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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

A F	or the	2017 calendar year, or tax year beginning $JUL 1$, 2017 and	ending J	<u>UN 30, 2018</u>				
	Check if opplicable	C Name of organization		D Employer identific	cation number			
Г	Addres	S SCHOOL OF ARTS AND CULTURE AT MHP						
	Name change			80-0	714882			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	☐Final return/	1700 ALUM ROCK AVENUE		(408	794-6250			
	termin ated	3		G Gross receipts \$ 2,682,381.				
L	Ameno	SAN JUSE, CA 95110		H(a) Is this a group re				
	Application pending	F Name and address of principal officer: OESSICA FAZ-CEDITIES	S	for subordinates				
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o e: ► SCHOOLOFARTSANDCULTURE.ORG	or 527	1	list. (see instructions)			
		e: ► SCHOOLOFARTSANDCOLTORE.ORG organization: X Corporation Trust Association Other ►	I Veer	H(c) Group exemption				
	art I	Summary	L Year	or formation: ZUII N	1 State of legal domicile: CA			
		Briefly describe the organization's mission or most significant activities: TO N	ARROW	THE OPPORTIN	NITY GAP IN			
Se		ARTS EDUCATION AND LEARNING, NURTURE THE						
Governance	l	Check this box						
Ver	l			3	14			
		Number of independent voting members of the governing body (Part VI, line 1b)			13			
ري وي		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			7			
/itie		Total number of volunteers (estimate if necessary)			500			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ō	8	Contributions and grants (Part VIII, line 1h)		1,313,679.	1,858,761.			
nue	1	Program service revenue (Part VIII, line 2g)		745,880.	801,769.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		411.	397.			
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,315.	16,883.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,086,285.	2,677,810.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		200.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		538,058. 56,536.	620,477. 57,243.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	3.5	30,330.	31,243.			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,494,809.	1,711,027.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,089,603.	2,388,747.			
		Revenue less expenses. Subtract line 18 from line 12		-3,318.	289,063.			
Or Ps			Be	ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		8,149,982.	7,863,994.			
ASS	21	Total liabilities (Part X, line 26)		353,799.	307,137.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		7,796,183.	7,556,857.			
Pa	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules		· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		O'contract of the contract of		Data				
Sig	n	Signature of officer		Date				
Her	е	JESSICA PAZ-CEDILLOS, EXECUTIVE DIRECT Type or print name and title	OR					
			Ir	Date Check	PTIN			
Do:-		Print/Type preparer's name LAWRENCE S. KUECHLER LAWRENCE S. KUECHLER						
Paid			רוירע ∪		94-6214841			
-	oarer Only	Firm's name ARMANINO LLP Firm's address 50 W. SAN FERNANDO ST, STE 500		Firm's EIN ▶	<u> </u>			
USE	Jilly	SAN JOSE, CA 95113		Phone no 40	8-200-6400			
— May	the IF	S discuss this return with the preparer shown above? (see instructions)		Li none no. 40	X Yes No			

rai	Till Statement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE VISION IS TO CREATE A VIBRANT PLACE OF LEARNING, CULTURE AND	
	COMMUNITY THAT NURTURES THE SOUL AND BRINGS JOY, SKILL BUILDING AND A	
	SENSE OF BELONGING TO CHILDREN, FAMILIES AND ALL WHO PARTICIPATE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$434,146 • including grants of \$) (Revenue \$99,527	7.
	ARTS EDUCATION PROGRAM:	
	THE SCHOOL PROVIDES A "MULTI-CULTURAL AND INTER-CULTURAL VENUE" FOR	
	COMMUNITY EVENTS AND PROGRAMS THAT EMBRACE ALL CULTURES, WHILE	
	EXPLORING THE ARTISTIC TRADITIONS, CULTURAL HISTORY, AND CONTEMPORARY	
	CREATIVE EXPRESSION OF MEXICAN AND LATIN AMERICAN ARTS. THE SCHOOL	
	BELIEVES THAT THE ARTS ARE POWERFUL VEHICLES FOR HUMAN DEVELOPMENT AND	
	SOCIAL TRANSFORMATION - BY CREATING NURTURING COMMUNITIES FOR CHILDREN,	
	ESPECIALLY THOSE AT RISK. THE SCHOOL BELIEVES, AS RESEARCH INDICATES,	
	THAT CREATIVE EXPERIENCES IN THE ARTS OFFER STUDENTS THE OPPORTUNITY TO)
	"ENVISION AND SET GOALS, DETERMINE A METHOD TO REACH A GOAL, AND TRY IT	
	OUT, IDENTIFY ALTERNATIVES, EVALUATE, REVISE, SOLVE PROBLEMS, IMAGINE,	
4b	(Code:) (Expenses \$ 697,784 • including grants of \$) (Revenue \$ 703,545	·)
	EVENTS - COMMUNITY ACCESS AND ENGAGEMENT:	
	SCHOOL OF ARTS AND CULTURE AT MHP WISHES TO CREATE AS MANY	
	OPPORTUNITIES AS POSSIBLE FOR THE COMMUNITY TO VISIT, USE, PERFORM, AND)
	LEARN AT THE MEXICAN HERITAGE PLAZA (THE "PLAZA"). LIKE THE SCHOOL OF	
	ARTS AND CULTURE AT MHP, THE PLAZA WAS CREATED THROUGH EXTENSIVE	
	COMMUNITY PROCESSES. THE SCHOOL CONTINUES TO HONOR THE PLAZA'S WORK AND)
	HISTORY BY ENSURING A PRACTICE OF OPEN COMMUNICATION EXISTS AND THAT	
	MULTIPLE ENTRY POINTS ARE DEVELOPED OVER TIME.	
	THE SCHOOL'S COMMUNITY ACCESS POLICY IS DEFINED PRIMARILY BY THE SPIRIT	
	OF THE GUIDING PRINCIPLES FOR COMMUNITY ACCESS AND ENGAGEMENT:	
4c	(Code:) (Expenses \$ 83 , 358 • including grants of \$) (Revenue \$ 0) .)
	MULTICULTURAL ARTS LEADERSHIP INSTITUTE (MALI):	— <i>'</i>
	THE MULTICULTURAL ARTS LEADERSHIP INSTITUTE (MALI) IS A PROFESSIONAL	
	DEVELOPMENT OPPORTUNITY FOR LEADERS OF COLOR IN THE ARTS, CULTURE AND	
	ENTERTAINMENT SECTORS. CURRENTLY, SO MANY PEOPLE OF COLOR SERVE THEIR	
	COMMUNITY THROUGH THE ARTS BUT OFTEN WORK IN ISOLATION AND WITHOUT MUCH	I
	SUPPORT. THE MALI PROGRAM WAS CREATED BY PEOPLE OF COLOR, WITH PEOPLE	
	OF COLOR DISTINCTLY IN MIND. IT WAS PILOTED UNDER THE AUSPICES OF	
	1STACT SILICON VALLEY FROM 2008 TO 2011 AND FORMALLY BECAME A	
	STAND-ALONE PROGRAM OPERATED BY SCHOOL OF ARTS AND CULTURE AT MHP IN	
	JULY 2011. THE MISSION OF MALI ALIGNS DIRECTLY WITH THE SCHOOL OF ARTS	
	AND CULTURE AT MHP'S INTENTION TO STRENGTHEN THE MULTICULTURAL ARTS	
4d		
Tu	(Expenses \$ 744,451. including grants of \$) (Revenue \$ 15,580.)	
40	Total program service expenses ► 1,959,739.	
46	Total program service expenses	

Form 990 (2017) SCHOOL OF ARTS AND CULTURE AT MHP Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			
	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			, .
_	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	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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			
Ü	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	v
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3	11f	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111	- 21	
ıza	,	12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ . ,
	complete Schedule G. Part III	19	000	X

Form 990 (2017) SCHOOL OF ARTS AND CULTURE AT MHP Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		X
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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	Х	
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Λ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	30		122
91	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	 		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) SCHOOL OF ARTS AND CULTURE AT MHP Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1006. Enter -0 if not applicable be first the number of Form 8405 of included in line 15 Enter -0 if not applicable be 10 of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 20 Enter the number of employees exported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 3 If at least one is reported on line 42, did the organization file all required deferal employment tax returns? 3 If at least one is reported on line 42, did the organization file all required deferal employment tax returns? 4 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-rise (see instructions) 3 bid the organization have unrelated business gross is some of \$1,000 or more during the year? 5 bif "Yes," has it filed a Form 900 ff for this year? If "No," to line 30, provide an explanation in Schedule 0 3 bid 4 tran yrame during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Figure 4 the series of the organization series of the series of the series of the		Check if Schedule O contains a response or note to any line in this Part V				<u> Ш </u>
be Enter the number of Forms W.2G included in line 1a. Enter of Jin for applicable Oil the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the callednay ear ending with or within the year covered by this return. 7 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of files of 1a and 2a is greater than 250, you may be required to e-file (per instructions) 2a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 2b. If Year, I has filed a Form 990.7 for this year? If Y/9, Y line 100, provide an acquination in Exhedute O. 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account if yeurs a bank account, securities account, or other financial accounts (FBAR). 5b If Yeas, I write the name of the foreign country. If Year is the state of the foreign country. If Year is all the state of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Is in Yeas, I will be a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yeas, I will be a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction any contributions with the very solicitation an express statement that such contributions or grits were not tax deductible a charabale contributions? 6c If Yeas, I did the organization include with every solicitation and express statement that such contributions or grits were not tax deductible as draft party as a contribution on party for goods and services provided to the payor? 7c If If Yeas, I will be organization include with every solicitation and party f					Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 required federal employment tax returns? Note. If the sean on is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bill files, and a form 990-T for this year? If 'No, 1 to file 3b, provide an explanation in Schedule O. 3b If 'Yes, 'and it filed a Form 990-T for this year? If 'No, 1 to file 3b, provide an explanation in Schedule O. 3b If 'Yes, 'and the thing the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; a financial account in a foreign country (such as a bank account, securities account, or other financial account; (FBAF). 5a Was the organization a parity to a prohibitotion of a signature or other authority over, a financial account in a foreign country. See See instructions for filing requirements of FiniceN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization appray to a prohibitote tax shetter transaction? 5b Did any taxable party hority the organization file Form 8888-77 6c If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes, 'did the organization receive apyment in excess of \$75 made party	1a					
to X 2 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lead for the catendar year ending with or within the year covered by this return 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization thave unrelated business gross income of \$1,000 or more during the year? 3c Did any time of the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 3c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 3c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 3c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 3c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 3c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 3c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 3c Did the organization receive any party in the domain and party to goods and services provided to the payor? 3c Did the organization receive any party	b					
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10b Section 501(c)(12) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	8		N/A			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X				8		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a X		, , , , , , , , , , , , , , , , , , ,				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13a X						
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b Inter 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 13c 14a X		37/3				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13b 13b 14a X	I2a	, , , , , , , , , , , , , , , , , , , ,		12a		
IS Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X						
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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 c Enter the amount of reserves on hand 13c 14a X	а		N/A	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
14a Did the organization receive any payments for indoor tanning services during the tax year?		organization is licensed to issue qualified health plans				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0				14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		14b	000	<u> </u>

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		х
_				1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_V
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		 -
		10b		
110			Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	- 22	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	ı	
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ıailahl		
10		anabl	-	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	e:	:=1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	Tinanc	ıaı	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	VANESSA SHIEH - (408)794-6250			
	1700 ALUM ROCK AVENUE, SAN JOSE, CA 95116			

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.

(A)	(B)	(C) Position				(D)	(E)	(F)		
Name and Title	Average	(do				l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week (list any					1	.00,	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC)		organization
	organizations	al trus	nal trı		loyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CARMEN SIGLER	line) 1.00	프	Ë	₩ 0	- S	Hić en	Fo			
PRESIDENT	1.00	Х		Х				0.	0.	0.
(2) JULIA CASTO	1.00			- 21				•	•	•
VICE PRESIDENT		х		Х				0.	0.	0.
(3) DEBRA FIGONE	1.00									
TREASURER		х		х				0.	0.	0.
(4) STEVE MCCRAY	1.00									
SECRETARY		Х		Х				0.	0.	0 .
(5) ROY HIRABAYASHI	1.00									
DIRECTOR		Х						0.	0.	0 .
(6) PETER JENSEN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ERNESTO MARTINEZ	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) LAURIE HALSEY	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) MIGUEL SALINAS	1.00	.,							_	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) LINDA SNOOK DIRECTOR	1.00	Х						0.	0.	0
(11) ANGELINA RAMOS	1.00	Λ						0.	0.	0 .
DIRECTOR	1.00	Х						0.	0.	0 .
(12) ALEXANDRA URBANOWSKI	1.00	22						•	•	
DIRECTOR	1100	х						0.	0.	0.
(13) SUSAN ACEVEDO - FROM 11/17	1.00								•	
DIRECTOR		х						0.	0.	0.
(14) TAMARA ALVARADO - 'TIL 6/18	40.00									
EXECUTIVE DIRECTOR		Х		Х				99,196.	0.	7,877.
(15) VANESSA SHIEH	40.00									
ASSOCIATE DIRECTOR & CFO				Х				100,786.	0.	7,360.
										000

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghest	t C	compensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos) than or	20	Reportable	Reportable		Estimated		
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	1	an	nount	of
	week		officer and a direct		Irecto	Zioi/ii usiee)		from from re				other	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MIS			pensa om th	
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-271099-181130	ر (anizat	
	organizations	truste	al trus		yee	mper		(** 2/ 1000 (**1000)			_	d relat	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Je.				orga	anizati	ons
	line)	Indi	Insti	Officer	Key 6	High	Former						
		1											
						Ш				\dashv			
										\dashv			
						Н				\dashv			
1b Sub-total	Sub-total ▶ 199,982.						0.	15,237.					
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	199,982.		0.	1.	5,2	37.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) who	re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
										ſ		Yes	No
3 Did the organization list any former officer,	•			•	•								7.7
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	•		•					•	•		_		v
and related organizations greater than \$150	,		,							····	4		X
5 Did any person listed on line 1a receive or a	•				•			•			_		Х
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	<u>iplete Schedule</u>	e J fo	or su	ich r	oers	on					5		Λ
Complete this table for your five highest co	mnensated inc	lene	nder	nt cc	ntra	actors	s th	nat received more than \$	100 000 of comp		ion fro	nm	
the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	Jiioat		,,,,	
(A)								(B)			(C	;)	
Name and business	address							Description of s	ervices	C		nsatio	n
SAUL PRIETO								FACILITIES					
1257 BAHAMA WAY, SAN JOSE	CA 95	12	2				$\overline{}$	MAINTENANCE			15	1,6	75.
ROBERT RIDDLE							- 1	TECHNICAL TH	EATER				
357 1/2 16TH STREET, SAN	JOSE, C	A	95	11	2		_	SERVICES			12	8,3	35.
							\dashv						
							- 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

		Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស្ន	1 a	Federated campaigns	1a					
ant		Membership dues						
جَ ۾		Fundraising events		88,139.				
ffs, r A		Related organizations		,				
<u>e</u>		Government grants (contributi		898,874.				
Sins		All other contributions, gifts, grant	· —	03070711				
e ti	'	similar amounts not included abov		871,748.				
를	~	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			1,858,761.			
<u> </u>		Total. Add lines 1a-11		Business Code				
	2 2	RENTAL INCOME		531390	703,090.	703,090.		
Program Service Revenue	2 a b		S	611600	98,679.	98,679.		
žer, lue				011000	30,013.	30,0731		
Men S	c d							
gra Be								
ro.	e							
_		All other program service reversed. Add lines 2a-2f			801,769.			
	3	Investment income (including			001,703.			
	3	other similar amounts)			397.			397.
	4	Income from investment of tax			337.			337.
	5			•				
	3	Royalties	(i) Real	(ii) Personal				
	6.0	Gross rents	(i) Neai	(II) Personal				
		Gross rents Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	b	and sales expenses						
	•	Gain or (loss)						
		Net gain or (loss)						
en		Gross income from fundraising	g events (not					
enr		including \$ 88,1						
Other Reven		contributions reported on line	•	4 571				
e		Part IV, line 18						
됩		Less: direct expenses		4,571.	0			
		Net income or (loss) from fund		_	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
			b					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code		15 500		
		MISCELLANEOUS I		900099	15,593.	15,593.		1
		FEES (FISCAL SP	ONSORSH	900099	1,290.	1,290.		1
	С							
		All other revenue			16 002			
		Total. Add lines 11a-11d			16,883.	010 (50		207
	12	Total revenue. See instructions.			2,677,810.	818,652.	0.	397.

Form 990 (2017) SCHOOL OF ARTS AND CULTURE AT MHP Part IX Statement of Functional Expenses

Do not Include amounts reported on lines 60, 28, 89, 99, and 70 of Part VIII Total expenses Program service Management and general expenses Program service Management Program service Program service Management Program service Prog	Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	X
Grants and other assistance to generations and domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, foreign governments, and to grant g		not include amounts reported on lines 6b,		(B) Program service	Management and	(D) Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, III or 22 3 Grants and other assistance to toreign organizations. Foreign governments, and foreign individuals. See Part IV, III or 5 and 16 4 Burnetts paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 1 Compensation in directived above, to disqualified persons (as tellined under section 4988)(1)) and persons described in section 4988)(1) and 10 and 1		Grants and other assistance to domestic organizations		311 , 231.333	9	5. p 5.1.552
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Section 401(k) and 403(b) employer contributions) 37,524. 37,129. 288. 107.	7		313,034.	309,257.	3,423.	354.
9 Other employee benefits	8					
10 Payroll taxes		` ' ` ` ` · · · · · · · · · · · · · · ·				
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Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a EVENT RENTAL EXPENSE b BAD DEBT c PAYROLL SERVICE FEES d TRAINING e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)		[52.
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Interval if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	2,388,747.	1,959,739.	300,973.	128,035.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12,760.	1	12,094.
	2	Savings and temporary cash investments			435,697.	2	447,960.
	3	Pledges and grants receivable, net			372,383.	3	630,004
	4	Accounts receivable, net			53,859.	4	31,107
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			8		
	9	B		7,736.	9	8,475	
	10a	Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D	10a	125,867.			
	b	Less: accumulated depreciation		59,057.	71,621.	10c	66,810
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		7,195,926.	15	6,667,544	
	16	Total assets. Add lines 1 through 15 (must equ			8,149,982.	16	7,863,994
	17	Accounts payable and accrued expenses			207,499.	17	193,436
	18	Grants payable		18			
	19	Deferred revenue			123,855.	19	91,256
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			22,445.	21	22,445
Ø	22	Loans and other payables to current and former	officers,	directors, trustees,			
iii		key employees, highest compensated employee	es, and di	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			353,799.	26	307,137.
		Organizations that follow SFAS 117 (ASC 958	3), check	here ▶ X and			
S		complete lines 27 through 29, and lines 33 an					
ŭ	27	Unrestricted net assets			364,591.	27	346,867.
3ala	28	Temporarily restricted net assets			7,431,592.	28	7,209,990.
펄	29			<u> </u>		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances		7,796,183.	33	7,556,857.	
	34	Total liabilities and net assets/fund balances .			8,149,982.	34	7,863,994.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,67	7,8	<u> 10.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,38	8,7	47.
3	Revenue less expenses. Subtract line 2 from line 1	3		28	9,0	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,79	6,1	83.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		-52	8,3	89.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	7	,55	6,8	57.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1096563.	956,132.	1281216.	1313679.	1858761.	6506351.
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	9445141.			164,055.		10101071.
4	Total. Add lines 1 through 3	10541704.	956,132.	1620525.	1477734.	2011327.	16607422.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						141,355.
	Public support. Subtract line 5 from line 4.						<u> 16466067.</u>
	ction B. Total Support				I		T
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	***************************************	10541704.	956,132.	1620525.	1477734.	2011327.	16607422.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	420	4.6.5	000	411	207	2 540
	and income from similar sources	439.	465.	828.	411.	397.	2,540.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	9,446.	8,938.	10,720.	26,315.	16,883.	72,302.
	assets (Explain in Part VI.)	3,440.	0,930.	10,720.	20,313.		16682264.
	Total support. Add lines 7 through 10	ata (ana inatuustia					,708,075.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	t fourth or fifth to			, 100,013.
13	organization, check this box and stop	-			-		ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I			olumn (fl)		14	98.70 %
	Public support percentage from 2016					15	99.62 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	-					, T
b	33 1/3% support test - 2016. If the o		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	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 organization			•			· · · · · · · · · · · · · · · · · · ·

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	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						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I		T	T	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	I first second thir	l d fourth or fifth to	l I v vear as a section	1 501(c)(3) organiz	ation
17	check this box and stop here	•		•	•		· . —
Se	ction C. Computation of Publi						
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lin	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						`
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	4 -		
	4a		
	4b		
	1.2		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	46.		
_	10b	n-F7)	0047
•	an or ac		

Par	t IV Supporting Organizations _(continued)		
		Yes	s 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?		
b	A family member of a person described in (a) above?		
	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.	:	
Sect	tion B. Type I Supporting Organizations		
		Yes	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	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.		
	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
000	ion of Type in oupporting Organizations	Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	16:	, NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sect	tion D. All Type III Supporting Organizations		
		Yes	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		\perp
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	_	
	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Soot	supported organizations played in this regard. 3 tion E. Type III Functionally Integrated Supporting Organizations		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	20)	
	Activities Test. Answer (a) and (b) below.	Yes	s No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		111
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in (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		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	\bot	\bot
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in I	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	1 v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

SCHOOL OF ARTS AND CULTURE AT MHP

80-0714882

Organization type (check one):				
Filers of	:	Section:		
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 990	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.		
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.		
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year		
but it m u	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne 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) (2017)

SCHOOL OF ARTS AND CULTURE AT MHP

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$166,200 .	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		\$	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
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 230,193.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 85,000.	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
6		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

SCHOOL OF ARTS AND CULTURE AT MHP

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$50,000.	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
8		\$180,000.	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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _ _ _	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHOOL OF ARTS AND CULTURE AT MHP

(a) No. Tom Description of noncash property given (b) FMV (or estimate) (c) FMV (or estimate) (d) Date received (d) Date received (e) No. Tom Description of noncash property given (a) No. Tom Description of noncash property given (b) FMV (or estimate) (goe instructions.) (d) Date received (e) FMV (or estimate) (goe instructions.) (d) Date received (e) FMV (or estimate) (goe instructions.) (d) Date received (e) FMV (or estimate) (goe instructions.) (f) Date received (goe instructions.) (h) Date received (goe instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. Torm Description of noncash property given S. (c) FMV (or estimate) (See instructions.) (d) Date received (e) Part I (e) (See instructions.) (e) (for estimate) (See instructions.) (e) Date received (for estimate) (See instructions.) (for part I (for estimate) (See instructions.)	No. from		FMV (or estimate)	I .
No. trom Description of noncash property given (a) S (c) FMV (or estimate) (see instructions.) (b) TFMV (or estimate) (see instructions.) (c) FMV (or estimate) (d) Date received (d) Date received (e) No. trom Description of noncash property given (e) No. trom Description of noncash property given (e) No. trom Description of noncash property given (f) FMV (or estimate) (see instructions.) (g) No. trom Description of noncash property given (g) No. trom Description of noncash property given			\$	
(a) No. from Part I Description of noncash property given S (c) FMV (or estimate) (see instructions.) (d) Date received S (c) FMV (or estimate) (see instructions.) (e) TMV (or estimate) (see instructions.) (from Description of noncash property given S (c) FMV (or estimate) (see instructions.) (d) Date received S (see instructions.) (e) FMV (or estimate) (see instructions.) (d) Date received S (see instructions.) (e) TMV (or estimate) (see instructions.) (d) Date received S (see instructions.) (e) Date received S (see instructions.)	No. from		FMV (or estimate)	I .
No. from Part I (a)			\$	
(a) No. from Description of noncash property given See Instructions.) (b) FMV (or estimate) (See Instructions.) (c) FMV (or estimate) (See Instructions.) (d) Date received (a) No. from Description of noncash property given Part I (a) No. (b) FMV (or estimate) (See Instructions.) (b) FMV (or estimate) (See Instructions.) (c) FMV (or estimate) (See Instructions.) (d) Date received (e) FMV (or estimate) (See Instructions.)	No. from		FMV (or estimate)	I .
No. from Part I (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I (b) Description of noncash property given (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) (d) Date received (d) Date received	No. from		FMV (or estimate)	I .
No. from Part I (b) FMV (or estimate) (See instructions.) (d) Date received (see instructions.) (a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			\$	
(a) No. from Part I (b) (c) FMV (or estimate) (See instructions.) (d) Date received	No. from		FMV (or estimate)	
No. (b) from Description of noncash property given Part I			\$	
	No. from		FMV (or estimate)	
Φ Cohedula D (Form 000, 000, E7, or 000, DE) (2001)			\$	

OF ARTS AND CULTURE AT		80-0714882 I in section 501(c)(7), (8), or (10) that total more than \$1.00	0 for
the year from any one contributor. Complete c	olumns (a) through (e) and the follo	OWING line entry, For organizations	
Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or all space is needed.	riess for the year. (Enter this into, once.)	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gif	ift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of git	 ift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Transferee's name address an			
Transferee 3 flame, address, an	M 2 11 T 7	Treationship of a ansieror to a ansieroe	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of git	ift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	
	Exclusively religious, charitable, etc., contribe year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to organizations described the year from any one contributor. Complete columns (a) through (e) and the following part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (e) Transfer of gift (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,00 the year from a form type organizations of the following light (e) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number 80-0714882

	organization answered "Yes" on Form 990, Part IV, line ((a) Donor advised funds	//	b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	,,,	אין י עוועס מווע טנווטו מטטטעוונס
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		<u> </u>	
5	Did the organization inform all donors and donor advisors in wri	•		
_	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or d			
Da				
	2		Part IV,	line /.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or edu		-	•
	Protection of natural habitat	Preservation of a cer	rtified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a con	
	day of the tax year.			Held at the End of the Tax Ye
а	Total number of conservation easements			2a
b	,			2b
С	Number of conservation easements on a certified historic struct	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired after	•		
	listed in the National Register		[2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	e organiz	zation during the tax
	year >			
4	Number of states where property subject to conservation easer	ment is located -		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it he	olds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enforcing con	servation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation eas	ements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	(h)(4)(B)(i	i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the orga	anization's accounting for
	conservation easements.			
	rt III Organizations Maintaining Collections of A	art. Historical Treasures, or O	ther Si	imilar Assets.
Pa		,		
Pa	Complete if the organization answered "Yes" on Form 99	•		
		90, Part IV, line 8.	ment and	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8. 958), not to report in its revenue stater		d balance sheet works of art,
	Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under SFAS 116 (ASC	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in furthera		d balance sheet works of art,
	Complete if the organization answered "Yes" on Form 99 of the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in further as these items.	ance of p	d balance sheet works of art, public service, provide, in Part XIII,
1a	Complete if the organization answered "Yes" on Form 99 of the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in further as these items. 958), to report in its revenue statemen	ance of p	d balance sheet works of art, public service, provide, in Part XIII, lance sheet works of art, historica
1a	Complete if the organization answered "Yes" on Form 99 of the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibiting the text of the footnote to its financial statements that describe of the organization elected, as permitted under SFAS 116 (ASC)	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in further as these items. 958), to report in its revenue statemen	ance of p	d balance sheet works of art, public service, provide, in Part XIII, lance sheet works of art, historica
1a	Complete if the organization answered "Yes" on Form 98 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educ relating to these items:	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in further as these items. 958), to report in its revenue statemen cation, or research in furtherance of pure statements.	ance of p t and bal ıblic serv	d balance sheet works of art, bublic service, provide, in Part XIII, lance sheet works of art, historica vice, provide the following amounts
1a	Complete if the organization answered "Yes" on Form 98 lf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe lf the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, education relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in furthers is these items. 958), to report in its revenue statemen cation, or research in furtherance of pu	ance of p t and bal	d balance sheet works of art, bublic service, provide, in Part XIII, lance sheet works of art, historica rice, provide the following amount: \$\Box\$ \$
1a b	Complete if the organization answered "Yes" on Form 98 lf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe lf the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educ relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in furthers it these items. 958), to report in its revenue statemen cation, or research in furtherance of pu	ance of p t and bal	d balance sheet works of art, public service, provide, in Part XIII, lance sheet works of art, historica vice, provide the following amounts \$
1a	Complete if the organization answered "Yes" on Form 98 If the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describe If the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educ relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in further as these items. 958), to report in its revenue statemen cation, or research in furtherance of pure statement of the state	ance of p t and bal	d balance sheet works of art, public service, provide, in Part XIII, lance sheet works of art, historica vice, provide the following amounts \$
1a b	Complete if the organization answered "Yes" on Form 98 lf the organization elected, as permitted under SFAS 116 (ASC historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describe lf the organization elected, as permitted under SFAS 116 (ASC treasures, or other similar assets held for public exhibition, educing to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasure the following amounts required to be reported under SFAS 116	90, Part IV, line 8. 958), not to report in its revenue stater ition, education, or research in further as these items. 958), to report in its revenue statemen cation, or research in furtherance of pure statement of the state	t and bal ublic serv	d balance sheet works of art, public service, provide, in Part XIII, lance sheet works of art, historica vice, provide the following amount: \$\Bigsim \sum_{\text{s}} = \bigsim_{\text{s}} = \bigsim_{\text{s}} = \bigsim_{\text{s}} = \bigsim_{\text{provide}} = \big

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(continu	ied)		
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	t are a sigr	nificant us	se of its c	ollection it	ems		
	(check all that apply):											
а	Public exhibition	C	ı 🔲 L	oan or exc	hange progra	ams						
b												
С	Preservation for future generations											
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	on's exem	ot purpos	e in Part	XIII.			
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or othe	er similar a	ssets					
	to be sold to raise funds rather than to be ma	intained as part of t	he organi	zation's co	llection?				Yes	☐ No		
Pai	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990,	Part IV,	ine 9, or			
	reported an amount on Form 990, Par											
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for c	ontribution	s or other as	sets not in	cluded					
	on Form 990, Part X?								Yes	X No		
b	If "Yes," explain the arrangement in Part XIII a											
									Amount			
С	Beginning balance						1c					
	Additions during the year						1d					
	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fo						y?	X	Yes	No No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on	Part XIII				X		
Pai).					
		(a) Current year		rior year	(c) Two yea			ears back	(e) Four y	ears back		
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
ŭ	and programs											
f	Administrative expenses											
g g	End of year balance											
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1a	column (a	// pelq as.							
a	Board designated or quasi-endowment	•	% %	, coluitiit (a)) Held as.							
b	Permanent endowment	%										
	Temporarily restricted endowment											
C	The percentages on lines 2a, 2b, and 2c shou											
20	Are there endowment funds not in the posses	=	ation that	are held a	ad administo	rod for the	organizat	tion				
Ja		ssion of the organiza	ation that	are rielu ai	iu auriiiiistei	rea for title	organizai	11011	Г	res No		
	by: (i) unrelated organizations								3a(i)	es No		
									<u> </u>	-		
L	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	tions listed as requir		hadula Dû					3a(ii)	+-		
									3b			
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		willellt it	iiius.								
			Dort IV	line 11e C	oo Form 000	Dort V li	no 10					
	Complete if the organization answered								(-I) D I-			
	Description of property	(a) Cost or of basis (investr		` '	or other (other)		cumulated reciation	٦	(d) Book	value		
	Land	,	nent)	Dasis	(Other)	цері	Clation					
	Land											
	Buildings			1	8,375.		11,51	<u>-</u>	26	Q F O		
	Leasehold improvements				7,315.		$\frac{11,51}{43,26}$			<u>,859.</u> ,052.		
	Equipment				0,177.							
	Other					l	4,27			,899. ,810.		
ı ota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colum	n (B). line 1	Oc.)				00	, o T U •		

Schedule D (Form 990) 2017 SCHOOL OF A	RTS AND	CULTURE	AT	MHP	80-0714882	Page \$
Part VII Investments - Other Securities.						
Complete if the organization answered "Yes"	on Form 990, F	art IV, line 11b.	See Fo	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book	value	(c) Me	ethod of valuation: Cost of	or end-of-year market v	alue
(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.)						
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"	on Form 990, F	art IV, line 11c.	See Fo	orm 990, Part X, line 13.		
(a) Description of investment	(b) Book	value	(c) Me	ethod of valuation: Cost of	or end-of-year market v	alue
(1)						

Complete if the organization answered Tes	on rolling 30, raitiv, line	TTC. See Form 990, Fart 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.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on 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	6,647,664.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part X, col. (R) line 15.)	6,667,544.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	2,830,376.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b	152,566.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	152,566.
3	Subtra	act line 2e from line 1			3	2,677,810.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r		5	2,677,810.		
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per R	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	3,069,702.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	680,955.		
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	680,955.
3	Subtra	act line 2e from line 1			3	2,388,747.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total e	expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,388,747.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE FOUNDATION ENTERED INTO AN AGREEMENT IN AUGUST 2015 WITH MI PUEBLO, LLC (MI PUEBLO). UNDER THIS AGREEMENT, MI PUEBLO APPOINTED THE SCHOOL AS AGENT. THIS AGREEMENT WAS ESTABLISHED TO PROVIDE SCHOLARSHIP FUNDS TO COLLEGE BOUND, GRADUATING HIGH SCHOOL SENIORS. THESE FUNDS ARE UNDER THE CONTROL OF MI PUEBLO AND CANNOT BE AWARDED TO A STUDENT WITHOUT THE APPROVAL OF MI PUEBLO. SCHOLARSHIPS WERE AWARDED DURING THE FISCAL YEARS ENDING JUNE 30, 2018 TOTALING \$0. THE CASH AND RELATED LIABILITY FOR THE AGENCY FUND FOR SCHOLARSHIPS TOTALED \$22,445 AS OF JUNE 30, 2018.

PART X, LINE 2:

Part XIII Supplemental Information (continued)
GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT
MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND
BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS
FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT
TO BE SUSTAINED UPON EXAMINATION.
THE ORGANIZATION'S FEDERAL RETURNS COULD BE SUBJECT TO EXAMINATION BY
FEDERAL TAXING AUTHORITIES, GENERALLY FOR 3 YEARS AFTER THEY ARE FILED.
THE ORGANIZATION'S STATE RETURNS COULD BE SUBJECT TO EXAMINATION BY STATE
TAXING AUTHORITIES, GENERALLY FOR 4 YEARS THEY ARE FILED.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

SCHOOL	OF ARTS AND CULTUR	E AI	г мі	HP	80-0714	882
Part I Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e X Solicitat f X Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants rnment grants events fficers, directors, trus undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	itrol 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 - 5114		Yes	No			
DALECARLIA DRIVE, BETHESDA,	GRANTWRITING		X	816,619.	57,243.	759,376.
				816,619.	57,243.	759,376.
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contribi	utions	or has been notified	it is exempt from req	gistration
CA						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through TRES VINOS col. (c)) (event type) (event type) (total number) 92,710. 92,710. Gross receipts 88,139. 2 Less: Contributions 88,139. 4,571. 4,571. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 4,571. 4,571. 7 Food and beverages 8 Entertainment 9 Other direct expenses 4,571. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 SCHOOL OF ARTS AND CULTURE AT MHP 80-C	1714882	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	
14	enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \(\bigs\) \$ TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	0 05 10	
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nes 9, 9b, 10	3, 150,
	130, 10, and 170, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	5:	
	\ NAME OF FINDDATGED. TONG MADGIG CONGULTURA		
<u>(I</u>) NAME OF FUNDRAISER: JONO MARCUS CONSULTING		
(I) ADDRESS OF FUNDRAISER: 5114 DALECARLIA DRIVE, BETHESDA, MD 8	0216	
	· · · · · · · · · · · · · · · · · · ·		
PA	RT I, LINE 2B, COLUMN (V):		
<u>J0</u>	NO MARCUS CONSULTING WAS PAID ON A MONTHLY BASIS FOR GRANT WRIT	ING	
SE	RVICES.		

Schedule G	(Form 990 or 990-EZ) Supplemental Info	SCHOOL	OF ART	'S AND	CULTURE	ΑT	MHP	80-0714882	Page 4
Part IV	Supplemental Info	rmation _{(cont}	inued)						

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Name of	the organization	CHOOL O	F ARTS AN	ID C	ULTU	JRE AT MHP					ident 148		on nu	mber	
Part I						ion 501(c)(4), and 50	1(c)	(29) organizations							
	Complete if the c	organization ans	swered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.				
1 (a) Name of disqualified person			Relationship bet			ified (c) D	escription of trans	sactio	n			(d) Corrected		
(, -	Tarrio or aroquamiou p		person and o	rganiza	ation	,						<u> </u>	es	No	
												-			
												+	-		
												+	\dashv		
												+			
												+	\dashv		
2 Ent	er the amount of tax i	ncurred by the	organization man	agers	or disc	ualified persons dur	ing '	the year under				1	ļ		
3 Ent	er the amount of tax,	if any, on line 2	, above, reimburs	sed by	the ore	ganization				▶ \$					
Part II	Loans to and	l/or From In	torested Der	eone											
raiti	_					D 11/1: 00 F	_	000 D 1 N/ I							
	•	•				, Part V, line 38a or F	-orn	n 990, Part IV, line	e 26; (or if th	e orga	nızatıc	on		
	(a) Name of	(b) Relationship	00, Part X, line 5, 6 (c) Purpose	_	an to or	(e) Original		f) Balance due	la) In	(h) Ap	proved	(i) \/	Vritten	
int	terested person	with organization	nization of loan		n the ization?	principal amount	۱ '	(i) Dalarice due		ault?	by board o		J UI Lagraamant		
	•				From				Yes	No	Yes	No	Yes	No	
				To	110111				103	110	103	140	103	110	
				1											
Total Part II	II Grants or As	oiotonoo Ba	nofiting Into			> \$									
Parti			swered "Yes" on												
(a)	Name of interested p		(b) Relationship			(c) Amount of		(d) Type	of		(e) Purp	ose o	f	
(,			interested person and the organization		assistance		assistano			;	assista	ance			
										$\neg \uparrow$					
		I						1		- 1					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 2: (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
	person and the organization	transastion	transastion	Yes	nues?
JP PAVING AND GRADING	ONE OF THE OWNERS I	43,000.	PAVING REPL		Х
Part V Supplemental Information					
Provide additional information for resp	oonses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	TRANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: JP PAV	ING AND GRADING				
(B) RELATIONSHIP BETWEEN 1	NTERESTED PERSON AND	ORGANTZATI	ON:		
ONE OF THE OWNERS IS THE S	SPOUSE OF FORMER EXEC	UTIVE DIREC	TOR		
(D) DESCRIPTION OF TRANSAC	CTION: PAVING REPLACE	MENT			

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number 80-0714882

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEING OF OUR CHILDREN AND UNLEASH THE TALENT OF OUR NEXT GENERATION OF

STUDENTS, LEADERS, ARTISTS AND CONSUMERS OF CULTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WORK COLLABORATIVELY, AND APPLY SELF-DISCIPLINE" (THE CALIFORNIA STATE

BOARD OF EDUCATION VISUAL AND PERFORMING ARTS).

THE GOALS FOR THE ARTS EDUCATION PROGRAM ARE TO ENGAGE YOUTH, AGES f 4 TO 18, IN POSITIVE, CULTURALLY RELEVANT, SAFE AND EMPOWERING LEARNING EXPERIENCES THAT WILL INSPIRE AND STRENGTHEN THE YOUTH AND FAMILIES OF SAN JOSE TO BE AGENTS OF POSITIVE CHANGE. TO REACH THESE GOALS, SCHOOL SEEKS TO ACHIEVE THE FOLLOWING OBJECTIVES: 1) OFFER EAST SAN JOSE STUDENTS ACCESS TO ARTS EDUCATION; 2) ACTIVATE A COMMUNITY ASSET THE MEXICAN HERITAGE PLAZA, WHERE THE SCHOOL IS LOCATED; AND 3) OFFER OUALITY STUDENT LEARNING EXPERIENCES IN THE ARTS. THE ARTS EDUCATION PROGRAM PROVIDES ARTS AND CULTURE EXPERIENCES FOR STUDENTS AGES 0-18 HELPING THEM TO ACHIEVE DEVELOPMENTAL AND EDUCATIONAL MILESTONES THROUGH QUARTERLY CLASSES IN DANCE AND MUSIC, ROOTED IN MEXICAN AND MEXICAN AMERICAN CULTURE. IN 2017, THE SCHOOL ADOPTED A DEVELOPMENTAL PATHWAY APPROACH IN MUSIC TO OFFER STUDENTS SEQUENTIAL INSTRUCTION THAT DEVELOPS SOLID FOUNDATIONAL SKILLS, INSTRUMENTAL TECHNIQUE, NOTATION, AND OVERALL MUSICIANSHIP.

THIS PROGRAM SERVED 878 PEOPLE.

Name of the organization **Employer identification number** 80-0714882 SCHOOL OF ARTS AND CULTURE AT MHP 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 NONPROFITS THAT CAPITALIZE ON THE STRENGTHS OF THIS UNIQUE FACILITY AND LOCATION IN THE EASTSIDE OF SAN JOSE. -DEVELOP PARTNERSHIPS WITH A NETWORK OF ARTISTS, ARTS AND COMMUNITY ORGANIZATIONS THAT WILL LEVERAGE EXISTING RELATIONSHIPS AND CAPACITY WHILE ADVANCING AND GROWING COLLECTIVE IMPACT. -BUILD COMMUNITY CONFIDENCE, ENTHUSIASM AND TRUST OVER TIME THROUGH CONSISTENT COMMUNICATION, RESPONSIVENESS AND A RELIABLE MENU OF OPPORTUNITIES. -DEVELOP A BROAD MIX IN PROGRAMMING WITH A FOCUS ON MEXICAN CULTURE WHILE ACTIVATING OPPORTUNITIES FOR SOCIAL INTEGRATION WITH THE BROADER MULTICULTURAL ARTISTIC COMMUNITY PRESENT IN SAN JOS. -FACILITATE MULTIPLE POINTS OF ENTRY FOR COMMUNITY MEMBERS, PARTNER ORGANIZATIONS AS WELL AS PRIVATE CLIENTS. -CREATE A RELATIONSHIP OF RECIPROCITY WITH ORGANIZATIONS AND THE COMMUNITY THROUGH "MISSION COMPATIBLE" ACTIVATION OF SPACES. -EMBRACE GRASSROOTS PARTICIPATION AS CRITICAL TO THE SUCCESS OF SCHOOL OF ARTS AND CULTURE AT MHP'S VISION, AND PROVIDE OPPORTUNITIES FOR COMMUNITY FEEDBACK.

Name of the organization **Employer identification number** 80-0714882 SCHOOL OF ARTS AND CULTURE AT MHP EVENTS - MARKET RENTAL PROGRAM: SCHOOL OF ARTS AND CULTURE AT MHP IS LOCATED IN A BEAUTIFUL MULTI-USE VENUE IN A HISTORICALLY SIGNIFICANT 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 OF A MILE AWAY FROM THE SCHOOL. THE BUSINESS PLAN WRITTEN BY THE MHP STEERING COMMITTEE IN 2011 IDENTIFIES RENTAL INCOME FROM THE FACILITY AS AN IMPORTANT COMPONENT OF THE LONG TERM SUSTAINABILITY OF SCHOOL OF ARTS AND CULTURE AT MHP. THE SCHOOL HAS PARTNERED WITH A FOR PROFIT COMPANY, GIANT CREATIVE SERVICES, TO ENSURE A CAREFUL, CREATIVE AND ATTENTIVE APPROACH TO MARKET RATE RENTALS. THIS CLOSE PARTNERSHIP WITH THE SCHOOL STAFF HAS SUCCESSFULLY INCREASED THE USAGE OF THE FACILITY BY A NUMBER OF ARTS ORGANIZATIONS AND PRIVATE EVENTS IN A MANNER NEVER BEFORE SEEN UNDER PREVIOUS OPERATORS. THE SCHOOL'S MARKET RENTAL PROGRAM GENERATES REVENUE THAT THEN DIRECTLY SUPPORTS THE SCHOOL PROGRAM. THIS PROGRAM SERVED ABOUT 70,000 PEOPLE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY AND CULTIVATE NEW AUDIENCES AND CROSSCULTURAL EXPERIENCES. MALI'S PRESENCE AT SCHOOL OF ARTS AND CULTURE AT MHP PROVIDES A NETWORK 110 GRADUATES WHO ARE STRONG MULTICULTURAL LEADERS WHO CAN BE LEVERAGED TO ADVANCE THE VISION OF THE SCHOOL. THE SCHOOL PROVIDES A HOME FOR

MALI.

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
THIS PROGRAM SERVED ABOUT 11 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. THE SCHOOL	LEVERAGES THE
\$35 MILLION FACILITY TO OFFER ITS PROGRAMS, INCLUDING QUAL	ITY ARTS
EDUCATION COURSES TO THE COMMUNITY THROUGH ITS ARTS EDUCAT	ION PROGRAM;
AN ARTS LEADERSHIP PROGRAM FOR PEOPLE OF COLOR (I.E. THE M	ULTICULTURAL
ARTS LEADERSHIP INSTITUTE); AND COMMUNITY EVENTS THROUGH I	TS COMMUNITY
ACCESS AND ENGAGEMENT AND MARKET RENTAL PROGRAMS. IN THIS	WAY, THE LONG
UNDERUTILIZED FACILITY IS ACTIVATED AND TRANSFORMED INTO A	VIBRANT HUB
OF COMMUNITY ACTIVITY.	
EXPENSES \$ 471,453. INCLUDING GRANTS OF \$ 0. REVENUE \$	15,580.
MAYFERIA:	
DURING THE YEAR ENDED JUNE 30, 2017, THE SCHOOL OF ARTS AN	D CULTURE AT
MHP LAUNCHED A SPECIAL PROJECT INITIATIVE CALLED MAYFERIA.	THIS PROJECT
CELEBRATES THE TALENT, HISTORY, AND BEAUTY OF THE MAYFAIR	COMMUNITY.
THE SCHOOL WILL CONTINUE TO LEVERAGE ITS CONNECTIONS AND R	OLE IN THE
COMMUNITY AS AN ANCHOR AGENCY AND CONVENER TO RECRUIT COMM	UNITY MEMBERS
TO PARTICIPATE IN THE PROCESS OF INITIATING, DEVELOPING, P	LANNING AND
IMPLEMENTING THE ELEMENTS OF THE PROJECT. MAYFERIA ACTIVIT	IES BRING
THESE RICH, MULTI-FACETED CULTURAL ACTIVITIES TO AN AREA C	HARACTERIZED
BY GANG VIOLENCE POVERTY BLIGHT A LACK OF RESOURCES. AL	SO WTTH A

Name of the organization **Employer identification number** 80-0714882 SCHOOL OF ARTS AND CULTURE AT MHP PREDOMINANTLY LATINO POPULATION, MAYFERIA HELPS RESIDENTS TO DEVELOP AND ENHANCE A SENSE OF BELONGING AND PRIDE IN THEIR HERITAGE AND NEIGHBORHOOD, GAINING A BROADER PERSPECTIVE OF THE CHALLENGES FACED BY THE MAYFAIR NEIGHBORHOOD AND A NEW PERSPECTIVE ON THE POSSIBILITIES FOR CHANGE. CURRENT FUNDING FOR MAYFERIA WILL TAKE THE PROJECT THROUGH THE YEAR ENDING JUNE 30, 2019. THIS PROGRAM SERVED ABOUT 3,000 PEOPLE. EXPENSES \$ 272,998. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR AND BOARD TREASURER REVIEW THE 990 BEFORE IT IS FILED. THE BOARD RECEIVES A COPY OF THE 990 AT THE BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: BEFORE ASSUMING OFFICE, ALL POTENTIAL OFFICERS AND DIRECTORS OF THE CORPORATION SHALL AGREE TO THE POLICY IN WRITING. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ALSO IMPOSES A CONTINUING DUTY ON THE CORPORATION'S DIRECTORS AND OFFICERS TO DISCLOSE THE NATURE OF THE CONFLICT (OR POTENTIAL CONFLICT) TO THE BOARD PRESIDENT IN WRITING UPON KNOWLEDGE OF THE CONFLICT. IF THE DIRECTOR OR OFFICER IS UNCERTAIN WHETHER A CONFLICT EXISTS, THAT PERSON MAY REQUEST THAT THE BOARD DETERMINE WHETHER A CONFLICT EXISTS BY A MAJORITY VOTE (NOT INCLUDING THE VOTE OF THE CONFLICTED DIRECTOR). ISSUES OF POTENTIAL CONFLICT MAY BE REFERRED TO 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

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
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.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
DATABASE CONSULTING:	
PROGRAM SERVICE EXPENSES	3,893.
MANAGEMENT AND GENERAL EXPENSES	4,725.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,618.
EVENT CAPTAINS:	
PROGRAM SERVICE EXPENSES	339,821.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	339,821.
FACILITY TECHNICIANS:	
PROGRAM SERVICE EXPENSES	109,974.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	109,974.
INSTRUCTORS:	
PROGRAM SERVICE EXPENSES	162,720.
732212 09-07-17 Sche	dule O (Form 990 or 990-FZ) (2017)

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	162,720.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	100,190.
MANAGEMENT AND GENERAL EXPENSES	31 231
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	134,424.
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	6 100
MANAGEMENT AND GENERAL EXPENSES	300
FUNDRAISING EXPENSES	11,694.
TOTAL EXPENSES	18,193.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	19,835.
MANAGEMENT AND GENERAL EXPENSES	23,637.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,472.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	817,222.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

	OU FAGE 10							220							
Asset No.	Description	Date Acquired	Method	Life	C o n	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.	1,897.		0.	1,897.
4	SCREENFLEX PORTABLE PARTITIONS	02/21/13	SL	5.00	í	16	2,250.				2,250.	1,950.		300.	2,250.
20	TABLES AND CHAIRS	05/31/18	SL	5.00	-	16	6,030.				6,030.			131.	131.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						10,177.				10,177.	3,847.		431.	4,278.
	MACHINERY & EQUIPMENT														
2	FULL COMPASS SOUND MIXER	09/14/12	SL	5.00	-	16	3,223.				3,223.	3,062.		161.	3,223.
3	MUSSON LIGHT BOARD	09/17/12	SL	5.00	-	16	8,909.				8,909.	8,464.		445.	8,909.
5	DIGITAL MIXER/SNAKES	05/01/13	SL	7.00	:	16	4,007.				4,007.	2,385.		572.	2,957.
6	WIRELESS INTERCOM CARD	11/27/13	SL	5.00	:	16	5,514.				5,514.	3,952.		1,103.	5,055.
7	THEATER EQUIP/FULL COMPASS	01/12/14	SL	5.00	:	16	5,545.				5,545.	3,604.		1,109.	4,713.
8	DELL LAPTOP (KOOLTURA)	09/30/14	SL	5.00	:	16	1,000.				1,000.	550.		200.	750.
9	TOUCHBOARDS	01/27/15	SL	5.00	:	16	10,322.				10,322.	4,988.		2,064.	7,052.
10	TOUCHBOARDS	03/30/15	SL	5.00	-	16	3,848.				3,848.	1,860.		770.	2,630.
12	4 DELL COMPUTERS	06/02/16	SL	5.00	:	16	2,408.				2,408.	522.		482.	1,004.
13	SOUNDBOARD	06/02/16	SL	5.00		16	3,351.				3,351.	726.		670.	1,396.
14	SWEETWATER SOUND CC/DIGITAL SOUND MIXER	10/26/16	SL	5.00	:	16	2,242.				2,242.	336.		486.	822.
15	2 DELL COMPUTERS, 3 EPSON PROJECTORS	11/29/16	SL	5.00		16	2,384.				2,384.	278.		477.	755.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine 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
16	FACILITY LIFT - MECHANICAL LADDER	11/29/16	SL	5.00	1	L 6	9,043.				9,043.	1,055.		1,809.	2,864.
17	TAMARAS COMPUTER EQUIPMENT	04/10/17	SL	5.00	1	16	1,031.				1,031.	35.		412.	447.
18	CLEAR COM INTERCOM STATION	10/05/17	SL	5.00	1	L 6	1,270.				1,270.			160.	160.
19	SOUND EQUIPMENT * 990 PAGE 10 TOTAL	11/29/17	SL	5.00	1	L6	3,218.				3,218.			526.	526.
	MACHINERY & EQUIPMENT						67,315.				67,315.	31,817.		11,446.	43,263.
	OTHER														
11	BOILERS - ACCEL AIR SYSTEMS	03/01/15	SL	14.00	1	.6	48,375.				48,375.	8,061.		3,455.	11,516.
	* 990 PAGE 10 TOTAL OTHER						48,375.				48,375.	8,061.		3,455.	11,516.
	* GRAND TOTAL 990 PAGE 10 DEPR						125,867.				125,867.	43,725.		15,332.	59,057.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						115,349.			0.	115,349.	43,725.			58,240.
	ACQUISITIONS						10,518.			0.	10,518.	0.			817.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						125,867.			0.	125,867.	43,725.			59,057.
	ENDING ACCUM DEPR											59,057.			
	ENDING BOOK VALUE											66,810.			

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter file	er's identifyin	g number								
Туре	Name of exempt organization or other filer, see instruc	Employer identification number (E										
print	gg::001 05 155g 135 g::155g											
File by tl	SCHOOL OF ARTS AND CULTURE		4882									
due date filing you return. S	for Number, street, and room or suite no. If a P.O. box, ser 1700 AT.IJM ROCK AVENUE	Social se	(SSN)									
instructi	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95116											
Enter	the Return Code for the return that this application is for (file	a separat	te application for each return)			0 1						
Applic	ation	Return	Application			Return						
ls For		Code	Is For			Code						
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 9	990-BL	02	Form 1041-A			08						
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09						
Form 9	990-PF	04	Form 5227			10						
Form 9	990-T (sec. 401(a) or 408(a) trust)		11									
Form 9	990-T (trust other than above)			12								
Tel	VANESSA SHIEH be books are in the care of \blacktriangleright 1700 ALUM ROCK be phone No. \blacktriangleright (408) 794-6250 be organization does not have an office or place of business		Fax No.									
	nis is for a Group Return, enter the organization's four digit G					oup, check this						
box 🕨					-	•						
1	request an automatic 6-month extension of time until		7 15, 2019 , to file									
	 for the organization named above. The extension is for the o	rganizatio										
	calendar year or X tax year beginning JUL 1, 2017 If the tax year entered in line 1 is for less than 12 months, ch Change in accounting period		d ending JUN 30, 2018 on: Initial return	Final retur	 n							
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_						
nonrefundable credits. See instructions. 3a \$												
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and												
	estimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.						
С	Balance due. Subtract line 3b from line 3a. Include your pay	yment with	n this form, if required,			_						
	by using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	3c	\$	0.						

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045