

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO <sup>LLP</sup>**

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Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2018

Open to Public Inspection

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

**A** For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization SCHOOL OF ARTS AND CULTURE AT MHP Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1700 ALUM ROCK AVENUE City or town, state or province, country, and ZIP or foreign postal code SAN JOSE, CA 95116 <b>F</b> Name and address of principal officer: JESSICA PAZ-CEDILLOS SAME AS C ABOVE	<b>D</b> Employer identification number 80-0714882 <b>E</b> Telephone number (408) 794-6250 <b>G</b> Gross receipts \$ 2,438,665. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ SCHOOLOFARTSANDCULTURE.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2011 <b>M</b> State of legal domicile: CA

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SCHOOL IS TO CATALYZE CREATIVITY AND EMPOWER COMMUNITY.		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	9
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,858,761.	1,566,879.
	<b>9</b> Program service revenue (Part VIII, line 2g)	801,769.	844,007.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	397.	401.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,883.	15,469.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,677,810.	2,426,756.
Expenses			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,500.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	620,477.	659,763.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	57,243.	70,008.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 117,809.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,711,027.	1,703,392.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,388,747.	2,434,663.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	289,063.	-7,907.
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	7,863,994.	7,334,235.
	<b>21</b> Total liabilities (Part X, line 26)	307,137.	325,416.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,556,857.	7,008,819.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JESSICA PAZ-CEDILLOS, EXECUTIVE DIRECTOR Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAWRENCE S. KUECHLER Preparer's signature LAWRENCE S. KUECHLER Date 03/24/20 Check if self-employed <input type="checkbox"/> PTIN P00233621	Firm's name ▶ ARMANINO LLP Firm's EIN ▶ 94-6214841 Firm's address ▶ 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113 Phone no. 408-200-6400

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

Part III Statement of Program 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 MISSION OF THE SCHOOL IS TO CATALYZE CREATIVITY AND EMPOWER COMMUNITY. THE SCHOOL ENVISIONS A WORLD WHERE CREATIVITY INSPIRES COMPASSION AND VIBRANT COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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? [X] Yes [ ] 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 \$ 343,772. including grants of \$ 1,500. ) (Revenue \$ 137,634. ) 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 \$ 677,264. including grants of \$ ) (Revenue \$ 707,473. ) EVENTS - COMMUNITY ACCESS AND ENGAGEMENT:

THE COMMUNITY ENGAGEMENT PROGRAM PROVIDES LOCAL ARTISTS AND ARTS AND COMMUNITY AGENCIES ACCESS TO THE MEXICAN HERITAGE PLAZA; TRAINING AND TECHNICAL ASSISTANCE IN THE USE OF THE SPACE; THE ACCESS TO AUDIENCE NETWORKS. ACTIVATING AND CURATING THE SIX-ACRE, \$35 MILLION, CITY-OWNED FACILITY AS A PROGRAMMABLE ARTS AND CULTURAL DESTINATION AND COMMUNITY HUB, THE SCHOOL PROVIDES EAST SAN JOSE WITH A SAFE, ACTIVE, FAMILY VENUE FOR DIVERSE ARTS ACTIVITIES THAT SPEAK TO ITS UNIQUE CULTURAL HERITAGE. IN THE YEAR ENDED JUNE 30, 2019, THE COMMUNITY ENGAGEMENT PROGRAM WORKED WITH 60 COMMUNITY PARTNERS TO PRESENT RELEVANT, MULTICULTURAL PROGRAMMING THAT CELEBRATED THE LOCAL COMMUNITY'S

4c (Code: ) (Expenses \$ 87,938. including grants of \$ ) (Revenue \$ ) MULTICULTURAL ARTS LEADERSHIP INSTITUTE (MALI):

THE MULTICULTURAL ARTS LEADERSHIP INSTITUTE (MALI) IS A PROFESSIONAL DEVELOPMENT OPPORTUNITY FOR LEADERS OF COLOR IN THE ARTS, CULTURE AND ENTERTAINMENT SECTORS. THROUGH MALI'S YEAR-LONG TRAINING PROGRAM, THE SCHOOL DEVELOPS LOCAL MULTICULTURAL ARTS PRACTITIONERS BY GIVING THEM THE TECHNICAL SKILLS, PHILOSOPHICAL UNDERPINNINGS, AND NETWORKING OPPORTUNITIES NECESSARY TO GROW AND SUSTAIN THEIR INDIVIDUAL WORK, ORGANIZATIONS, AND ARTS SECTOR IN SILICON VALLEY. SINCE 2008, MALI HAS WORKED WITH 119 LEADERS OF COLOR IN SILICON VALLEY, OF WHICH 24 HOLD DIRECTOR-LEVEL POSITIONS, 22 ARE SMALL BUSINESS OWNERS, 8 ARE ARTIST LAUREATES, AND 5 WORK IN GOVERNMENT. IN ADDITION, SINCE ITS FOUNDING,

4d Other program services (Describe in Schedule O.) (Expenses \$ 891,829. including grants of \$ ) (Revenue \$ 14,369.)

4e Total program service expenses 2,000,803.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 12		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARMEN SIGLER PRESIDENT (THRU 8/18)	1.00	X		X				0.	0.	0.
(2) ROY HIRABAYASHI PRESIDENT (START 8/18)	1.00	X		X				0.	0.	0.
(3) JULIA CASTO VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) DEBRA FIGONE TREASURER	1.00	X		X				0.	0.	0.
(5) STEVE MCCRAY SECRETARY	1.00	X		X				0.	0.	0.
(6) PETER JENSEN DIRECTOR	1.00	X						0.	0.	0.
(7) ERNESTO MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(8) LAURIE HALSEY DIRECTOR	1.00	X						0.	0.	0.
(9) MIGUEL SALINAS DIRECTOR	1.00	X						0.	0.	0.
(10) LINDA SNOOK DIRECTOR	1.00	X						0.	0.	0.
(11) ANGELINA RAMOS DIRECTOR	1.00	X						0.	0.	0.
(12) ALEXANDRA URBANOWSKI DIRECTOR	1.00	X						0.	0.	0.
(13) SUSAN ACEVEDO DIRECTOR	1.00	X						0.	0.	0.
(14) JESSICA PAZ-CEDILLOS EXECUTIVE DIRECTOR (START 3/19)	40.00	X		X				0.	0.	0.
(15) VANESSA SHIEH INTERIM ED (6/18 TO 3/19); ASSOCIATE	40.00			X				130,011.	0.	7,399.
(16) TAMARA ALVARADO EXECUTIVE DIRECTOR (THRU 6/18)	20.00					X		63,101.	0.	3,900.





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	86,411.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	856,557.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	623,911.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f			1,566,879.				
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME	<b>Business Code</b>	531390	707,473.	707,473.			
	<b>b</b> TUITION AND FEES		611600	136,534.	136,534.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			844,007.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			401.			401.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 86,411. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		11,909.				
		<b>b</b> Less: direct expenses	<b>b</b>	11,909.				
		<b>c</b> Net income or (loss) from fundraising events			0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> FEES (FISCAL SPONSORSH			900099	9,229.	9,229.			
	<b>b</b> MISCELLANEOUS INCOME		900099	6,240.	6,240.			
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			15,469.				
<b>12 Total revenue.</b> See instructions				2,426,756.	859,476.	0.	401.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,500.	1,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	180,700.	72,280.	74,720.	33,700.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	371,937.	366,297.	5,640.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	48,051.	40,553.	7,446.	52.
<b>10</b> Payroll taxes .....	59,075.	46,829.	8,795.	3,451.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	421.		421.	
<b>c</b> Accounting .....	36,292.		36,292.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	70,008.			70,008.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	943,326.	842,303.	94,750.	6,273.
<b>12</b> Advertising and promotion .....	68,801.	58,565.	8,368.	1,868.
<b>13</b> Office expenses .....	54,760.	39,577.	15,183.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	344,950.	324,163.	20,787.	
<b>17</b> Travel .....	33,462.	26,333.	5,325.	1,804.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	18,163.	17,556.	545.	62.
<b>23</b> Insurance .....	17,734.		17,734.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIR AND MAINTENANCE	127,918.	127,918.		
<b>b</b> PROGRAM EXPENSES	29,766.	29,241.		525.
<b>c</b> MISCELLANEOUS	27,799.	7,688.	20,045.	66.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,434,663.	2,000,803.	316,051.	117,809.
<b>26</b> 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)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	12,094.	<b>1</b>	12,089.
	<b>2</b> Savings and temporary cash investments .....	447,960.	<b>2</b>	420,707.
	<b>3</b> Pledges and grants receivable, net .....	630,004.	<b>3</b>	603,027.
	<b>4</b> Accounts receivable, net .....	31,107.	<b>4</b>	55,853.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,475.	<b>9</b>	9,307.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 183,052.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 77,217.	66,810.	<b>10c</b> 105,835.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		6,667,544.	<b>15</b> 6,127,417.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		7,863,994.	<b>16</b> 7,334,235.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	193,436.	<b>17</b>	220,910.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	91,256.	<b>19</b>	104,506.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	22,445.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		307,137.	<b>26</b> 325,416.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	346,867.	<b>27</b>	328,461.
	<b>28</b> Temporarily restricted net assets .....	7,209,990.	<b>28</b>	6,680,358.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....		7,556,857.	<b>33</b> 7,008,819.	
<b>34</b> Total liabilities and net assets/fund balances .....		7,863,994.	<b>34</b> 7,334,235.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,426,756.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,434,663.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-7,907.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,556,857.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	-540,131.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	7,008,819.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2018)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	956,132.	1,281,216.	1,313,679.	1,858,761.	1,566,879.	6,976,667.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....		339,309.	164,055.	152,566.	140,824.	796,754.
<b>4 Total.</b> Add lines 1 through 3 .....	956,132.	1,620,525.	1,477,734.	2,011,327.	1,707,703.	7,773,421.
<b>5</b> 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) .....						740,835.
<b>6 Public support.</b> Subtract line 5 from line 4.						7,032,586.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	956,132.	1,620,525.	1,477,734.	2,011,327.	1,707,703.	7,773,421.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	465.	828.	411.	397.	401.	2,502.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	8,938.	10,720.	26,315.	16,883.	15,469.	78,325.
<b>11 Total support.</b> Add lines 7 through 10						7,854,248.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,852,637.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.54 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	98.70 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> 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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

# 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number

80-0714882

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number  80-0714882
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 75,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 826,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number  80-0714882
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 36,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number  80-0714882
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number  80-0714882
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**Name of the organization** SCHOOL OF ARTS AND CULTURE AT MHP **Employer identification number** 80-0714882

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		48,375.	14,973.	33,402.
d Equipment		134,677.	62,244.	72,433.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				105,835.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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	6,107,537.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,127,417.

**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)	
<b>Total.</b> (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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,579,489.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	140,824.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	11,909.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	152,733.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,426,756.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,426,756.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,127,527.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	680,955.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	11,909.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	692,864.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,434,663.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,434,663.

**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 V, 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 SCHOOL ENTERED INTO AN AGREEMENT IN AUGUST 2015 WITH MI PUEBLO, LLC

(MI PUEBLO). UNDER THIS AGREEMENT, MI PUEBLO APPOINTED THE SCHOOL AS AN

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. NO SCHOLARSHIPS WERE AWARDED DURING THE FISCAL

YEARS ENDED JUNE 30, 2019 AND 2018. THE CASH AND RELATED LIABILITY FOR THE

AGENCY FUND FOR SCHOLARSHIPS TOTALED \$0 AND \$22,445 AS OF JUNE 30, 2019

AND 2018, RESPECTIVELY. EFFECTIVE DURING THE YEAR ENDED JUNE 30, 2018 THE

FISCAL AGENCY RELATIONSHIP WITH MI PUEBLO ENDED.

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 11,909.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 11,909.





**Part II 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 NONE	(d) Total events (add col. (a) through col. (c))
		TRES VINOS (event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	98,320.			98,320.
	<b>2</b> Less: Contributions .....	86,411.			86,411.
	<b>3</b> Gross income (line 1 minus line 2) .....	11,909.			11,909.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	11,909.			11,909.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				11,909.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 ▶ \$ \_\_\_\_\_ 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: JONO MARCUS CONSULTING

(I) ADDRESS OF FUNDRAISER: 5114 DALECARLIA DRIVE, BETHESDA, MD 80216

PART I, LINE 2B, COLUMN (V):

JONO MARCUS CONSULTING WAS PAID ON A MONTHLY BASIS FOR GRANT WRITING

SERVICES.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number

80-0714882

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TAMARA ALVARADO EXECUTIVE DIRECTOR (THRU 6/18)	(i)	63,101.	0.	0.	0.	3,900.	67,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JP PAVING AND GRADING	ONE OF THE OWNERS I	43,000.	CONTRACTED		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JP PAVING AND GRADING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ONE OF THE OWNERS IS THE SPOUSE OF FORMER EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: CONTRACTED WORK TO REPLACE PAVERS AT THE

FACILITY WITH CEMENT WORK



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number

80-0714882

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

AT THE END OF THE YEAR ENDED JUNE 30, 2019, THE SCHOOL SUNSET PROJECT

INITIATIVE OF MAYFERIA AND INTEGRATED CERTAIN COMMUNITY ACTIVATIONS

PILOTED THROUGH MAYFERIA, SUCH AS THE CAFECITO SERIES, INTO ITS

COMMUNITY ENGAGEMENT PROGRAM.

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 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, THE

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

QUALITY 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, MUSIC

NOTATION, AND OVERALL MUSICIANSHIP.

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
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IN THE YEAR ENDED JUNE 30, 2019, THE SCHOOL SERVED OVER 900 STUDENTS THROUGH THE PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
DIVERSITY AND SUBSIDIZED THE COST OF 156 PRODUCTIONS.

THE SCHOOL'S COMMUNITY ACCESS POLICY IS DEFINED PRIMARILY BY THE SPIRIT OF THE GUIDING PRINCIPLES FOR COMMUNITY ACCESS AND ENGAGEMENT:

-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.

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
---	--

-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.

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. IN ADDITION, 98% OF ALL EVENTS THAT TAKE PLACE AT THE MEXICAN HERITAGE PLAZA THROUGH THE MARKET RATE RENTAL PROGRAM ARE ROOTED IN THE COMMUNITY.

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SCHOOL HAS INVESTED OVER \$1 MILLION IN MALI MEMBER AND HAS PROVIDED OVER 10,000 HOURS OF DIRECT INSTRUCTION, MENTORSHIP, AND NETWORKING. WITHOUT SUCH INVESTMENTS, THESE ARTISTS AND ARTS GROUPS WOULD HAVE NOT BEEN ABLE TO FULLY PARTICIPATE IN THE CREATIVE ECONOMY.

MALI IS BASED ON THE PRINCIPLE THAT WHEN LEADERS IN THE ARTS REFLECT THE ETHNIC MAKEUP OF THEIR LOCAL POPULATION, THE AGENCIES THEY REPRESENT ARE MORE CULTURALLY RESPONSIVE TO THEIR COMMUNITY'S NEEDS. TO PRIORITIZE AND CLARIFY DIVERSITY IN THE ARTS LEADERSHIP, MALI BUILDS INTENTIONAL NETWORKS AMONG ARTS LEADERS OF COLOR AND DEVELOPS IN THEM CULTURAL LEADERSHIP SKILLS THAT OVERCOME PAST TOKENISM. AS SUCH, MALI:

- 1) IDENTIFIES FUTURE AND EMERGING MULTICULTURAL ARTS LEADERS; 2) DEVELOPS AND DELIVERS A TRAINING PROGRAM THAT BUILDS UPON AND ENHANCES THEIR SKILLS AND KNOWLEDGE SO THEY CAN ADDRESS CHALLENGES TO SUCCESS AND STABILIZE OR GROW THEIR AGENCIES, AND; 3) EQUIPS THEM TO SUCCESSFULLY PARTICIPATE IN COMMUNITY FORUMS, INITIATIVES AND TASK FORCES TO ADDRESS SPECIFIC COMMUNITY ISSUES AND ADVOCATE FOR A STRONG, HEALTHY MULTICULTURAL ARTS COMMUNITY.

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 QUALITY ARTS EDUCATION COURSES TO THE COMMUNITY THROUGH ITS ARTS EDUCATION PROGRAM;

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
---	--

AN ARTS LEADERSHIP PROGRAM FOR PEOPLE OF COLOR (I.E. THE MULTICULTURAL ARTS LEADERSHIP INSTITUTE); AND COMMUNITY EVENTS THROUGH ITS 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.

MAYFERIA:

DURING THE YEAR ENDED JUNE 30, 2017, THE SCHOOL OF ARTS AND 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 ROLE IN THE COMMUNITY AS AN ANCHOR AGENCY AND CONVENER TO RECRUIT COMMUNITY MEMBERS TO PARTICIPATE IN THE PROCESS OF INITIATING, DEVELOPING, PLANNING AND IMPLEMENTING THE ELEMENTS OF THE PROJECT. MAYFERIA ACTIVITIES BRING THESE RICH, MULTI-FACETED CULTURAL ACTIVITIES TO AN AREA CHARACTERIZED BY GANG VIOLENCE, POVERTY, BLIGHT, A LACK OF RESOURCES. ALSO, WITH A 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. AT THE END OF THE YEAR ENDED JUNE 30, 2019, THE SCHOOL SUNSET THIS PROJECT INITIATIVE AND INTEGRATED CERTAIN COMMUNITY ACTIVATIONS PILOTED THROUGH MAYFERIA, SUCH AS THE CAFECITO SERIES, INTO ITS COMMUNITY ENGAGEMENT PROGRAM.

EXPENSES \$ 891,829. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,369.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
---	--

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 AND ASSOCIATE DIRECTORS. THIS COMMITTEE CONDUCTED A SALARY SURVEY AND REVIEWED PERFORMANCE ASSESSMENTS PROVIDED BY THE DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:  
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:  
OUTSIDE SERVICES:  
PROGRAM SERVICE EXPENSES 26,163.  
MANAGEMENT AND GENERAL EXPENSES 25,457.

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
---	--

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 51,620.

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES 15,016.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 6,273.

TOTAL EXPENSES 21,289.

EVENT CAPTAINS:

PROGRAM SERVICE EXPENSES 367,560.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 367,560.

FACILITY TECHNICIANS:

PROGRAM SERVICE EXPENSES 246,719.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 246,719.

INSTRUCTORS:

PROGRAM SERVICE EXPENSES 172,955.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 172,955.

PROFESSIONAL SERVICES:

Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP	Employer identification number 80-0714882
---	--

PROGRAM SERVICE EXPENSES	13,890.
MANAGEMENT AND GENERAL EXPENSES	69,293.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,183.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	943,326.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.



2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	DESKS	05/15/12	SL	5.00		16	1,897.				1,897.	1,897.		0.	1,897.
4	SCREENFLEX PORTABLE PARTITIONS	02/21/13	SL	5.00		16	2,250.				2,250.	2,250.		0.	2,250.
20	TABLES AND CHAIRS	05/31/18	SL	5.00		16	6,030.				6,030.	131.		2,010.	2,141.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						10,177.				10,177.	4,278.		2,010.	6,288.
	MACHINERY & EQUIPMENT														
2	FULL COMPASS SOUND MIXER	09/14/12	SL	5.00		16	3,223.				3,223.	3,223.		0.	3,223.
3	MUSSON LIGHT BOARD	09/17/12	SL	5.00		16	8,909.				8,909.	8,909.		0.	8,909.
5	DIGITAL MIXER/SNAKES	05/01/13	SL	7.00		16	4,007.				4,007.	2,957.		572.	3,529.
6	WIRELESS INTERCOM CARD	11/27/13	SL	5.00		16	5,514.				5,514.	5,055.		459.	5,514.
7	THEATER EQUIP/FULL COMPASS	01/12/14	SL	5.00		16	5,545.				5,545.	4,713.		832.	5,545.
8	DELL LAPTOP (KOOLTURA)	09/30/14	SL	5.00		16	1,000.				1,000.	750.		200.	950.
9	TOUCHBOARDS	01/27/15	SL	5.00		16	10,322.				10,322.	7,052.		2,064.	9,116.
10	TOUCHBOARDS	03/30/15	SL	5.00		16	3,848.				3,848.	2,630.		770.	3,400.
12	4 DELL COMPUTERS	06/02/16	SL	5.00		16	2,408.				2,408.	1,004.		482.	1,486.
13	SOUNDBOARD	06/02/16	SL	5.00		16	3,351.				3,351.	1,396.		670.	2,066.
14	SWEETWATER SOUND CC/DIGITAL SOUND MIXER	06/02/16	SL	5.00		16	2,242.				2,242.	822.		486.	1,308.
15	2 DELL COMPUTERS, 3 EPSON PROJECTORS	06/02/16	SL	5.00		16	2,384.				2,384.	755.		477.	1,232.

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	FACILITY LIFT - MECHANICAL LADDER	09/16	SL	5.00		16	9,043.				9,043.	2,864.		1,809.	4,673.
17	TAMARAS COMPUTER EQUIPMENT	04/10/17	SL	5.00		16	1,031.				1,031.	447.		412.	859.
18	CLEAR COM INTERCOM STATION	10/05/17	SL	5.00		16	1,270.				1,270.	160.		254.	414.
19	SOUND EQUIPMENT	11/29/17	SL	5.00		16	3,218.				3,218.	526.		1,073.	1,599.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						67,315.				67,315.	43,263.		10,560.	53,823.
	OTHER														
11	BOILERS - ACCEL AIR SYSTEMS	03/01/15	SL	14.00		16	48,375.				48,375.	11,513.		3,455.	14,968.
21	QSC PLD4.2 MULTI CHANNEL AMPLIFIER	07/18	SL	5.00		16	2,185.				2,185.			610.	610.
22	D&V SOUND	05/17/19	SL	5.00		16	55,000.				55,000.			1,528.	1,528.
	* 990 PAGE 10 TOTAL OTHER						105,560.				105,560.	11,513.		5,593.	17,106.
	* GRAND TOTAL 990 PAGE 10 DEPR						183,052.				183,052.	59,054.		18,163.	77,217.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						125,867.			0.	125,867.	59,054.			75,079.
	ACQUISITIONS						57,185.			0.	57,185.	0.			2,138.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						183,052.			0.	183,052.	59,054.			77,217.
	ENDING ACCUM DEPR										77,217.				

