-CUBAN CONGA DRUMMING, MARIACHI FOR BOTH VOCAL AND INSTRUMENTAL,
PAPER MACHE, MEXICAN MURAL PAINTING, SELF-PORTRAITURE DRAWING,
PAINTING, SCULPTURE, TLACUILO DRAWING, CLASSICAL GUITAR, AZTEC DANCE
AND DRUMMING, AND THEATER. IN ADDITION TO THE CLASSES OFFERED ON-SITE
AT THE MEXICAN HERITAGE PLAZA, THE SCHOOL WORKS WITH LOCAL SCHOOLS TO
PROVIDE ARTS LEARNING AND ARTS ENRICHMENT EXPERIENCES FOR STUDENTS.
THESE ACTIVITIES ARE OFFERED AT THE LOCAL SCHOOL SITES AND OFTEN TAKE
PLACE DURING REGULAR SCHOOL HOURS.
FURCH DONLING RECORDS ROOMS
THIS PROGRAM SERVED ABOUT 12,000 PEOPLE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
- CREATE WELCOMING, INCLUSIVE AND AFFORDABLE COMMUNITY GATHERINGS AND
CULTURAL OFFERINGS IN PARTNERSHIP WITH ARTISTS, ARTS ORGANIZATIONS AND
COMMUNITY FOCUSED NON-PROFITS THAT CAPITALIZE ON THE STRENGTHS OF THIS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

LOCATION AND NEIGHBORHOOD. THE SITE IS THE SAME PLACE WHERE CIVIL RIGHTS ACTIVIST CESAR CHAVEZ ORGANIZED THE FIRST GRAPE BOYCOTT WITH THE FARMWORKER MOVEMENT. THE HOUSE HE LIVED IN IS LOCATED A QUARTER MILE AWAY FROM THE SCHOOL.

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
RENTAL INCOME FROM THE FACILITY AS AN IMPORTANT COMPONENT	OF THE LONG
TERM SUSTAINABILITY OF SCHOOL OF ARTS AND CULTURE AT MHP.	
HAS PARTNERED WITH A FOR PROFIT COMPANY, GIANT CREATIVE SE	
ENSURE A CAREFUL, CREATIVE AND ATTENTIVE APPROACH TO MARKE	
RENTALS. THIS CLOSE PARTNERSHIP WITH THE SCHOOL STAFF HAS	SUCCESSFULLY
INCREASED THE USAGE OF THE FACILITY BY A NUMBER OF ARTS OF	GANIZATIONS
AND PRIVATE EVENTS IN A MANNER NEVER BEFORE SEEN UNDER PRE	VIOUS
OPERATIONS. THE SCHOOL'S MARKET RENTAL PROGRAM GENERATES F	REVENUE THAT
THEN DIRECTLY SUPPORTS THE SCHOOL PROGRAM.	
THIS PROGRAM SERVED ABOUT 62,000 PEOPLE.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
OF OVER 70 GRADUATES WHO ARE STRONG MULTI-CULTURAL LEADERS	
LEVERAGED TO ADVANCE THE VISION OF THE SCHOOL. THE SCHOOL	
WOME FOR WALT	
HOME FOR MALI.	
THIS PROGRAM SERVED ABOUT 97 PEOPLE.	
THIS PROGRAM SERVED ABOUT 97 PEOPLE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
FACILITY - THE SCHOOL OF ARTS AND CULTURE AT MHP OPERATES	THE MEXICAN
HERITAGE PLAZA, WHICH IS OWNED BY THE CITY OF SAN JOSE. TH	
LEVERAGES THE \$35M FACILITY TO OFFER ITS PROGRAMS, INCLUDI	
ARTS EDUCATION COURSES TO THE COMMUNITY THROUGH ITS SCHOOL	
ARTS LEADERSHIP PROGRAM FOR PEOPLE OF COLOR (I.E. THE MULT	
ARTS LEADERSHIP INSTITUTE); AND COMMUNITY EVENTS THROUGH I	TTS COMMUNITY
ACCESS AND ENGAGEMENT AND MARKET RENTAL PROGRAMS. IN THIS	WAY, THE LONG
UNDER-UTILIZED FACILITY IS ACTIVATED AND TRANSFORMED INTO 432212 Sche	A VIBRANT HUB dule O (Form 990 or 990-EZ) (2014)
DB.27-14	~~.~ ~ (. ~ ~~~ ~. ~~~ ~~) [~~ !~]

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
OF COMMUNITY ACTIVITY.	
EXPENSES \$ 309,020. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION B, LINE 11:	
THE EXECUTIVE DIRECTOR AND BOARD TREASURER REVIEW THE 990	BEFORE IT IS
FILED. THE BOARD RECEIVES A COPY OF THE 990 AT THE BOARD M	EETING.
	·
FORM 990, PART VI, SECTION B, LINE 12C:	
BEFORE ASSUMING OFFICE, ALL POTENTIAL OFFICERS AND DIRECTO	RS OF THE
CORPORATION SHALL AGREE TO THE POLICY IN WRITING. THE ORGA	NIZATION'S
CONFLICT OF INTEREST POLICY ALSO IMPOSES A CONTINUING DUTY	ON THE
CORPORATION'S DIRECTORS AND OFFICERS TO DISCLOSE THE NATUR	RE OF THE CONFLICT
(OR POTENTIAL CONFLICT) TO THE BOARD PRESIDENT IN WRITING	UPON KNOWLEDGE OF
THE CONFLICT. IF THE DIRECTOR OR OFFICER IS UNCERTAIN WHE	THER A CONFLICT
EXISTS, THAT PERSON MAY REQUEST THAT THE BOARD DETERMINE W	HETHER A CONFLICT
EXISTS BY A MAJORITY VOTE (NOT INCLUDING THE VOTE OF THE C	CONFLICTED
DIRECTOR). ISSUES OF POTENTIAL CONFLICT MAY BE REFERRED T	O OUTSIDE LEGAL
COUNSEL FOR ADVICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD FORMED A COMMITTEE TO REVIEW THE COMPENSATION OF	THE EXECUTIVE
AND ASSOCIATE DIRECTORS. THIS COMMITTEE CONDUCTED A SALARY	SURVEY AND
REVIEWED PERFORMANCE ASSESSMENTS PROVIDED BY THE DIRECTORS	5
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAIL	ABLE UPON
REQUEST.	

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INSTRUCTORS: PROGRAM SERVICE EXPENSES	273,893.
	0.
	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	273,893.
EVENT CAPTAINS:	
PROGRAM SERVICE EXPENSES	123,108.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	123,108.
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	26,782.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,782.
FACILITY TECHNICIANS:	
PROGRAM SERVICE EXPENSES	48,880.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	48,880.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,335.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
FUNDRAISING EXPENSES	8,771.
TOTAL EXPENSES	15,106.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	487,769.
	· -
	-

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	DESKS	05/15/12	SL	5.00		16	1,897.				1,897.	821.		379.	1,200.
4	SCREENFLEX PORTABLE PARTITIONS	02/21/13	SL	5.00		16	2,250.				2,250.	600.		450.	1,050.
100	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						4,147.			Re d	4,147.	1,421.		829.	2,250.
	MACHINERY & EQUIPMENT														
2	FULL COMPASS SOUND MIXER	09/14/12	SL	5.00		16	3,223.				3,223.	1,128.		644.	1,772.
3	MUSSON LIGHT BOARD	09/17/12	SL	5.00		16	8,909.				8,909.	3,118.		1,782.	4,900.
5	DIGITAL MIXER/SNAKES	05/01/13	SL	7.00		16	4,006.				4,006.	669.		573.	1,242.
6	WIRELESS INTERCOM CARD	11/27/13	SL	5.00		16	5,514.				5,514.	643.		1,103.	1,746.
7	THEATER EQUIP/FULL COMPASS	01/12/14	SL	5.00		16	5,545.				5,545.	277.		1,109.	1,386.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						27,197.				27,197.	5,835.		5,211.	11,046.
	OTHER														
8	DELL LAPTOP (KOOLTURA)	09/30/14	SL	5.00		16	1,000.				1,000.			150.	150.
9	DELL LAPTOP (KOOLTURA)	11/30/14	SL	5.00		16	1,225.				1,225.			143.	143.
10	TOUCHBOARDS	01/27/15	SL	5.00		16	10,322.				10,322.			860.	860.
11	TOUCHBOARDS	03/30/15	SL	5.00		16	3,847.				3,847.			321.	321.
12	BOILERS - ACCEL AIR SYSTEMS	03/01/15	SL	14.0	0	16	48,375.				48,375.		Company of the Compan	1,152.	1,152.
	* 990 PAGE 10 TOTAL OTHER						64,769.				64,769.	0.		2,626.	2,626.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						96,113.				96,113.	7,256.		8,666.	15,922.
									ME						