PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public

| A F | or the | e 2021 calendar year, or tax year beginning J | UL 1, 2021 and | ending J | UN 30, 2 | 2022 | |
|---------------|----------------------------|--|---------------------------------------|---------------|------------------|---------------|--|
| | Check if pplicabl | C Name of organization | | | D Empl | loyer identif | ication number |
| Г | Addre | |) | | | | |
| F | Name chang | | | | 8 | 80-0714882 | |
| F | Initial return | Number and street (or P.O. box if mail is not de | livered to street address) | Room/suite | F Telen | hone numbe | |
| F | Final | 1700 ALUM ROCK AVENUE | involva to stroot dadross, | 1100m/Juito | | 08)794-625 | |
| | ⊥return, termin ated | | 7IP or foreign postal code | | G Gross r | | 6,403,665. |
| | Amen | , | | | | his a group r | |
| | Application | F Name and address of principal officer: VANE | SSA SHIEH | | | subordinate | |
| | pendir | SAME AS C ABOVE | | | 1 | | included? Yes No |
| 1 | ax-ex | empt status: X 501(c)(3) 501(c) (| ◄ (insert no.) 4947(a)(1) | or 527 | 1 | | a list. See instructions |
| J١ | Nebsi | te: > SCHOOLOFARTSANDCULTURE.ORG | | | H(c) Gro | oup exemption | on number 🕨 |
| K | orm of | organization: X Corporation Trust A | ssociation Other ► | L Year | of formatio | n: 2011 | M State of legal domicile; CA |
| Pa | art I | Summary | | | | | |
| | 1 | Briefly describe the organization's mission or most | significant activities: THE MI | SSION OF | THE SCH | HOOL IS TO |) |
| Governance | | CATALYZE CREATIVITY AND EMPOWER COMMU | | | | | |
| rna | 2 | Check this box if the organization disco | ntinued its operations or dispos | sed of more | than 25% | of its net as | sets. |
| ove | 3 | Number of voting members of the governing body | (Part VI, line 1a) | | | 3 | 12 |
| | 4 | Number of independent voting members of the go | verning body (Part VI, line 1b) | | | <u>4</u> | 9 |
| es & | 5 | Total number of individuals employed in calendar y | ear 2021 (Part V, line 2a) | | | 5 | 51 |
| ξį | | Total number of volunteers (estimate if necessary) | | | | | 100 |
| Activities & | | Total unrelated business revenue from Part VIII, co | | | | | |
| _ | b | Net unrelated business taxable income from Form | 990-T, Part I, line 11 | <u></u> | <u></u> | 7b | 0. |
| | | | | | | Year | Current Year |
| <u>e</u> | l | | | | 4 | 1,260,869. | · · · |
| ēn | I . | | | | | 585,001. | + |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4 | | | | 1,028. | |
| _ | ı | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | | | 14,464. | |
| | | Total revenue - add lines 8 through 11 (must equal | | | 4 | 1,861,362. | |
| | 1 | Grants and similar amounts paid (Part IX, column (| | | | 0. | |
| | I . | Benefits paid to or for members (Part IX, column (A | | | 1 | 221,571. | <u> </u> |
| ses | 15 | Salaries, other compensation, employee benefits (| | | | 52,516. | |
| Expenses | loa | Professional fundraising fees (Part IX, column (A), I | | | | 32,310. | 32,000. |
| Ä | 17 | Total fundraising expenses (Part IX, column (D), lin Other expenses (Part IX, column (A), lines 11a-11d | , - | | 2 | 2,127,940. | 2,743,519. |
| | | Total expenses. Add lines 13-17 (must equal Part I | | | | 3,402,027. | |
| | 1 | Revenue less expenses. Subtract line 18 from line | | | | ,459,335. | |
| - JC | 10 | Trevende 1000 expended: Gubtract into To Horri line | 12 | Be | | Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | | | | 3,721,548. | |
| ASS | 21 | Total liabilities (Part X, line 26) | | | | 292,625. | |
| Net | 22 | Net assets or fund balances. Subtract line 21 from | line 20 | | 8 | 3,428,923. | 9,213,505. |
| Pa | art II | Signature Block | | | | | |
| Und | er pena | lties of perjury, I declare that I have examined this return | including accompanying schedule | s and stateme | ents, and to | the best of m | y knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than office | er) is based on all information of wh | nich preparer | has any kn | owledge. | |
| | | | | | | | |
| Sig | n | Signature of officer | | | | Date | |
| Her | е | VANESSA SHIEH, CO-EXECUTIVE DIREC | CTOR | | | | |
| | | Type or print name and title | T | | 2-1- | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | Check [| PTIN |
| Paid | | MATTHEW PETROSKI | MATTHEW PETROSKI | 0 | 4/28/23 | self-emplo | • |
| - | arer | Firm's name ARMANINO LLP | | | | Firm's EIN 📐 | 94-6214841 |
| Use | Only | Firm's address 50 W. SAN FERNANDO ST, S | TE 500 | | | D. 101 | 2 200 6422 |
| _ | | SAN JOSE, CA 95113 | | | | Phone no. 408 | 3-200-6400 |
| May | / the IF | RS discuss this return with the preparer shown abo | ve? See instructions | | | | X Yes No |

| Pa | rt 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? | Yes X 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 | • • |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota | l expenses, and |
| | revenue, if any, for each program service reported. | 2 001 \ |
| 4a | (Code:) (Expenses \$ | 2,901. |
| | SPECIAL INITIATIVES | |
| | DURING THE YEAR ENDING JUNE 30, 2022, THE SCHOOL LAUNCHED A NEW | |
| | PROGRAM, COMMUNITY DEVELOPMENT, THAT SEEKS TO INFORM AND INFLUENCE WHAT | |
| | THE NEIGHBORHOOD SURROUNDING THE MEXICAN HERITAGE PLAZA CAN BECOME. THE | |
| | SCHOOL LEVERAGES A CULTURAL DISTRICT STRATEGY TO PRESERVE THE CULTURES. | |
| | TRADITIONS, AND IDENTITIES THAT ARE UNIQUELY SAN JOSE TO ESTABLISH THE | |
| | CITY'S FIRST CULTURAL DISTRICT WITH THE PLAZA AT ITS CENTER. SCHOOL OF | |
| | ART'S AND CULTURE AT MHP'S PRIORITY IS ACQUIRING A BUILDING ACROSS THE | |
| | STREET FROM THE PLAZA, WHERE THE SCHOOL INTENDS TO EXPAND SOME OF ITS | |
| | CURRENT PROGRAMS. | |
| | | |
| 4b | (Code:) (Expenses \$1,463,084. including grants of \$15,000.) (Revenue \$ | 986,308.) |
| | EVENTS - COMMUNITY ACCESS AND ENGAGEMENT | · |
| | | |
| | THE COMMUNITY ENGAGEMENT PROGRAM PROVIDES LOCAL ARTISTS, ARTS, AND | |
| | COMMUNITY AGENCIES ACCESS TO THE MEXICAN HERITAGE PLAZA, TRAINING AND | |
| | TECHNICAL ASSISTANCE ON USING THE SPACE, AND 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 RESIDENTS WITH A SAFE, ACTIVE, | |
| | FAMILY VENUE FOR DIVERSE ARTS ACTIVITIES THAT SPEAK TO ITS UNIQUE | |
| | CULTURAL HERITAGE. IN THE YEAR ENDED JUNE 30, 2020, THE COMMUNITY | |
| | ENGAGEMENT PROGRAM WORKED WITH 60 COMMUNITY PARTNERS TO PRESENT | |
| | RELEVANT, MULTICULTURAL PROGRAMMING THAT CELEBRATED THE LOCAL | |
| 4c | (Code:) (Expenses \$ | 31,321. |
| | FACILITY | |
| | | |
| | THE SCHOOL OPERATES THE MEXICAN HERITAGE PLAZA, WHICH THE CITY OF SAN | |
| | JOSE OWNS. THE SCHOOL LEVERAGES THE \$35 MILLION FACILITY TO OFFER ITS | |
| | PROGRAMS, INCLUDING QUALITY ARTS EDUCATION COURSES TO THE COMMUNITY | |
| | THROUGH ITS ARTS EDUCATION PROGRAM; AN ARTS LEADERSHIP PROGRAM FOR | |
| | PEOPLE OF COLOR (I.E., THE MULTICULTURAL ARTS LEADERSHIP INSTITUTE); | |
| | AND COMMUNITY EVENTS THROUGH ITS COMMUNITY ENGAGEMENT AND MARKET RATE | |
| | PROGRAMS. IN THIS WAY, THE LONG-UNDERUTILIZED FACILITY IS ACTIVATED AND | |
| | TRANSFORMED INTO A VIBRANT HUB OF COMMUNITY ACTIVITY. | |
| | | |
| A -1 | Other program continue (Deceribe on Schodule O.) | |
| 40 | Other program services (Describe on Schedule O.) (Expenses \$ 315, 253. including grants of \$) (Revenue \$ | , |
| 40 | (Expenses \$ 315,253. including grants of \$) (Revenue \$ Total program service expenses ► 4,301,619. |) |
| 46 | Total program service expenses | QQN (0001) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|----------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| Ŭ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | ٣ | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | |
| 7 | | 7 | | x |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | - | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| _ | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | - 1.2 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 10 | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | х | |
| 10 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | \vdash |
| 18 | | 10 | х | |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 21 | \vdash |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 40 | | x |
| 00- | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | \vdash |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | v | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | X | |

132003 12-09-21

| Part IV | Checklist of Required Schedules | (continued) |
|---------|---------------------------------|-------------|
|---------|---------------------------------|-------------|

| | · (continued) | | V | Na |
|--------|---|------|-----|---|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u></u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | ٥ | | v |
| 00 | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 06 | | х |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 26 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | х |
| 2F ~ | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | |
| D | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 555 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | ـــــــــــــــــــــــــــــــــــــــ |
| | 1 I | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | ٠. | Х | |
| 10000 | (gambling) winnings to prize winners? | 1c | | (2021) |
| 132004 | . 12-09-21 | LOUI | 550 | (L DO 1) |

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

| | | | Yes | No |
|--------|--|------------|-----|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 51 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | l _ | | x |
| | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7. | | x |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file roll 1899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | ,,, | | |
| Ŭ | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | 4 | | |
| | Enter the amount of reserves on hand | | | Х |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ├^ |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | \vdash |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | X |
| | excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N. | 15 | | <u> </u> |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| 10 | If "Yes," complete Form 4720, Schedule O. | 10 | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| •• | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | to the straight form solds form 6060 | <u> </u> | | |

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 on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|---------|---------|-----------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 12 | | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | 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? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| - | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 1.0 | | |
| а | The governing body? | 8a | Х | |
| h | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | - 0.0 | | |
| Ū | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | (This Section B requests information about policies not required by the internal nevenue code.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 100 | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | iou | | |
| - | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 114 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | | |
| ŭ | on Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| 10 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | 100 | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| iou | taxable entity during the year? | 16a | | х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 104 | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 16b | | |
| Sec | exempt status with respect to such arrangements? tion C. Disclosure | 100 | | |
| 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) : | availak | ماد |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | orny) a | avaiidi | JI C |
| | | | | |
| 10 | () | finan | siol. | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | mano | ııal | |
| 00 | 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 | | | |
| | TION WHOM WOOK WARNOR, DWM GODE, CW DOILD | | | |

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

| Check this box if neither the organization (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|--|----------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------|-----------------|---------------|
| Name and title | Average | | | Pos | itior | | | Reportable | Reportable | Estimated |
| realite and the | hours per | | not cl | | | | | compensation | compensation | amount of |
| | week | | cer an | | | | | from | from related | other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | r dire | | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | steec | ruste | | | ensa | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | al tru | o nal t | | ploye | l com | | 1099-NEC) | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) VANESSA SHIEH | 40.00 | 드 | 드 | 9 | 32 | 포늄 | 윤 | | | |
| CO-EXECUTIVE DIRECTOR | 10.00 | х | | х | | | | 136,031. | 0. | 10,198. |
| (2) JESSICA PAZ-CEDILLOS | 40.00 | | | | | | | | - • | |
| CO-EXECUTIVE DIRECTOR | | х | | х | | | | 136,200. | 0. | 8,178. |
| (3) ROY HIRABAYASHI | 1.00 | | | | | | | , | | • |
| DIRECTOR (LEFT 03/22) | | х | | | | | | 42,549. | 0. | 849. |
| (4) MIGUEL SALINAS | 1.00 | | | | | | | | | |
| BOARD CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (5) ALEXANDRA URBANOWSKI | 1.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) STEPHEN MCCRAY | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (7) SUSAN ACEVEDO | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0, |
| (8) ERNESTO MARTINEZ | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (9) ANGELINA RAMOS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) BRENDAN RAWSON | 1.00 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) ANGEL RIOS, JR. | 1.00 | _ | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) CARLOS SANCHEZ | 1.00 | ļ | | | | | | | | |
| DIRECTOR (LEFT 11/21) | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (13) ITZA SANCHEZ | 1.00 | | | | | | | | _ | _ |
| DIRECTOR (14) LINDA SNOOK | 1.00 | Х | \vdash | | _ | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| DIRECTOR | | ^ | \vdash | | | | | 0. | U . | 0. |
| | | 1 | | | | | | | | |
| | | | | | | \vdash | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | | | | | | | | |

| | Section A. Officers, Directors, Trus | | Jioy | ees, | | | gnes | SI C | | , | Т | | |
|-----|--|---------------------|-------------------------------|----------------------|---------------|---------------------|---------------------------------|--------------|---------------------------------|------------------------------|----------|------------------------|------|
| | (A) Name and title | (B) Average | | | • | C) sition | 1 | | (D) Reportable | (E) Reportable | _ | (F) stimate | 24 |
| | Name and the | hours per | box | not c , unle: | heck ss pe | more rson i | than dis both | n an | compensation | compensation | 1 | nount | |
| | | week | | cer an | nd a d | lirecto | or/trus | tee) | from | from related | | other | |
| | | (list any hours for | ndividual trustee or director | | | | | | the | organizations | | npensa | |
| | | related | e or d | stee | | | Highest compensated employee | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | 1 | rom th anizat | |
| | | organizations | truste | al trus | | yee | om per | | 1099-NEC) | 10001120) | | d relat | |
| | | below | vidual | nstitutional trustee | cer | Key employee | hest co | Former | | | org | anizati | ons |
| | | line) | Indi | Inst | Officer | Key | Hig | 윤 | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | ightharpoons | 314,780. | 0. | + | 19, | 225. |
| С | Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | 0. | + | | 0. |
| | - | | | | | | | <u> </u> | 314,780. | 0. | | 19, | 225. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d at | oove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | 2 |
| | compensation from the organization | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director tructo | 00 k | ·0\/ 0 | mn | lovo | 0 Or | hia | host componented amp | lovos on | | 162 | NO |
| 3 | line 1a? If "Yes," complete Schedule J for s | - | - | • | • | • | | _ | • | • | 3 | | х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| • | and related organizations greater than \$150 | • | | | | | | | • | • | 4 | | х |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | |
| | rendered to the organization? If "Yes," com | | | | | | | | | | 5 | | Х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | mpensated ind | lepe | nde | nt co | ontra | acto | rs th | nat received more than \$ | 100,000 of compensa | ation fr | om | |
| | the organization. Report compensation for | the calendar ye | ear e | ndir | ng w | ith c | or wi | thin T | the organization's tax y | ear. | | | |

| (A) | (B) | (C) |
|--|---|--------------|
| Name and business address | Description of services | Compensation |
| KOOLTURA MARKETING | | |
| 310 S FIRST ST., SAN JOSE, CA 95113 | MARKETING SERVICES | 269,768. |
| GIANT CREATIVE SERVICES, INC | | |
| 389 S 16TH STREET, SAN JOSE, CA 95112 | EVENTS MANAGEMENT | 249,291. |
| TACTICAL OPERATIONS PROTECTIVE SERVICES | | |
| 1590 S CAPITOL AVENUE, SAN JOSE, CA 95127 | SECURITY SERVICES | 227,010. |
| CRYSTAL JANITORIAL SERVICE | | |
| 2655 PACER LANE, SAN JOSE, CA 95111 | JANITORIAL SERVICE | 190,219. |
| | | |
| Total number of independent contractors (including but not limited | to those listed above) who received more than | |
| \$100,000 of compensation from the organization | 4 | |

Form 990 (2021) SCHOOL OF A Part VIII Statement of Revenue

| | | Check if Schedule O contains a | response | or note to any lin | e in this Part VIII | | | |
|--|------|---|------------|--------------------|---------------------|-------------------|------------------|------------------------------------|
| | | | | , | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 : | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues | 1b | | | | | |
| ية ق | | Fundraising events | 1c | 203,600. | | | | |
| ffs, | | | 1d | 200,000. | | | | |
| ig ig | | Related organizations | | 2,356,709. | | | | |
| ns, Sirr | | Government grants (contributions) | 1e | 2,330,703. | | | | |
| utic | T | All other contributions, gifts, grants, and | | 2 817 460 | | | | |
| ^듩 | | similar amounts not included above \dots | 1f | 2,817,460. | | | | |
| ont | • | Noncash contributions included in lines 1a-1f | 1g \$ | | 5 277 760 | | | |
| O g | r | Total. Add lines 1a-1f | | | 5,377,769. | | | |
| | | DENIENT TNICOME | | Business Code | 006 200 | 006 300 | | |
| <u>ic</u> | _ | RENTAL INCOME | | 531390 | 986,308. | 986,308. | | |
| erv | b | · | | | | | | |
| n S | c | · | | | | | | |
| ran 3ev | C | i | | | | | | |
| Program Service Revenue | e | · | | | | | | |
| ۵ | | All other program service revenue | | | | | | |
| | ç | Total. Add lines 2a-2f | | | 986,308. | | | |
| | 3 | Investment income (including divide | | | | | | |
| | | other similar amounts) | | | 2,041. | | | 2,041. |
| | 4 | Income from investment of tax-exer | npt bond p | roceeds | | | | |
| | 5 | Royalties | | <u></u> | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | | |
| | | Less: rental expenses 6b | | | | | | |
| | c | Rental income or (loss) 6c | | | | | | |
| | c | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of (i) s | Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| ē | | and sales expenses | | | | | | |
| her Revenue | | Gain or (loss) 7c | | | | | | |
| Je V | | Net gain or (loss) | | • | | | | |
| e | | Gross income from fundraising events | | | | | | |
| 퉏 | | including \$ 203,600 | | | | | | |
| | | contributions reported on line 1c). § | - | | | | | |
| | | Part IV, line 18 | | 0. | | | | |
| | ŀ | Less: direct expenses | | | | | | |
| | | Net income or (loss) from fundraisir | | • | -21,486. | | | -21,486. |
| | | Gross income from gaming activities | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | ŀ | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gaming a | | • | | | | |
| | | Gross sales of inventory, less return | | | | | | |
| | | and allowances | I | | | | | |
| | r | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sales of ir | | <u> </u> | | | | |
| | | moonie or (1000) nom sales of II | | Business Code | | | | |
| sn | 11 a | VIDEO PRODUCTION SERVI | | 900099 | 31,321. | 31,321. | | |
| eo Teo | 110 | MISCELLANEOUS INCOME | | 900099 | 3,245. | | | 3,245. |
| Miscellaneous Revenue | | HONORARIUMS | | 900099 | 2,981. | 2,981. | | 3,213. |
| Sce Be | - | | | | 2,501. | 2,501. | | |
| Ξ | | All other revenue | | | 37,547. | | | |
| | | Total Add lines 11a-11d | | | 6,382,179. | 1,020,610. | 0. | -16,200. |
| | 12 | Total revenue. See instructions | | | 1 0,302,113. | 1 -, 520, 510. | , ,, | 10,200. |

132009 12-09-21

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

| D- | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|----------|--|----------------|--------------------------|---------------------------------|----------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 223,238. | 223,238. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 30,250. | 30,250. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 342,812. | 238,069. | 52,398. | 52,345 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,369,309. | 1,134,664. | 149,119. | 85,526 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 121,155. | 92,564. | 22,378. | 6,213 |
| 0 | Payroll taxes | 138,374. | 113,853. | 13,585. | 10,936 |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 36,015. | | 36,015. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 52,000. | | | 52,000 |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 4 665 455 | 4 540 265 | 20 424 | 15 601 |
| | column (A), amount, list line 11g expenses on Sch O.) | 1,665,477. | 1,549,365. | 98,431. | 17,681 |
| 12 | Advertising and promotion | 120 040 | 20.026 | 26.210 | 4 000 |
| 13 | Office expenses | 130,248. | 89,936. | 36,312. | 4,000 |
| 14 | Information technology | | | | |
| 15 | Royalties | 405.067 | 464 201 | 21 606 | |
| 16 | Occupancy | 485,967. | 464,281. | 21,686. | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 23,402. | 2,541. | 20,436. | 425 |
| 19 | Conferences, conventions, and meetings | 25, 402. | 2,5=1. | 20, 430. | 423 |
| 20 | Interest | | | | |
| 21 22 | Payments to affiliates | 42,857. | 41,427. | 1,285. | 145 |
| 23 | la a company | 18,121. | ,/• | 18,121. | |
| 23 24 | Other expenses. Itemize expenses not covered | | | | |
| . • | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | SPONSORSHIP EXPENSE | 152,479. | 152,479. | | |
| b | EVENT RENTAL EXPENSE | 107,667. | 107,667. | | |
| c | PROGRAM EXPENSES | 60,433. | 60,433. | | |
| d | MISCELLANEOUS EXPENSES | 20,853. | 852. | 19,967. | 34 |
| e | All other expenses | , - | - | , | |
| 25 | Total functional expenses. Add lines 1 through 24e | 5,020,657. | 4,301,619. | 489,733. | 229,305 |
| 26 | Joint costs. Complete this line only if the organization | | | • | • |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2021) Part X | Balance Sheet

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|--|-------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or r | ote to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 4,023. | 1 | 4,023 | | |
| | 2 | Savings and temporary cash investments | | | 2,859,783. | 2 | 4,512,155 |
| | 3 | Pledges and grants receivable, net | | | 490,525. | 3 | 1,002,454 |
| | 4 | Accounts receivable, net | | | 250,805. | 4 | 121,930 |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | | | |
| | | controlled entity or family member of any of the | nese pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified per | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sec | tion 4958(c)(3)(B) | | 6 | |
| ပ္မ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ¥ | 9 | Donat did company and defended by the company | | | 12,586. | 9 | 15,57 |
| | 10a | Land, buildings, and equipment: cost or other | . | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 415,876. | | | |
| | b | Less: accumulated depreciation | 10b | 209,993. | 92,947. | 10c | 205,883 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | e 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 5,010,879. | 15 | 4,483,33 |
| | 16 | Total assets. Add lines 1 through 15 (must ea | | 1 | 8,721,548. | 16 | 10,345,35 |
| | 17 | Accounts payable and accrued expenses | 241,828. | 17 | 351,03 | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 50,797. | 19 | 154,98 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| ູ | 22 | Loans and other payables to any current or fo | | | | | |
| Liabilities | | trustee, key employee, creator or founder, sub | ostantial o | contributor, or 35% | | | |
| <u> </u> | | controlled entity or family member of any of these persons | | | | 22 | |
| Ĕ | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ted third i | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lir | | | | | |
| | | of Schedule D | | | 0. | 25 | 625,829 |
| | 26 | T | | | 292,625. | 26 | 1,131,84 |
| | | Organizations that follow FASB ASC 958, c | heck her | e ▶ X | | | |
| se | | and complete lines 27, 28, 32, and 33. | | | | | |
| aŭ | 27 | Net assets without donor restrictions | | L | 1,648,999. | 27 | 3,865,448 |
| g | 28 | Net assets with donor restrictions | | | 6,779,924. | 28 | 5,348,05 |
| 2 | | Organizations that do not follow FASB ASC | | | | | |
| 로 | | and complete lines 29 through 33. | | | | | |
| , o | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| Sets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 8,428,923. | 32 | 9,213,50 |
| _ | 33 | Total liabilities and net assets/fund balances | | | 8,721,548. | 33 | 10,345,350 |

| Pa | T XI Reconciliation of Net Assets | | | | |
|----|--|-----------|------|-------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6 | 382, | 179. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 5 , | 020, | 657. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1 | 361, | 522. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8 | 428, | 923. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | - | 576, | 940. |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 9 | 213, | 505. |
| Pa | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single | gle Audit | | | |
| | Act and OMB Circular A-133? | | За | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | Х | |
| | | | Form | 990 (| (2021) |

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

| Sec | ction A. Public Support | 71 | | , | | | |
|------|--|----------------------|-----------------------|---------------------|------------------|---------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | | , , | ` , | , | . , | ., |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,858,761. | 1,566,879. | 2,836,191. | 4,260,869. | 5,377,769. | 15,900,469. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | 152,566. | 140,824. | 128,821. | 116,550. | 104,007. | 642,768. |
| 4 | Total. Add lines 1 through 3 | 2,011,327. | 1,707,703. | 2,965,012. | 4,377,419. | 5,481,776. | 16,543,237. |
| | 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) | | | | | | 2,367,510. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 14,175,727. |
| Sec | ction B. Total Support | | • | • | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 4 | 2,011,327. | 1,707,703. | 2,965,012. | 4,377,419. | 5,481,776. | 16,543,237. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 397. | 401. | 489. | 1,028. | 2,041. | 4,356. |
| 9 | Net income from unrelated business | | | | , | , | · · · · · · · · · · · · · · · · · · · |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 16,883. | 15,469. | 8,832. | 20,662. | 37,547. | 99,393. |
| 11 | Total support. Add lines 7 through 10 | , | , | · | , | , | 16,646,986. |
| 12 | | etc. (see instructio | ns) | | | 12 | 3,722,140. |
| | First 5 years. If the Form 990 is for th | • | , | | | | |
| | organization, check this box and stop | | | | | | |
| Sec | ction C. Computation of Publi | | | | | | ········· |
| | Public support percentage for 2021 (li | | | olumn (f)) | | 14 | 85.15 % |
| 15 | 5 1 11 | | | | | 15 | 87.54 % |
| | 33 1/3% support test - 2021. If the o | | | | | ore, check this box | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2020. If the c | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | _ | | | | | |
| | meets the facts-and-circumstances te | | | - | | | ▶ □ |
| h | 10% -facts-and-circumstances test | - | • | • • • | - | | |
| | more, and if the organization meets th | _ | | | | | 3,3 01 |
| | organization meets the facts-and-circu | | | | - | | |
| 12 | Private foundation. If the organization | | - | | • • • | | |
| 10 | . Trate roundation. If the organization | i ala noi oneon a l | JOA OIT IIITE TO, TOA | , 100, 11a, 01 11b, | oncon una dux al | Cohodulo A | |

Schedule A (Form 990) 2021

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

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

| Se | ction A. Public Support | , | | | | | |
|------|--|---|-------------------|---|----------|----------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| - | 3 received from disqualified persons | | | | | | |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | T | T | Т | T | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| " | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 10 | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | rot opening their | foundly an extra to | l | 01(a)(2) | <u> </u> |
| 14 | First 5 years. If the Form 990 is for the | · · | | • | • | | |
| Sec | check this box and stop here ction C. Computation of Publi | | | • | | | |
| | Public support percentage for 2021 (li | | | column (fl) | | 15 | % |
| | Public support percentage from 2020 | , | , | | | 16 | % |
| | ction D. Computation of Inves | | | | | 1 | 70 |
| | Investment income percentage for 20 | | | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | | |
| - | more than 33 1/3%, check this box ar | | | | | | |
| k | 33 1/3% support tests - 2020. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

132023 01-04-22

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|-----|---------|--------|------|
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| | 10b | | |
| ule | A (Form | n 990) | 2021 |

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|-----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | 1.10 | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | 103 | 140 |
| • | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | 1 | | |
| 2 | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sec | supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations | 2 | | |
| 000 | tion of Type it oupporting organizations | | ., | · · |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 800 | the supported organization(s). stion D. All Type III Supporting Organizations | 1 | | |
| 360 | tion b. All Type III Supporting Organizations | | | l |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 0 | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) |)- | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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? 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. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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? If "Yes" or "No" provide details in Part VI. | За | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard | 3b | | |

SCHOOL OF ARTS AND CULTURE AT MHP

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organ | nizations | | | | |
|----------|---|----------------|------------------------------|--------------------------------|--|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on | Nov. 20, 1970 (explain in I | Part VI). See instructions. | | | |
| | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Net short-term capital gain | 1 | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | | |
| | collection of gross income or for management, conservation, or | | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | | |
| <u>a</u> | Average monthly value of securities | 1a | | | | | |
| b | Average monthly cash balances | 1b | | | | | |
| c | Fair market value of other non-exempt-use assets | 1c | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| е | Discount claimed for blockage or other factors | | | | | | |
| | (explain in detail in Part VI): | | | | | | |
| _2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | | | | | |
| _7_ | Recoveries of prior-year distributions | 7 | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | ed Type III supporting orga | nization (see | | | |
| | instructions). | instructions). | | | | | |

Schedule A (Form 990) 2021

| Par | rt V | Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | ınizations _{(continu} | ed) | |
|-------|---------|---|-------------------------------|--------------------------------|-----|----------------------------------|
| Sect | ion D - | Distributions | | | | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | | nts paid to perform activity that directly furthers exemp | | | | |
| | organi | zations, in excess of income from activity | | | 2 | |
| 3 | Admin | istrative expenses paid to accomplish exempt purpose | s | 3 | | |
| 4 | | nts paid to acquire exempt-use assets | | | 4 | |
| 5 | | ied set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | | distributions (describe in Part VI). See instructions. | | 6 | | |
| 7 | | annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | | outions to attentive supported organizations to which the | ne organization is responsive | | | |
| | | de details in Part VI). See instructions. | 3 | | 8 | |
| 9 | | outable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | | amount divided by line 9 amount | | | 10 | |
| | | | (i) | (ii) | | (iii) |
| Secti | ion E - | Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2021 | s | Distributable Amount for 2021 |
| _1_ | Distrib | outable amount for 2021 from Section C, line 6 | | | | |
| 2 | Under | distributions, if any, for years prior to 2021 (reason- | | | | |
| | able c | ause required - explain in Part VI). See instructions. | | | | |
| 3 | Exces | s distributions carryover, if any, to 2021 | | | | |
| a | From 2 | 2016 | | | | |
| b | From 2 | 2017 | | | | |
| С | From 2 | 2018 | | | | |
| d | From 2 | 2019 | | | | |
| е | From 2 | 2020 | | | | |
| f | Total | of lines 3a through 3e | | | | |
| g | Applie | ed to underdistributions of prior years | | | | |
| h | Applie | ed to 2021 distributable amount | | | | |
| i | Carryo | over from 2016 not applied (see instructions) | | | | |
| | Remai | inder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distrib | outions for 2021 from Section D, | | | | |
| | line 7: | \$ | | | | |
| a | Applie | ed to underdistributions of prior years | | | | |
| | | ed to 2021 distributable amount | | | | |
| | Remai | inder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | | ining underdistributions for years prior to 2021, if | | | | |
| | | subtract lines 3g and 4a from line 2. For result greater | | | | |
| | | ero, explain in Part VI. See instructions. | | | | |
| 6 | | ining underdistributions for 2021. Subtract lines 3h | | | | |
| | | o from line 1. For result greater than zero, explain in | | | | |
| | | 1. See instructions. | | | | |
| 7 | | s distributions carryover to 2022. Add lines 3j | | | | |
| • | and 4 | | | | | |
| 8 | | down of line 7: | | | | |
| | | s from 2017 | | | | |
| | | s from 2018 | | | | |
| | | s from 2019 | | | | |
| | | s from 2020 | | | | |
| | | s from 2021 | | | | |
| | | | | | | |

Schedule A (Form 990) 2021

| 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.) |
| | |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

| SC | HOOL OF ARTS AND CULTURE AT MHP | 80-0714882 |
|--|--|---|
| Organization type (check | one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 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 | |
| | is covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | le. See instructions. |
| General Rule | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor' | • |
| Special Rules | | |
| sections 509(a)(1) contributor, during | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 7, line 1. Complete Parts I and II. | d that received from any one |
| For an organization | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from | any one |
| literary, or educat | g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e b) instead of the contributor name and address), II, and III. | |
| year, contribution is checked, enter purpose. Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i> |
| answer "No" on Part IV, line | hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fee 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF and requirements of Schedule B (Form 990). | |
| | tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990) (2021) |

Name of organization

Employer identification number

SCHOOL OF ARTS AND CULTURE AT MHP

80-0714882

| Part I | Contributors (see instructions). Use duplicate copies of Part I if ad | lditional space is needed. | |
|--------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No2 | Name, address, and ZIP + 4 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| No. 3 | Name, address, and ZIP + 4 | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. <u>4</u> | Name, address, and ZIP + 4 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Name, audi 655, and ZIF + 4 | \$500,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

SCHOOL OF ARTS AND CULTURE AT MHP

80-0714882

| Part I | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$\$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. 8 | Name, address, and ZIP + 4 | \$ 437,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll Complete Part II for noncash contributions. |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$\$ | Person Payroll Complete Part II for noncash contributions. |

Name of organization

Employer identification number

SCHOOL OF ARTS AND CULTURE AT MHP

80-0714882

| Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|---|--|---|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | (b) Description of noncash property given (b) Description of noncash property given | Description of noncash property given Column |

| | ganization | | | iuncation number |
|---------------------------|--|--|---|------------------|
| снооц ог Part III | F ARTS AND CULTURE AT MHP Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | through (e) and the following line ent | ry. For organizations | |
| | Use duplicate copies of Part III if additional | space is needed. | lot the year. (Enter this line, shoot,) | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how | gift is held |
| | | (e) Transfer of giff | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to trans | feree |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how | gift is held |
| | | (e) Transfer of giff | | |
| | Transferee's name, address, a | | Relationship of transferor to trans | feree |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how | gift is held |
| | | (e) Transfer of gift | | |
| - | Transferee's name, address, a | | Relationship of transferor to trans | feree |
| (a) N - | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how | gift is held |
| - | | | | |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to trans | feree |
| | | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number 80-0714882

| Pai | | d Funds or Other S | imilar Funds or A | ccounts. Complete if the |
|-----|--|---------------------------------|--------------------------|---|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. (a) Donor advise | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (4) 2 0 11 0 1 4 4 11 0 0 | - 14.1145 | (5) - 61-65 61-65 61-65 |
| 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 w | | ld in donor advised fur | nds |
| • | are the organization's property, subject to the organization's | ~ | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| | for charitable purposes and not for the benefit of the donor or | | | |
| | impermissible private benefit? | , | | |
| Par | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (for example, recreat | | Preservation of a his | torically important land area |
| | Protection of natural habitat | | Preservation of a cer | tified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation contribu | ition in the form of a c | onservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired a | fter 7/25/06, and not on | a historic structure | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or to | erminated by the organ | nization during the tax |
| | year > | | | |
| 4 | Number of states where property subject to conservation eas | ement is located | | |
| 5 | Does the organization have a written policy regarding the peri | iodic monitoring, inspect | ion, handling of | |
| | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | handling of violations, an | d enforcing conservati | ion easements during the year |
| _ | <u> </u> | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ling of violations, and ent | orcing conservation e | asements during the year |
| _ |) \$ | | | 200 |
| 8 | Does each conservation easement reported on line 2(d) above | • | | |
| • | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | • | |
| | balance sheet, and include, if applicable, the text of the footners of the companies of the | ote to the organization's | imanciai statements ti | lat describes the |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art. Historical Trea | sures. or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | nue statement and ha | lance sheet works |
| | of art, historical treasures, or other similar assets held for pub | , , | | |
| | service, provide in Part XIII the text of the footnote to its finan | , | | and or public |
| b | If the organization elected, as permitted under FASB ASC 958 | | | ce sheet works of |
| - | art, historical treasures, or other similar assets held for public | · | | |
| | provide the following amounts relating to these items: | ,, | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ |
| | | | | |
| 2 | If the organization received or held works of art, historical trea | | | |
| | the following amounts required to be reported under FASB AS | , | • | • |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | Assets included in Form 990, Part X | | | _ |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 2021 |

| Pai | rt III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | asures, or | Other | Simila | r Assets | (conti | nued) | |
|----------|---|---------------------------------------|-------------|----------------|------------------|-------------|-----------|-------------|-------------------|---------|------|
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check | any of the f | following that | make sig | nificant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | ι 🔲 ι | Loan or exc | hange progra | m | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | n how the | ey further th | ne organizatio | n's exem | pt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit of | r receive donations of | of art, his | torical treas | sures, or othe | r similar a | assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered " | Yes" on F | Form 99 | 0, Part IV, | line 9, or | | |
| | reported an amount on Form 990, Pa | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | • | | | | | | _ | | _ |
| | on Form 990, Part X? | | | | | | | L | Yes | X | _ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing ta | able: | | | | | | | |
| | | | | | | | - | | Amoun | it | |
| С | Beginning balance | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | 1f | | 7., | | ٦ |
| | Did the organization include an amount on F | | | | | | y? | L | Yes | | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete | | | | | | | | | | |
| ı uı | Endownient Fanas: Complete | (a) Current year | | rior year | (c) Two year | | | years back | (a) Four | r veare | hack |
| 4. | Deninging of year belongs | (a) Ourrent year | (6) | noi yeai | (C) Two years | 3 Dack (| u) mice | ycars back | (e) i ou | i yoars | Dack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | | |
| a | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| ' | Administrative expenses | | | | | | | | | | |
| g o | End of year balance Provide the estimated percentage of the currents o | ont year and balance | l (lino 1a | column (a) | // hold as: | | | | | | |
| 2 a | Board designated or quasi-endowment | | % (IIIIe 19 | , coluitii (a) |)) Held as. | | | | | | |
| b | Permanent endowment | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| За | Are there endowment funds not in the posse | • | tion that | are held ar | nd administer | ed for the | organiz | ation | | | |
| ou | by: | solon of the organiza | mon man | . are ricia ar | ia aariii iiotor | 50 101 1110 | organiz | dion | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | ed on Sc | hedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | |
| Pai | rt VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV | , line 11a. S | ee Form 990, | Part X, li | ine 10. | | | | |
| | Description of property | (a) Cost or o | ther | (b) Cost | or other | (c) Ac | cumulat | ed | (d) Boo | k valu | ie |
| | | basis (investr | | | (other) | | reciation | I | | | |
| 1a | Land | | | | | | | | | | |
| b | Buildings | I | | | 150,000. | | | | | 150, | 000. |
| С | Leasehold improvements | | | | 67,130. | | 28 | ,953. | | 38, | 177. |
| d | Equipment | | | | 198,746. | | 181 | ,040. | | 17, | 706. |
| <u>e</u> | Other | | | | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | gual Form 990. Part | X. colum | n (B). line 1 | 0c.) | | | . ▶ | | 205, | 883. |
| | | - | | | | | | Schodule | D /F | - 000 | 0004 |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 SCHOOL OF ARTS A | ND CULTURE AT MHP | | 80-0714882 | Page 3 |
|--|----------------------------|--|-------------------|---------|
| 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 e | nd-of-year market | value |
| (1) Financial derivatives | | | | |
| (2) Closely held equity interests | | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| 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 e | nd-of-year market | value |
| <u>(1)</u> | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | | |
| | Description | | (b) Book v | alue |
| (1) SECURITY DEPOSITS | | | | 19,880. |
| (2) DONATED RENT RECEIVABLE | | | 4,4 | 14,061. |
| (3) DEVELOPMENT FEES | | | | 49,394. |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | ▶ 4,4 | 83,335. |
| 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 2 | | _ |
| 1. (a) Description of liability | | | (b) Book v | alue |
| (1) Federal income taxes | | | | |
| (2) SHUTTERED VENUES OPERATORS GRANT REFU | NDABLE ADV. | | - 6 | 25,829. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | 1 | |
| (7) | | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

625,829.

(8) (9)

| | edule D (Form 990) 2021 SCHOOL OF ARTS AND CULTURE AT MHP | | | 80-071 | .4882 Page 4 |
|------|--|----------|----------------|---------------|---------------------|
| Pa | Reconciliation of Revenue per Audited Financial Statemen | | evenue per Re | turn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | 6 507 672 |
| 1 | | | | 1 | 6,507,672. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | ا م ا | | | |
| a | Net unrealized gains (losses) on investments | | 104 007 | | |
| b | Donated services and use of facilities | | 104,007. | | |
| C | Recoveries of prior year grants | | 21 496 | | |
| d | / | | 21,486. | | 105 402 |
| e | | | | 2e | 125,493. |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,382,179. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 . 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | 7 | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 6,382,179. |
| Ра | rt XII Reconciliation of Expenses per Audited Financial Stateme | | expenses per F | teturn. | |
| _ | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | 5,723,090. |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,723,030. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | ا ء ا | 680 947 | | |
| a | Donated services and use of facilities | | 680,947. | | |
| b | Prior year adjustments | | | | |
| C | Other losses | 1 1 | 21 496 | | |
| d | , | | 21,486. | | 702 422 |
| | Add lines 2a through 2d | | | 2e | 702,433. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,020,657. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. | <u></u> | | 5 | 5,020,657. |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi | • | | ; Part X, lir | ne 2; Part XI, |
| PAR | TX, LINE 2: | | | | |
| | ERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DI | | | | |
| GUII | DANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETUR | RNS THAT | | | |
| MIGI | IT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AN | ND | | | |
| BEL | EVES THAT ALL OF THE POSITIONS TAKEN BY THE SCHOOL IN ITS FEDE | ERAL AND | | | |
| STA | TE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO | BE | | | |
| SUS | TAINED UPON EXAMINATION. | | | | |
| | | | | | |
| THE | SCHOOL'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2019 ANI | D BEYOND | | | |

ARE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR 3

YEARS AFTER THEY ARE FILED. THE SCHOOL'S STATE RETURNS FOR THE YEARS ENDED

JUNE 30, 2018 AND BEYOND ARE SUBJECT TO EXAMINATION BY STATE TAXING

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

No

X Yes

(v) Amount paid

Name of the organization Employer identification number SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or

(iii) Did

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundi have c or cor contrib | Did raiser ustody itrol of utions? | (iv) Gross receipts from activity | to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--------------------------------------|--|-----------------------------------|---|---|
| JONO MARCUS CONSULTING - 4906 | | Yes | No | | | |
| WESTWAY DRIVE, BETHESDA, MD | GRANTWRITING | | Х | 2,263,583. | 52,000. | 2,211,583. |
| | | | | | | |
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| | | | | | | |
| Total | | | • | 2,263,583. | 52,000. | 2,211,583. |
| 3 List all states in which the organization | | | utions | • | | |
| or licensing. | | | | | | |
| CA | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

| Г | irt i | of fundraising Events . Complete if the | | | | |
|-----------------|------------|---|--------------------------|----------------------------|----------------------|---------------------------|
| | | - C | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | TRES VINOS | | | (add col. (a) through |
| σ) | | | (event type) | (event type) | (total number) | - col. (c)) |
| Revenue | 1 | Gross receipts | 203,600. | | | 203,600. |
| Be | ' | Gross receipts | | | | |
| | 2 | Less: Contributions | 203,600. | | | 203,600. |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | 21,486. | | | 21,486. |
| Ö | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | <u> </u> | 21 126 |
| | 10 | Direct expense summary. Add lines 4 through | (/ | | _ | 21,486. |
| Pa | 11 rt l | Net income summary. Subtract line 10 from li II Gaming. Complete if the organization | | 000 Part IV line 10 or | | -21,486. |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on rollin | 990, 1 art 10, line 19, or | reported more triair | |
| | | ţ , | | (b) Pull tabs/instant | | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expens | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1. column (d) | | > | |
| | | ······································ | | | | , |
| 9 | En | ter the state(s) in which the organization condu | cts gaming activities: _ | | | |
| | | he organization licensed to conduct gaming act No," explain: | | | | Yes No |
| | | | | | | |
| | | ere any of the organization's gaming licenses re | | | year? | Yes No |
| | | | | | | |
| 1320 | 32 10 | -21-21 | | | Sche | dule G (Form 990) 2021 |

| Sch | edule G (Form 990) 2021 SCHOOL OF ARTS AND CULTURE AT MHP | -0/14882 | Page 3 |
|------------|--|--------------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No 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: | | |
| | ı The organization's facility | | % |
| | 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 | of "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: | | |
| | 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 > \$ | | |
| Pa | Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P | 'art III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
| SCH | EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: | | |
| | | | |
| (T) | NAME OF FUNDRAISER: JONO MARCUS CONSULTING | | |
| (1) | Mail of Tonbull bank tone makes combolities | | |
| <u>(I)</u> | ADDRESS OF FUNDRAISER: 4906 WESTWAY DRIVE, BETHESDA, MD 20816 | | |
| | | | |
| PAR | T I, LINE 2B, COLUMN (V): | | |
| JON | O MARCUS CONSULTING WAS PAID ON A MONTHLY BASIS FOR GRANT WRITING | | |
| SER | VICES. | | |
| _ | | | |

| Schedule () Form 990) SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 Page Part W Supplemental Information (continued) | Schedule G | (Form 990) SCHOOL OF ARTS AND CULTURE AT MHP | 80-0714882 | Page 4 |
|---|------------|--|------------|----------|
| | Part IV | Supplemental Information (continued) | | <u> </u> |
| | | · · · (continued) | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|---|------------|------------------------------------|---------------------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| SCHOOL OF ARTS | | AT MHP | | | | | 80-0714882 |
| Part I General Information on Grants a | | | | | | | |
| 1 Does the organization maintain records t | | | | | | | |
| criteria used to award the grants or assis | | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I | | | | | anization answored "\ | /os" on Form 900 Part | IV line 21 for any |
| recipient that received more than \$ | _ | | | | anization answered h | res on Form 990, Fan | . IV, IIIIe 21, IOI arry |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| MOSAIC AMERICA | | | | | | | |
| 38 S. 2ND STRRET | | | | | | | |
| SAN JOSE, CA 95113 | 46-3114496 | 501C3 | 15,000. | 0. | | | CEP GRANT |
| , | | | | | | | |
| MOSAIC AMERICA | | | | | | | |
| 38 S. 2ND STRRET | | | | | | | |
| SAN JOSE, CA 95112 | 46-3114496 | 501C3 | 50,000. | 0. | | | ABIERTO GRANT |
| GIANT CREATIVE SERVICES 389 S. 16TH STREET | | | | | | | |
| SAN JOSE, CA 95112 | 02-0583465 | | 8,000. | 0. | | | ABIERTO GRANT |
| CHOPSTICKS ALLEY ART 88 S. 3RD STREET, #183 SAN JOSE, CA 95113 | 82-3528747 | 501 C 3 | 8,000. | 0. | | | ABIERTO GRANT |
| CASHION CULTURAL LEGACY PO BOX 6112011 | | | | | | | |
| SAN JOSE, CA 95161 | 93-1203502 | 501C3 | 20,238. | 0. | | | ABIERTO GRANT |
| POSITIVE ALTERNATIVE RECREATION TEAMBUILDING IMPACT - 2576 GUMDROP DRIVE - SAN JOSE, CA 95148 | 76-0832731 | 501C3 | 10,000. | 0. | | | ABIERTO GRANT |
| 2 Enter total number of section 501(c)(3) ar | | | · · · · · · · · · · · · · · · · · · · | •• | | | 10. |
| 3 Enter total number of other organizations | • | | | | | | 1. |
| LHA For Paperwork Reduction Act Notice, | | | | | | | Schedule I (Form 990) 2021 |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| PEATRO VISION PO BOX 28367 SAN JOSE, CA 95159 | 77-0266551 | 501C3 | 35,000. | 0. | | | ABIERTO GRANT |
| HERO TENT 965 VINE STREET SAN JOSE, CA 95110 | 85-1930031 | | 6,000. | 0. | | | ABIERTO GRANT |
| FILIPINO AMERICAN NATIONAL HISTORICAL SOCIETY - PO BOX 731415 - SAN JOSE, CA 95173 | 91-1295854 | 501C3 | 20,000. | 0. | | | ABIERTO GRANT |
| LOCAL COLOR PO BOX 150 SAN JOSE, CA 95103 | 47-3980272 | 501C3 | 30,000. | 0. | | | ABIERTO GRANT |
| JAPANESE AMERICAN MUSEUM OF SAN JOSE - 535 N 5TH STREET - SAN JOSE, CA 95112 | 77-0229249 | 501C3 | 15,000. | 0. | | | ABIERTO GRANT |
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| Schedule I (Form 990) 2021 SCHOOL OF ARTS AND CUI | TURE AT MHP | | | | 80-0714882 | Page 2 |
|--|--------------------------|--------------------------|---------------------------------------|---|----------------------------|--------------|
| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the | e organization answe | ered "Yes" on Form 9 | 990, Part IV, line 22. | | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncast | n assistance |
| | | | | | | |
| ABIERTO GRANT | 4 | 30,250. | 0. | | | |
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| Part IV Supplemental Information. Provide the information red | quired in Part I, lir | ne 2; Part III, column | (b); and any other ac | dditional information. | | |
| PART I, LINE 2: | | | | | | |
| SOAC SERVED AS THE ADMINISTERING ORGANIZATION FOR | A GRANT PROGE | RAM FUNDED BY | | | | |
| THE CITY OF SAN JOSE'S PARKS, RECREATION, AND NEIG | HHORHOOD SERV | /ICES | | | | |
| DEPARTMENT. THE ABIERTO GRANT PROGRAM SUPPORTED AR | TS AND CULTU | RAL | | | | |
| ACTIVATIONS FOR SAN JOSE RESIDENTS. GRANTS WERE OP | EN TO INDIVII | DUALS AS WELL | | | | |
| AS ORGANIZATIONS. ALL GRANTEES SIGNED MOU'S AND AL | L FINAL GRAN | ring | | | | |
| DECISIONS WERE VETTED BY THE CITY OF SAN JOSE. | | | | | | |
| | | | | | | |

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SCHOOL OF ARTS AND CULTURE AT MHP

Employer identification number 80-0714882

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DURING THE YEAR ENDED JUNE 30. 2021. THE SCHOOL OF ARTS AND CULTURE AT MHP LAUNCHED A SPECIAL PROJECT INITIATIVE. IN PARTNERSHIP WITH THE CALIFORNIA ARTS COUNCIL AND SVCREATES. CALLED THE ADMINISTRATORS OF COLOR FELLOWSHIP. THE SCHOOL SERVED AS THE ADMINISTERING ORGANIZATION FOR THIS PILOT PROGRAM THAT AIMED TO UPLIFT AN INCLUSIVE WORKFORCE AND SUPPORT THE VIBRANCY OF ORGANIZATIONS THAT CREATE AND PRESERVE THE CULTURAL IDENTITIES OF ALL CALIFORNIA COMMUNITIES. THE CALIFORNIA ARTS COUNCIL ADMINISTRATORS OF COLOR FELLOWSHIP (CAC ACF) SOUGHT TO ADDRESS THE NEED FOR MORE OPPORTUNITIES FOR PEOPLE OF COLOR IN ARTS ADMINISTRATION TO CREATE A PIPELINE FOR PEOPLE OF COLOR ACROSS AND THROUGHOUT THE ARTS SECTOR. CAC ACF PROGRAMMING WAS MADE POSSIBLE PARTLY BY A GRANT FROM THE JAMES IRVINE FOUNDATION AND A ONE-TIME INCREASE IN STATE ARTS FUNDING. THIS PILOT PROJECT CONCLUDED AT THE END OF DECEMBER 2021. IN ADDITION, DURING THE COVID-19 PANDEMIC, THE SCHOOL ADAPTED ITS TEAM AND SPACE, THE MEXICAN HERITAGE PLAZA, TO MEET THE NEEDS OF THE LOCAL EAST SAN JOSE COMMUNITY. THE SCHOOL OFFERED FOOD DISTRIBUTION, COVID-19 AND COVID-19 VACCINATIONS. ALTOGETHER, THE SCHOOL SERVED OVER 150,000 COMMUNITY MEMBERS THROUGH COVID-19 RESPONSE ACTIVITIES DURING THE YEAR ENDED JUNE 30, 2021. FORM 990. PART III. LINE 4B. PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY'S DIVERSITY AND SUBSIDIZED THE COST OF 156 PRODUCTIONS. DURING THE YEAR ENDING JUNE 30, 2021, THE SCHOOL WAS UNABLE TO HOST OUR

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

Schedule O (Form 990) 2021

Employer identification number Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 COMMUNITY PARTNERS DUE TO SHELTER-IN-PLACE ORDERS AS A RESULT OF THE PANDEMIC. TWENTY-EIGHT COMMUNITY PARTNERS RETURNED TO THE PLAZA DURING THE YEAR ENDED JUNE 30, 2022; THE SCHOOL HOSTED OVER 84 COMMUNITY EVENTS. THIS ACTIVATION CONTINUES TO INCREASE STEADILY AS THE ARTS AND CULTURAL SECTOR AND THE LOCAL NEIGHBORHOOD RECOVER FROM THE PANDEMIC. 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 EAST SAN JOSE. DEVELOP PARTNERSHIPS WITH A NETWORK OF ARTISTS, ARTS, AND COMMUNITY ORGANIZATIONS TO 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 OF PROGRAMMING FOCUSING ON MEXICAN CULTURE WHILE ACTIVATING OPPORTUNITIES FOR SOCIAL INTEGRATION WITH THE WIDER MULTICULTURAL ARTISTIC COMMUNITY PRESENT IN SAN JOSE. FACILITATE MULTIPLE ENTRY POINTS FOR COMMUNITY MEMBERS, PARTNER ORGANIZATIONS, AND PRIVATE CLIENTS. CREATE A RELATIONSHIP OF RECIPROCITY WITH ORGANIZATIONS AND THE COMMUNITY THROUGH "MISSION COMPATIBLE" ACTIVATION OF SPACES. EMBRACE GRASSROOTS PARTICIPATION AS CRITICAL TO THE SUCCESS OF THE SCHOOL OF ARTS AND CULTURE AT MHP'S VISION AND PROVIDE OPPORTUNITIES FOR COMMUNITY FEEDBACK.

FOR COMMUNITY FEEDBACK

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 EVENTS - MARKET RATE 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 ESSENTIAL COMPONENT OF THE LONG-TERM SUSTAINABILITY OF THE SCHOOL OF ARTS AND CULTURE AT MHP. AT ITS INCEPTION, 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 RESULTED IN THE INCREASED USAGE OF THE FACILITY BY SEVERAL ARTS ORGANIZATIONS AND PRIVATE EVENTS IN A MANNER NEVER BEFORE SEEN UNDER PREVIOUS OPERATORS. HOWEVER, IN FY22, THE SCHOOL DECIDED TO BRING THE MANAGEMENT OF THE MARKET RATE RENTALS IN-HOUSE AND HIRED ITS OWN TEAM TO MANAGE THE DEPARTMENT. THE SCHOOL'S MARKET RATE RENTAL PROGRAM GENERATES REVENUE THAT THEN DIRECTLY SUPPORTS THE SCHOOL'S PROGRAMS. IN ADDITION. 98% OF ALL EVENTS AT THE MEXICAN HERITAGE PLAZA THROUGH THE MARKET RATE RENTAL PROGRAM ARE ROOTED IN THE COMMUNITY. DURING THE YEAR ENDED JUNE 30, 2021, THE SCHOOL SERVED AS A FOOD DISTRIBUTION SITE, A COVID-19 TESTING SITE, AND A COVID-19 VACCINATION SITE FOR THE LOCAL EAST SAN JOSE COMMUNITY, SERVING OVER 150,000 PEOPLE (DOUBLE THE NUMBER TYPICALLY REACHED IN A YEAR). SCHOOL OF ARTS AND CULTURE AT MHP DID NOT HOST OTHER EVENTS AS A RESULT OF THE PANDEMIC. HOWEVER, IN FY22, THE

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 SCHOOL BEGAN TO HOST EVENTS AND CELEBRATIONS AGAIN. AS BEFORE, THESE EVENTS ARE DEEPLY ROOTED IN THE COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MULTICULTURAL ARTS LEADERSHIP INSTITUTE (MALI): THE MULTICULTURAL ARTS LEADERSHIP INSTITUTE (MALI) IS A PROFESSIONAL DEVELOPMENT OPPORTUNITY FOR LEADERS OF COLOR IN THE ARTS, CULTURAL, 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 WORK, ORGANIZATIONS AND THE ARTS SECTOR IN SILICON VALLEY. SINCE 2008, MALI HAS WORKED WITH 146 LEADERS OF COLOR IN SILICON VALLEY, OF WHICH 25 HOLD DIRECTOR-LEVEL POSITIONS, 22 ARE SMALL BUSINESS OWNERS, 12 ARE ARTIST LAUREATES, SIX ARE SAN JOSE CULTURAL AMBASSADORS, FIVE ARE RECIPIENTS OF THE LEIGH WEIMERS AWARD, AND SEVEN WORK IN GOVERNMENT. IN ADDITION, SINCE ITS FOUNDING. THE SCHOOL HAS INVESTED OVER \$1 MILLION IN MALI MEMBERS AND HAS PROVIDED OVER 10,000 HOURS OF DIRECT INSTRUCTION, MENTORSHIP, AND NETWORKING. WITHOUT SUCH INVESTMENTS. THESE ARTISTS AND ARTS GROUPS WOULD NOT HAVE BEEN ABLE TO PARTICIPATE IN THE CREATIVE ECONOMY FULLY. 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 FIELD, MALI BUILDS INTENTIONAL NETWORKS AMONG ARTS LEADERS OF COLOR AND DEVELOPS IN THEM CULTURAL LEADERSHIP SKILLS THAT OVERCOME PAST TOKENISM. AS SUCH,

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** SCHOOL OF ARTS AND CULTURE AT MHP 80-0714882 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. EXPENSES \$ 108,822. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. 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 AT-RISK YOUTH. 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, 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

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|---|---|
| Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP | Employer identification number 80-0714882 |
| 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. IN THE YEAR ENDING | |
| JUNE 30, 2021, THE ARTS EDUCATION PROGRAM WAS PLACED ON HIATUS DUE TO | |
| THE PANDEMIC. EVEN SO, THE SCHOOL DISTRIBUTED ABOUT 5,000 ART KITS TO | |
| STUDENTS FOR THEM TO CONTINUE ARTS ENGAGEMENT WHILE SHELTERING IN | |
| PLACE. THE ARTS EDUCATION PROGRAM HAS NOT RETURNED TO ITS PRE-COVID | |
| LEVEL OF ACTIVITY. THIS IS PARTLY BECAUSE THE EAST SAN JOSE COMMUNITY | |
| THAT THE PROGRAM PRIMARILY SERVES REMAINS DISPROPORTIONATELY IMPACTED | |
| BY THE PANDEMIC. EVEN AS OTHER PARTS OF SAN JOSE RECOVER, EAST SAN | |
| JOSE'S RECOVERY LAGS, AND RESIDENTS HERE CANNOT PAY FOR ARTS EDUCATION | |
| PROGRAMMING. AS A RESULT, THE SCHOOL IS REDESIGNING ITS ARTS EDUCATION | |
| PROGRAM TO BE FREE OF CHARGE TO THOSE FAMILIES WHO LIVE IN THE LOCAL | |
| NEIGHBORHOODS SURROUNDING THE PLAZA. IN FY22, THE SCHOOL OFFERED ALL OF | |
| ITS ARTS EDUCATION PROGRAM ACTIVITIES FOR FREE AND SERVED 1,000 YOUTH | |
| THROUGH ITS SUMMER CAMPS AND COMMUNITY EVENT WORKSHOPS. | |
| EXPENSES \$ 206,431. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE EXECUTIVE DIRECTOR AND BOARD TREASURER REVIEW THE 990 BEFORE IT IS | |
| FILED. THE BOARD RECEIVES A COPY OF THE 990 AT THE BOARD MEETING. | |
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| 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 | |

| Schedule O (Form 990) 2021 | | Page 2 |
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| Name of the organization SCHOOL OF ARTS AND CULTURE | RE AT MHP | Employer identification number 80-0714882 |
| (OR POTENTIAL CONFLICT) TO THE BOARD PRESIDENT | T IN WRITING UPON KNOWLEDGE OF | |
| THE CONFLICT. IF THE DIRECTOR OR OFFICER IS | UNCERTAIN WHETHER A CONFLICT | |
| EXISTS, THAT PERSON MAY REQUEST THAT THE BOAR | D DETERMINE WHETHER A CONFLICT | |
| EXISTS BY A MAJORITY VOTE (NOT INCLUDING THE | VOTE OF THE CONFLICTED | |
| DIRECTOR). ISSUES OF POTENTIAL CONFLICT MAY B | E REFERRED TO OUTSIDE LEGAL | |
| COUNSEL FOR ADVICE. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 15: | | |
| THE BOARD FORMED A COMMITTEE TO REVIEW THE COL | MPENSATION OF THE EXECUTIVE | |
| AND ASSOCIATE DIRECTORS. THIS COMMITTEE CONDU | CTED A SALARY SURVEY AND | |
| REVIEWED PERFORMANCE ASSESSMENTS PROVIDED BY | THE DIRECTORS. | |
| | | |
| FORM 990, PART VI, SECTION C, LINE 19: | | |
| ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMEN | NTS ARE AVAILABLE UPON | |
| REQUEST. | | |
| | | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | | |
| OUTSIDE SERVICES: | | |
| PROGRAM SERVICE EXPENSES | 249,183. | |
| MANAGEMENT AND GENERAL EXPENSES | 88,404. | |
| FUNDRAISING EXPENSES | 9,900. | |
| TOTAL EXPENSES | 347,487. | |
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| TEMPORARY CONTRACTORS: | | |
| PROGRAM SERVICE EXPENSES | 1,300,182. | |
| MANAGEMENT AND GENERAL EXPENSES | 10,027. | |
| FUNDRAISING EXPENSES | 7,781. | |
| TOTAL EXPENSES 132212 11-11-21 | 1,317,990. | Schedule O (Form 990) 202 |
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| Name of the organization SCHOOL OF ARTS AND CULTURE AT MHP | Employer identification number 80-0714882 | |
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| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,665,477. | |
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