

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30,

Open to Public Inspection

			onanig U	<u> </u>	
В	Check if applicab	C Name of organization		D Employer identifica	ition number
Г	X Addre	ess MHZ_FOUNDATION			
ŗ	Name			27~45	20228
ř	A chang Initial return	100	Room/suite	E Telephone number	23320
ř	Final	P O POY 52295	HOOM/Suite	1	623-2612
_	Ireturr termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,725,563.
Г	Amen	ded WACHTNOMONI DC 20001		H(a) Is this a group retu	
ī	return			for subordinates?	Yes X No
٠.	Ition pendi	SAME AS C ABOVE		H(b) Are all subordinates inch	
_	Tax-ex	empt status	or 527	1	st (see instructions)
		te: WW.MHZFOUNDATION.ORG	01 321_	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Year	of formation: 2010 M S	
	Part I	Summary		ortornation 2010 W	State of legal dofficile. V1:
<u>-</u>	1	Briefly describe the organization's mission or most significant activities SEE	PART I	II, LINE 1.	
CANNED II IN 11 ASI GIVES CONTRACT	ဋ	,			
	E 2	Check this box > X if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	ets
5	8 3	Number of voting members of the governing body (Part VI, line 1a)		3	3
Ċ	5 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
ુ	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	30
e e	6	Total number of volunteers (estimate if necessary)		6	3
E	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.
5	⇒ b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
2	3			Prior Year	Current Year
=	8	Contributions and grants (Part VIII, line 1h)		50,069.	17.
\mathbb{C}	ਵੇਂ 9	Program service revenue (Part VIII, line 2g)		3,644,200.	1,267,569.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		261,935.	0.
\$	11	Other revenue (Part VIII, column (A), lines 576d, 8c, 9c, 10c, and 11/e)		1,819,972.	390,196.
<u> </u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lline 12)		5,776,176.	1,657,782.
	13	Grants and similar amounts paid (Part IX, column (A) ines-13)		0.	0.
ינשיבי		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	g 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,833,582.	659,294.
Frnancoc	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
2	b b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ú,	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L_	5,055,395.	2,073,160.
	18	Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)	<u> </u>	7,888,977.	2,732,454.
	19	Revenue less expenses Subtract line 18 from line 12		-2,112,801.	-1,074,672.
Net Assets or	SS		Beg	ginning of Current Year	End of Year
Set	[경 20	Total assets (Part X, line 16)		8,705,679.	5,469,088.
A.	21	Total liabilities (Part X, line 26)		1,979,917.	498.
		Net assets or fund balances Subtract line 21 from line 20		6,725,762.	<u>5,468,590.</u>
	Part II	Signature Block			
		lties of perjury, Leedare that have examined this return, including accompanying schedules			nowledge and belief, it is
tru	e, correc	t, and complete. Deligation of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge	17
		Signature of officer		Date	1+
	gn			_ Date = ~	
He	ere	CHRISTIAN DAWSON, EXECUTIVE DIRECTOR Type or print name and title			
_			10	ate Check	TI PNN
Рa	ia	Print/Type preparer's name Preparer's kignature Preparer's kignature Preparer's kignature CALINIS (PA) Preparer's kignature CALINIS (PA)	P/1 3	5-9_17 r 🗀	P 00366995
	eparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	11 10	J Schi chiphoyea	52-1392008
	е Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		Firm's EIN	J4-1J94000
ŲS	Comy	BETHESDA, MD 20814-2930		Phone no. (30	1) 951-9090
NA-	av tho IE	RS discuss this return with the preparer shown above? (see instructions)		Lenone no. (3 0.	X Yes No
					Form 990 (2015)
332	2001 12-1	o-10 Link i di i apei work neduction ACL Notice, See the Sepaidle MST/UCIJO	1115.		1 0000 300 (2013)

Form 990 (2015) MHZ FOUNDATION Part IV Checklist of Required Schedules

			res	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_	<u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		}
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	,	ı	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ì .		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			•
	Part VI	11a		X
р	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	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			v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		<u>X</u> _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated infancial statements for the tax year include a foothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
120	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		- 25
-	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule_G,_Part I	· 17		X
ī8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990 (2015

Form 990 (2015) MHZ FOUNDATION
Part IV Checklist of Required Schedules (continued)

	•		Yes	(No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	!	
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	L	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	'		١
	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	[,		ł
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			•
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		Х
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
28	Instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ü	director, trustee, or direct or indirect owner? 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	l	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	\mathbf{X}_{-}	ł
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and]		
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	<u>L</u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related-organization?	[]		
-	If "Yes," complete Schedule R, Part V, line 2	36	X	<u> </u>
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	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2015)

Pai				
	Check if Schedule O contains a response or note to any line in this Part V	—		ليا
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	X	
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 30	ļ		
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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a)		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			72
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).	-00	—	
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_==_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A		-	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			l
11	Section 501(c)(12) organizations. Enter			l
a	Gross income from members or shareholders N/A 11a			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		İ	
12a	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 N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
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			İ
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			
	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has at filed a Feyn 700 to spect those payments? If "Ala " provide an evaluation in Schoolula O	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	gan	(2015)
		1 01111	550	(2010)

532005 12-16-15

Form 990 (2015) MHZ FOUNDATION 27-4529328 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
-			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			,						
	If there are material differences in voting rights among members of the governing body, or if the governing	Ì								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1		,						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3									
2	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?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1								
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X_						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X_						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X.						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No_						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	_10b_		<u> </u>						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_ +						
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			!						
	taxable entity during the year?	16a		_X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial							
	statements available to the public during the tax year									
20	O State the name, address, and telephone number of the person who possesses the organization's books and records									
	WILLIAM COMBS - (703)623-2612									
	P.O. BOX 52295, WASHINGTON, DC 20091									
E22006	12.16.15	Form	990	(2015)						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization r	1						nsat					
(A)	(B)		(C) Positi					(D)	(E)	(F)		
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated		
	hours per	box,	box, unless person is both a officer and a director/trustee			is bot or/trus	han tee)	compensation	compensation	amount of		
	week	$\overline{}$	Ī	Γ-			, 	from the	from related	other		
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC)	compensation from the		
	related	36 OF (stee	1		sate	}	(W-2/1099-MISC)	(***271033****1100)	organization		
	organizations	trust	al trus	[yee	흩		(11 27 1000 111100)		and related		
	below	Individual trustee or director	Institutional trustee	<u></u>	oldur	S as co	la 1			organizations		
	line)	indiv	Instit	Officer	Key employee	Highest compensated employee	Form	}		9		
(1) WILLIAM COMBS	0.25											
CHAIR	<u></u>	X	L	X		L_		0.	0.	0.		
(2) BEN REESE	0.25		[Į		[Į.			
DIRECTOR	0.25	X		L		L_	<u> </u>	0.	0.	0.		
(3) KEVIN KARJALA	0.25								'			
DIRECTOR	0.25	X		_				0.	0.	0.		
(4) CHRISTIAN DAWSON	40.00						} 	0				
EXECUTIVE DIRECTOR	 			X	-		$\left - \right $	0.	0.	0.		
	<u> </u>											
						-			 			
						}				I		
		-	_		_	-						
•	ļ			i					10	1		
												
							}					
	ļi	_		_	أــــــا							
	ļ											
			_					_=				
	}			Ì								
						_						
		.										
			\dashv	\dashv	$\vdash \dashv$	-	\vdash	 -				
				- 1								
			\neg	\exists			1					
			}									
										5 000 (2245)		

532007 12-16-15

Par	t VII Section A. Officers, Directors, Trus		ploy	<u>ees</u>			ghe	st C		es (continued)			
	(A)	(B)		(C) Position					(D)	(E)	- {	(F)	
	'Name and title Average hours per				heck	more	than		Reportable	Reportable		Estimat	
		week			ss pe id a d				compensation	compensation from related	- 1	amount other	
		(list any	į				Γ		the	organizations	, ا	compens	
		hours for	trustee or director			1	뎚	1	organization	(W-2/1099-MISC)		from th	
		related	ste	truster			bensa	1	(W·2/1099-MISC)		ľ	organiza	
		organizations below	ual tr	ional		ploye	t com	١.			1	and rela	
		line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			- ['	organızat	10115
			=	 	-	×		-	 		+		
			1			[Į					
				T		\vdash	\vdash				+	_	
			1	1									
				<u> </u>			<u> </u>	_					
		ļ		}							Í		
		 		-			 	_	 		\dashv		
		<u> </u>	ļ	1					+		- (
		 	-	 	-		 	\vdash	 				
				ŀ							į		
			1	t -					 		_		
			1	ŀ									
	·	ļ		<u> </u>				_					
		<u> </u>			1								
	- <u></u>	L	<u> </u>	<u></u>							+		
	Sub-total								0.				0.
	Total from continuation sheets to Part VI	II, Section A							0.	<u>C</u>			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	080	listo	nd at	2016		10 r			•		_0.
_	compensation from the organization	iot iii iii to ti	000	11010	o ui	JO V C	,, vvi	10 10	eccived more than \$100	,000 of reportable			0
												Yes	No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	yee,	or I	highest compensated ei	mployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4	For any individual listed on line 1a, is the su								·	he organization	1		İ
	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	- }	_ }	1
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaule	9 <i>J T</i>	or su	ıçn j	<u>oers</u>	on					5	<u> </u>
1	Complete this table for your five highest co	mpensated inc			nt co	ontr	acto	re t	hat received more than	\$100 000 of compe	neati	on from	
•	the organization Report compensation for	•	-							•	Houck	011110111	
	(A)								(B)			(C)	
	Name and business	address	N	ONE	<u> </u>				Description of s	ervices	Con	npensatio	on
								- [ţ			
										(
								\dashv					
			-		-	-	-		=		_		
								\dashv					
_								_]					
									-				
2	Total number of independent contractors (ii		ot lir	nited	d to	_		ted	above) who received m	ore than			
	\$100,000 of compensation from the organiz	zation 🕨				0)						
52200											Fo	rm 990	(2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 17. Total. Add lines 1a-1f Business Code 2 a DATA TRANSMISSION 900099 <u>867,935.</u> 867,935 Program Service Revenue 900099 360,000. 360,000 b STATION OPERATIONS 900099 UNDERWRITING 39,634. 39,634 f All other program service revenue 267,569 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal <u>5,750</u>. 6 a Gross rents 0. b Less rental expenses 5.750. c Rental income or (loss) 5,750. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 452,227 and allowances 67,781 b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d 5,750. 657,782.1,652,015 Total revenue See instructions

22753__1

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 490,261. 490,261 Other salaries and wages 7 Pension plan accruals and contributions (include 90,394. 90,394. section 401(k) and 403(b) employer contributions) 40,978. 40,978. Other employee benefits 37,661. 37,661 Payroll taxes 10 Fees for services (non-employees): 11 Management а 72,842. 102,722. -29,880. Legal b 28,572. 19,543. 9,029. Accounting C Lobbying d Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 241,111. 195,581 45,530 column (A) amount, list line 11g expenses on Sch O) 1,914. 1,914 Advertising and promotion 12 52. Office expenses 28,511. 28,459 13 60,563. 60,563. 14 Information technology 225,523. 225,523 Royalties 15 <u>23,0</u>79. 23,079. 16 Occupancy 16,971 16,971 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 75,356. 75,356. 22 Depreciation, depletion, and amortization 23,881. 23,881 Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 538,205. 538,205. ACQUIS. BROADCASTING STATION OPERATION COSTS 270,000. 270-,000. 184,950. 184,950 c DISTRIBUTION 100,425. d BAD DEBT EXPENSE 100,425. 181,257. 166,100 15,157 All other expenses 2,732,454. 466,371. 0. Total functional expenses Add lines 1 through 24e 2,266,083. 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)

10070508 745960 22753

		Dalance Sileet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		758,257.	1_	310,284.
	2	Savings and temporary cash investments		5,765.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		181,817.	4	-3,121
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees Complete			
	1	Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
)	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
3	ĺ	employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		•	7_	
Ċ	8	Inventories for sale or use		152,024.	8	
	9	Prepaid expenses and deferred charges		3,178,468.	9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 0 .			
	b	Less accumulated depreciation	10b	1,117,914.	10c	
	11	Investments - publicly traded securities		3,311,434.	11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line		13	5,161,925	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	1		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	8,705,679.	16	5,469,088
	17	Accounts payable and accrued expenses		515,505.	17	498
	18	Grants payable		18		
	19	Deferred revenue		1,446,412.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
3	22	Loans and other payables to current and former	officers, directors, trustees,			
		key employees, highest compensated employee	s, and disqualified persons			
		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D	ļ	18,000.	25	0.
	26	Total liabilities. Add lines 17 through 25		<u> 1,979,917.</u>	26	498
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
		complete lines 27 through 29, and lines 33 an	d 34.			-
	27	Unrestricted net assets)	6,725,762.	27	5,468,590
	28	Temporarily restricted net assets			28	
_	29	Permanently restricted net assets	}		29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 💹 📗			
		and complete lines 30 through 34.		=		
	30	Capital stock or trust principal, or current funds	ļ		30	
	31	Paid-in or capital surplus, or land, building, or eq	_ · _ _		31	
_	3 <u>2</u>	Retained earnings, endowment, accumulated in	come, or other funds		32	
	33	Total net assets or fund balances	}	6,725,762.	33	5,468,590.
	34	Total liabilities and net assets/fund balances		<u>8,705,679.</u>	34	<u>5,469,088.</u>

Form **990** (2015)

Forn	1 990 (2015) MHZ FOUNDATION	27-4	1529328	_Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	•	1 1						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,657	7,7	<u>82.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,732	2,4	<u>54.</u>			
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,725					
5	Net unrealized gains (losses) on investments	5		2,5	00.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	[[
	column (B))	10	5,468	3,5	90.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
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	d on a						
	separate basis, consolidated basis, or both		1 1		1			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,						
	consolidated basis, or both		} }					
	Separate basis X Consolidated basis Both consolidated and separate basis			ı	-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	l l) ·			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Si	ngle Audıt	: [_ [
	Act and OMB Circular A:133?	_	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	F					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

Open to Public . Inspection

Nan	Name of the organization Employer identification										
,		MHZ_	FOUNDATION	T				2	<u>7-4529328</u>		
Pa	irt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part) Se	e instruction	s			
The	organ	ization is not a private found	lation because it is	(For lines 1 through 11, o	check only	one box)					
1		A church, convention of ch	urches, or associati	on of churches describe	d ın secti c	on 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ))					
3		A hospital or a cooperative	hospital service org	janization described in s	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	onjunction with a hospita	l describe	d ın <mark>sectio</mark>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
		city, and state							·		
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental ı	unit describ	ped in		
		section 170(b)(1)(A)(iv). (C	Complete Part II)								
6	\square	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		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). (C									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)						
9		An organization that norma	lly receives (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from		
		activities related to its exen	npt functions - subje	ect to certain exceptions	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment		
		income and unrelated busing		e (less section 511 tax) fr	om busine	esses acqu	iired by the oi	rganization	after June 30, 1975		
		See section 509(a)(2). (Cor	•								
10	\vdash	An organization organized a	•	•	•				_		
11		An organization organized a	•	•	-			•	· ·		
		more publicly supported or							Check the box in		
		ines 11a through 11d that	* *	· · · · · · ·		•		•			
а	ь	☐ Type I. A supporting orga	· ·				, , ,	• • •	• •		
		the supported organization			a majority	or the dire	ctors or truste	es of the s	supporting		
h		organization You must of Type II. A supporting org	•		tion with i	te eupoort	od organizati	an(a) by ba	vena.		
b	· L	control or management o	•			• •	_		-		
		organization(s) You mus			ame perso	JIIS MACCO	muoi oi mana	ige the sup	ported		
_		Type III functionally inte	•		ın connec	tion with i	and functions	lly integrate	ed with		
·		its supported organization	-	=				my integrate	ad with,		
d	Г	Type III non-functionally		· ·		-	-	rted organi	zation(s)		
_		that is not functionally int	-					_	* *		
		requirement (see instructi		• •	•		•	a a a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
е		Check this box if the orga	•	•				II. Type III			
_		functionally integrated, or) [] [., .,,,			
f	Ente	er the number of supported o	organizations								
g	Prov	vide the following information	about the supporte	ed organization(s)							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the c	rganization In your	(v) Amount o	-	(vi) Amount of		
		organization	ı	(described on lines 1-9 above (see instructions))		document?	support		other support (see		
					Yes	No	ınstruct	ioris)	instructions)		
					_						
_					 	<u> </u>					
- .							_				
Tota	31			1	1	1			l		

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 MHZ FOUNDATION 27-4529328 Page 2

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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not]		1	Ì	
	include any "unusual grants ")		l		<u> </u>		
2	Tax revenues levied for the organ-						t
	ization's benefit and either paid to		}				\$
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to			l		ĺ	
	the organization without charge		_	1			
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a		i		1)
	governmental unit or publicly	,	}				}
	supported organization) included						
	on line 1 that exceeds 2% of the	,					
	amount shown on line 11,						1
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<u> </u>					,
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4						
8	Gross income from interest,						}
	dividends, payments received on		Į.			ļ	ļ
	securities loans, rents, royalties		ļ	,	ļ	Į.	ļ
	and income from similar sources					[
9	Net income from unrelated business						
_	activities, whether or not the			1	}	}]
	business is regularly carried on			<u> </u>	1)	
10	Other income Do not include gain						
	or loss from the sale of capital			,	}	İ	1
	assets (Explain in Part VI)			,		į	
11	Total support. Add lines 7 through 10			,			
	Gross receipts from related activities,	etc (see instructi	ons)		•	12	<u></u>
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2014. If the c	organization did no	ot check a box on	line 13 or 16a, and	I line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization quali	ifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orga	nızatıon
	meets the "facts-and-circumstances"					•	>
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						ns 🕨 🗀
							or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 MHZ FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						<u> </u>
	membership fees received (Do not						
	include any "unusual grants ")			9,415,743.	50,069.	17.	9,465,829.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			2 438 275.			
2	Gross receipts from activities that			2,438,213.	5,888,211.	1,719,796.	10,046,282.
3	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						
_	Total. Add lines 1 through 5	 		11 954 019	5 938 280.	1 710 813	10 510 111
	Amounts included on lines 1, 2, and			11,854,018.	3,930,200.	1,719,813.	19,512,111.
, ,	3 received from disqualified persons			}	1		0.
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			395,932.	3 051 824	870,848.	4.318.604.
c	Add lines 7a and 7b			395,932.	3 051 824	870,848.	4 318 604
	Public support. (Subtract line 7c from line 6)	C. C.				9 \$	15 193 507.
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	10723	727 = 3 · =	11,854,018,	5 938 280.	1,719,813.	19,512,111.
-	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			9,914.		5,750.	340,760.
b	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses acquired after June 30, 1975				:		
	: Add lines 10a and 10b	L		9,914.	325,096.	5,750.	340,760.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)			11,863,932.	6,263,376.	1,725,563.	19,852,871.
14	First five years. If the Form 990 is for	the organization's	first, second, the	rd, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2015 (I	ine 8, column (f) di	vided by line 13,	column (f))		15	<u>76.53</u> %
	Public support percentage from 2014					16	<u>79.13 -%</u>
<u>Se</u>	ction D. Computation of Inves	stment Income	Percentage) 		, . ,	
17	Investment income percentage for 20	1 15 (line 10c, colum	n (f) divided by l	ine 13, column (f))		17	1.72 %
18	Investment income percentage from 2	2014 Schedule A, F	Part III, line 17			18	<u>1.85 %</u>
19a	33 1/3% support tests - 2015. If the more than 33 1/3%, check this box as	_					7 is not ►X
b	33 1/3% support tests - 2014. If the	organization did no	ot check a box o	n line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies a	as a publicly supp	orted organization	▶ 🔲
20	Private foundation. If the organization	n did not check a h	oox on line 14 19	a or 19b, check th	us box and see ins	structions	

Part IV Supporting Organizations

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

Section	A. All	Sup	porting	Org	ganizations
---------	--------	-----	---------	-----	-------------

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

	Yes	No
		اِ
1		
2		
3a	-	
3b		
3c		'
4a		/
4b		
·),	*	
4c		
5a		
5b 5c		
6		
7		-
8	-	-
9a 9b		;
9c		- · ·
10-	~	:
10a 10b		-
n 990 or 99	0-EZ)	2015

532025 09-23-15

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov 20, 1970 See instr	uctions. All
other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			, ,
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		,	,
factors (explain in detail in Part VI)		*	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u></u>	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to	1-1-		†
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		d Type III supporting or	anization (see

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 or 990 EZ) 2015 MHZ FOUNDATIO			27-4529328 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	าร		
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsiv	e	
	(provide details in Part VI). See instructions			
_9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	<u> </u>		
_ <u>'</u> _2	Underdistributions, if any, for years prior to 2015			
2	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2015			
3				
<u>а</u>	· · · · · · · · · · · · · · · · · · ·	T		
<u>b</u>				
<u>C</u>	From 2013			
	· · · · · · · · · · · · · · · · · · ·	 	<u> </u>	
	From 2014	 		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>n</u>	Applied to 2015 distributable amount			
! -	Carryover from 2010 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	 		
4	Distributions for 2015 from Section D,			
	line 7 \$		<u> </u>	
	Applied to underdistributions of prior years	 		
	Applied to 2015 distributable amount	 	<u> </u>	
_ <u>-</u> c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if	1		
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	1		1
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a_				
b	F . (0010	 	·	<u> </u>
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015	L		

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

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.

OMB No_1545-0047

Department of the Treasury ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number MHZ FOUNDATION 27-4529328 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(n)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 MHZ FOU	NDATION					27-45	29328	Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or Oth	er Sin	nilar Asse	ts (contini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that are a	significa	nt use of its	collection	ıtems
	(check all that apply)								
а	Public exhibition	c	, []		hange programs				
b	Scholarly research	e	• 🔲	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	he organization's ex	empt pu	rpose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or other similar	ar assets	3	_	
	to be sold to raise funds rather than to be ma							Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if th	e organizatio	n answered "Yes" o	n Form 9	390, Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other assets no	t include	∍d	_	
	on Form 990, Part X?							」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table		<u></u>			
						ļ		Amount	
C	Beginning balance					10	<u>:</u>		
đ	Additions during the year					10	<u>i</u>		
e	Distributions during the year					16	<u> </u>		
f	Ending balance						<u>:</u>		
2a	Did the organization include an amount on Fo	•				•	L	」Yes	L No
	If "Yes," explain the arrangement in Part XIII								<u> </u>
Pai	rt V Endowment Funds. Complete r								
		(a) Current year	(b) F	Prior year	(c) Two years back	(d) Thre	ee years back	(e) Four	/ears back_
1a	Beginning of year balance		 						
b	Contributions								
С	Net investment earnings, gains, and losses					 		 	
d	Grants or scholarships					 			
е	Other expenditures for facilities		1	,		}		ĺ	
	and programs		}		<u> </u>	 			
f	Administrative expenses				<u> </u>			 	
g	End of year balance				<u> </u>	l		L	
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a)) neid as				
a	Board designated or quasi-endowment ► Permanent endowment ►	0/	_%						
D	· · · · · · · · · · · · · · · · · · ·	%							
С	Temporarily restricted endowment	%							
20	The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posse		ation the	at are held a	nd administered for	the oran	nization		
Ja		331011 Of the organiza	ation thi	at are rielu ar	id administered for	ine orga	HIZALION	5	Yes No
	(i) unrelated organizations							3a(i)	ICS INU
	(ii) related organizations							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule B?				3b	
4	Describe in Part XIII the intended uses of the	•						00	
,	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990), Part I	/, line 11a S	ee Form 990, Part X	. line 10			
	Description of property	(a) Cost or o		(b) Cost		Accumul	ated	(d) Book	value
	- assurption - property	basis (investr		basis (, , , ,	preciation	I	(0)	
1a	Land								
	Buildings								
c	Leasehold improvements								
d	Equipment							=- =	
e	Other								
	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	0c.)		>		0.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2	2015
-------------------------	------

MHZ	\mathbf{F}	OŪ	JND	Α	T	I	O.	N
-----	--------------	----	-----	---	---	---	----	---

Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	on Cost or end-of-	year market value
Financial derivatives				
Closely-held equity interests		 		
Other	 _	 		
(A)		 		
(8)		 	·	
(C)		 		
(D)				
(E) (F)		 		· ·
(G)		 		
(H)		 		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		 		
art VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c See Form 990 Part X	line 13	
(a) Description of investment	(b) Book value	(c) Method of valuatio		year market value
(1) INVESTMENT IN MHZ	- 	 		
(2) NETWORKS, LLC	5,161,925	COST		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.)	5,161,925			
(9)	5,161,925			
tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) > Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line		, line 15	
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) tart IX Other Assets. Complete if the organization answered "Yes" o			, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) tart IX Other Assets. Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line		, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2)	n Form 990, Part IV, line		, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3)	n Form 990, Part IV, line		, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)	n Form 990, Part IV, line		, line 15	(b) Book value
(9) lal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5)	n Form 990, Part IV, line		, line 15	(b) Book value
(9) lal (Col (b) must equal Form 990, Part X, col. (B) line 13.) lart IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6)	n Form 990, Part IV, line		, line 15	(b) Book value
(9) (al (Col (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line		, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8)	n Form 990, Part IV, line		, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	n Form 990, Part IV, line escription		, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line	n Form 990, Part IV, line escription		, line 15	(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line eart X Other Liabilities.	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) al (Col (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) al (Col (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) al (Col (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) al (Col (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) al (Col (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) lal (Col (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) lal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) al (Col (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
(9) tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value
tal (Col (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line escription	11d See Form 990, Part X		(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2015

532053 09-21-15

	dule D (Form 990) 2015 MHZ FOUNDATION		<u>4529328 Page 4</u>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	126,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a		
	Net unrealized gains (losses) on investments 2a -182,500 Donated services and use of facilities 2b	ᅴ	
c	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d -1,348,545]	
e	Add lines 2a through 2d	2e	-1,531,045.
3	Subtract line 2e from line 1	3	1,657,782.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII)		_
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_	1,657,782.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Hetu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		2 001 002
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	1	2,981,983.
a	Donated services and use of facilities 23		
b	Prior year adjustments 2b	┥,	
c	Other losses 2c		
d	Other (Describe in Part XIII) 2d 249,529	• • • • •	
е	Add lines 2a through 2d	2e	249,529.
3	Subtract line 2e from line 1	3	2,732,454.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 .	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	<u> </u>	•
	Add lines 4a and 4b Table or a reason Add lines 2 and 4a (This revisit across 15 are 2000, Float / (trial 10))	4c	2,732,454.
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	5	<u> </u>
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, lines	4 Part	X line 2 Part XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	, ,, , a,,	7, 1110 E, 1 di (711,
PAF	T X, LINE 2:		
E/O	MUE 15 MONMU DEDIOD ENDED CEDMENDED 20 2016 MUZ UNC D	O CITIM	eximply TMC
<u>r Or</u>	THE 15-MONTH PERIOD ENDED SEPTEMBER 30, 2016, MHZ HAS D	OCUM	ENTED ITS
CON	SIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDE	ES G	UIDANCE FOR
001	· · · · · · · · · · · · · · · · · · ·	<u> </u>	01014104 1011
REF	ORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED TH	AT N	O MATERIAL
<u>UNC</u>	ERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR D	ISCL	OSURE IN
THE	CONSOLIDATED FINANCIAL STATEMENTS.		
DAR	T XI, LINE 2D - OTHER ADJUSTMENTS:		
INI			
3 M	ONTH REVENUE INCLUDED IN 15 MONTH AUDIT FINANCIAL		-1,416,326.
STA	TEMENTS AND EXCLUDED FORM 990 REPORTING.		
COS	T OF GOODS SOLD REPORTED AS AN EXPENSE ON THE FINANCIAL		67,781.
~~·	MEMENING AND NEWMED ACATMON DESIGNATE ON THE TOPY OCC		
532054	TEMENTS AND NETTED AGAINST REVENUE ON THE FORM 990,		h.l. D./F 000) 0015
09-21-	2. 4	Sche	dule D (Form 990) 2015

Schedule D (Form 990) 2015 MHZ FOUNDATION	27-4529328 Page 5
Part XIII Supplemental Information (continued)	
PART VII; LINE 10B.	
TOTAL · TO SCHEDULE D, PART XI, LINE 2D	-1.348.545.
TOTAL TO BOMBOBE BY TIME MEY BEING DE	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
3 MONTH EXPENSES INCLUDED IN 15 MONTH AUDIT FINANCIAL	181,748.
STATEMENTS AND EXCLUDED FORM 990 REPORTING.	
COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE FINANCIAL	67,781.
STATEMENTS AND NETTED AGAINST REVENUE ON THE FORM 990,	
PART VII, LINE 10B.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	249,529.

SCHEDULE N (Form 990 or 990-	SCHEDULE N (Form 990 or 990-EZ)	Liquidati ▼ Comp	ion, Termi	nation, Disson cation answered "Yes of any articles of diss	idation, Termination, Dissolution, or Significant Disposition of Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.	ificant Dispos 831 or 32; or Form 9	Liquidation, Termination, Dissolution, or Significant Disposition of Assets ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-Ez, line 36. ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.	<u></u>	2015
Department of Internal Reve	Department of the Treasury Internal Revenue Service	► Attaci	► Attach to Form 990 or 990-EZ. Information about Schedule N	990-EZ. edule N (Form 990 or	► Attach to Form 990 or 990-EZ. Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.l/s.gov/form990.	s is at www.lrs.gov/fc	лт 990.		Open to Public Inspection
Name of t	Name of the organization	MHZ FOUNDATION	OATION					nployer ider 27-45	Employer identification number 27-4529328
Part I	Liquidation, Termir space is needed	ination, or Dissolu	ıtıon. Complete thı	s part if the organizatio	n answered "Yes" on Form	990, Part IV, line 31, o	Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional space is needed	can be dup	icated if additional
,	(a)tongo to soutoneous (a)	(2)	(L) Dote of	Collect technology	of Landacher Co.	4-0-0-0-141-141-141-141-141-141-141-141-	ALL Dodge of [1] Commenced and I all Market and I all I all and I		/ /

	(g) IRC section of recipient(s) (if tax-exempt) or type of entity					Yes No	- 2a
	(f) Name and address of recipient						
	(e) EIN of recipient						
	(d) Method of determining FMV for asset(s) distributed or transaction expenses						
	(c) Fair market value of asset(s) distributed or amount of transaction expenses					organization	Inization?
	(b) Date of distribution					key employee of the	or or transferee orga
apace is needed	(a) Description of asset(s) distributed or transaction expenses paid	_	_	 -		2 Did or will any officer, director, trustee, or key employee of the organization	a Become a director or trustee of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? b Become an employee of, or independent contractor for, a successor or transferee organization? c Become a direct or indirect owner of a successor or transferee organization?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

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

Schedule N (Form 990 or 990-EZ) (2015)

8

2

LHA 532151 ž

Yes

4

ß

4a

e

6a

Schedule N (Form 990 or 990 EZ) (2015) MHZ FOUNDATION Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

5 Did the organization discharge or pay all of its liabilities in accordance with state laws?

6a Did the organization have any tax-exempt bonds outstanding during the year?

g9 b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?

c If "Yes," on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36 Part II can be duplicated if additional space is needed

Form 990-EZ, line	Form 990 EZ, line 36 Part II can be duplicated if additional space is needed	uplicated if additiona	al space is needed				
(a) Description of asset(s) distributed or transaction expenses paid	of asset(s) ansaction paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
						MHZ NETWORKS, LLC 8101A LEE HWY	LIMITED LIABILITY
CASH AND CASH EQUIVALENTS	LENTS	10/01/15	63,312,	63,312,BOOK VALUE	47-4541629	FALLS CHURCH, VA 22042	CORPORATION
	,					MHZ NETWORKS, LLC	
	-					8101A LEE HWY	LIMITED LIABILITY
INVESTMENTS		10/01/15	2,230,617,BOOK VALUE	300K VALUE	47-4541629	FALLS CHURCH, VA 22042	CORPORATION
						MHZ NETWORKS, LLC	
	-		-			8101A LEE HWY	LIMITED LIABILITY
INVENTORY		10/01/15	152,024.	152,024,BOOK VALUE	47-4541629	FALLS CHURCH, VA 22042	CORPORATION
	- **					MHZ NETWORKS, LLC	
						8101A LEE HWY	LIMITED LIABILITY
PROGRAM ACQUISITION COSTS	COSTS	10/01/15	2,648,176,BOOK VALUE	SOOK VALUE	47-4541629	FALLS CHURCH, VA 22042	CORPORATION
						MHZ NETWORKS, LLC	
						8101A LEE HWY	LIMITED LIABILITY
PREPAID EXPENSES	_	10/01/15	175,498,	175,498,BOOK VALUE	47-4541629	FALLS CHURCH, VA 22042	CORPORATION
	-					MHZ NETWORKS, LLC	
	_					8101A LEE HWY	LIMITED LIABILITY
PROPERTY AND EQUIPMENT	NT NET	10/01/15	1,042,559,	BOOK VALUE	47-4541629	FALLS CHURCH, VA 22042	CORPORATION
						MHZ NETWORKS, LLC	
	-					8101A LEE HWY	LIMITED LIABILITY
DEFERRED REVENUE		10/01/15	947,533,	947, 533, BOOK VALUE	47-4541629	FALLS CHURCH, VA 22042	CORPORATION
				 			Yes No

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

ø

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

SEE PART III Schedule N (Form 990 or 990-EZ) (2015)

2d

▲

ह्य श

Part II Continuation of Sale, E.	change, Disposition, or Other	I ranster of More I han 2:	5% of the Organization?	Assets (Schedule N	Part II Continuation of Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets (Schedule N (Form 990 or 990 EZ), Part II, line 1)	
(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
ACCRUED EXPENSES	10/01/15	202,728,	202,728,BOOK VALUE	47-4541629	MHZ NETWORKS, LLC 8101A LEE HWY FALLS CHURCH, VA 22042	LIMITED LIABILITY CORPORATION
					1	
-						
	,					
- ~ —						
					Schedule N	Schedule N (Form 990 or 990-EZ)

04-01-15

Schedule N (Form 990 or 990-EZ) (2015)MHZ FOUNDATION	27-4529328 Page 3
Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II Also complete this part to provide any additional information	, line 2e
· ·	
PART II, LINE 2E:	
FREDERICK THOMAS	
	
PART II, LINE 2E:	
LISA MURPHY	
DADOUTT TIME OF.	
PART II, LINE 2E:	
FREDERICK THOMAS IS AN OWNER AND ON THE BOARD OF MANAGERS O	F MHZ NETWORKS,
LLC	
PART II, LINE 2E:	
LISA MURPHY IS AN EMPLOYEEE OF MHZ NETWORKS, LLC AND HAS OP	TIONS WITH THE
LLC BUT IS NOT A CURRENT OWNER.	
	·
	
•	
	 -

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u> </u>	27-4529328
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
THE ORGANIZATION CEASED CONDUCTING ITS DIGITAL MEDIA AND	MHZ WORLDVIEW
PROGRAMS.	
FORM 990, PART VI, SECTION A, LINE 3:	
IN DECEMBER 2015, THE BOARD HIRED OPEN-I ADVISORS TO SERV	VER AS CONSULTANTS
AND ADMINISTRATORS OF THE DAILY OPERATIONS AND PLANNING I	FOR MHZ FOUNDATION.
THE TOTAL PAID FROM MHZ FOUNDATION TO OPEN-I ADVISORS FOR	R CHRISTIAN
DAWSON'S SERVICES IN THIS FISCAL YEAR WAS \$18,000.	
FORM 990, PART VI, SECTION A, LINE 4:	
MHZ NETWORKS CHANGED ITS NAME TO MHZ FOUNDATION AND RETAI	NED ITS BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND	REVIEWED BY THE
FOUNDATION'S EXECUTIVE DIRECTOR, AND THE CHAIRMAN OF THE	BOARD BEFORE
SUBMISSION TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INT	TEREST, AN
INTERESTED PERSON DISCLOSES THE EXISTENCE OF HIS OR HER F	FINANCIAL INTEREST
AND GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS	TO THE DIRECTORS
AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS COM	SIDERING THE
PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF	THE FINANCIAL
INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION	WITH THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	dule O (Form 990 or 990-EZ) (2015)

(g) Section 512(b)(13) Open to Public Inspection Employer identification number 27-4529328 OMB No 1545-0047 controlled 2015 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets Public charity status (if section <u>e</u> 501(c)(3)) <u>e</u> ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code Ð section Ð Legal domicile (state or Part I Judentification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. Primary activity Primary activity MHZ FOUNDATION Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

No

Page 2 27-4529328

Schedule R (Form 990) 2015 MHZ FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership 78,00% 3 Code V-UBI General or paramount in box managing c 20 of Schedule K-1 (Form 1065) Yes No × S N/A Ξ Disproportionate Yes No allocations? Ξ 19,567,494 Share of end-of-year assets <u>6</u> -1,189,667 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** RELATED (d)
| Direct controlling entity NVPTV INV HC (c)
Legal
domicile
(state or
foreign
country) ٧A Primary activity DIGITAL MEDIA DISTRIBUTION <u>a</u> AND SALES 47-4541629, 8101A LEE HWY Name, address, and EIN of related organization FALLS CHURCH, VA 22042 MHZ NETWORKS, LLC

Paring Indentification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a)	(a)	(၁)	(9)	(e)	(£)	(6)	(£)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section Section 512(bx/13) controlled entity?
NVPTV INVESTMENST HOLDING CORP - 47-5213327 2711 CENTERVILLE RD STE 400 WILLMINGTON DE 19808	INVESTMENT HOLIDING	DE	MHZ FDN	C CORP	-1,446,744,	3,715,181,	100.00%	×

Schedule R (Form 990) 2015

532162 09-08-15

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	Z
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	×	
b Gift, grant, or capital contribution to related organization(s)	P	×	L

- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)

×

=

5

두 **;**=

5

9

၁

- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s) Exchange of assets with related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses

×

위

5

13

÷

Ę

¥

두

우

- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

တ	
shold	
thre	
ctron	
ansa	
od tre	
ibs a	
hsuc	
relati	
ered	Γ
Š	
pulpr	1
ınct.	
s line	ļ
e th	\vdash
nplet	}
st cor	
SUM C	
who	-
on or	
rmati	ĺ
rinfo	
ns fo]
otor	
ınstr	
e the	
se(
"Yes	
ve is	
apo	
of the	
any c	
er to	
NSW(
thea	
<u>+</u>	
~	}

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MHZNETWORKS LLC	A	6,000.	6,000.CASH RECEIVED
(2) MHZNETWORKS LLC	В	5,161,925.NET ASSETS	NET ASSETS
(3) MHZNETWORKS LLC	M	120,000.	120,000.CONTRACT PRICE
(4) MHZNETWORKS LLC	ß	313,800.	313,800.CONTRACT PRICE
(5) MHZNETWORKS LLC	ß	7,190.	7,190.DEPOSIT AND RECEIVABLE
(9)			
532163 09-08-15	34		Schedule R (Form 990) 2015

Page 4

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain inve	estment partnerships	i					
(a)	(q)	(0)	(e) (p)	(J)	(6)	(F)	(5)	3	(X
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec (related inrelated	נט	Share of	Dispropor- tionate	Code V-UBI	General or	Percentage
OI ETURY		(state or foreign country)	excluded from tax under ons?	total income	end-of-year assets	Aes No	Allocations of Schedule K-1 partners ownership (Form 1065)	partner?	ownership
			_			_		_	
								-	
						_		_	
						1		1	
						_		_	
						_			
								-	
							_		
			-						
						+		+	
			_			-			
								_	
								-	
		-							
						-		_	
								1	

532164 09-08-15