

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



CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

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

Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A	For th	e 2016 calendar year, or tax year beginning JUL 1, 2016 and ending	g SEP 30, 201	<u>.6</u>
В	Check if applicat	C Name of organization	D Employer ident	tification number
	Addr	MHZ FOUNDATION		•
	Name		27-	4529328
	Initia			
Г	Final	D O BOY 52295	· ·	3)623-2612
	termi		G Gross receipts \$	102,364.
	Amer	ided LIACUTNOMON DC 20001	H(a) Is this a group	
	Appli		for subordinat	
	pend	ng SAME AS C ABOVE	H(b) Are all subordinate	
ī	Tax-ex	empt status X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or	, 	a list (see instructions)
_		te: ► WWW.MHZFOUNDATION.ORG	H(c) Group exemp	•
				M State of legal domicile, VA
	art I	Summary		
_	1	Briefly describe the organization's mission or most significant activities SEE PAR'	r III, LINE 1	•
Governance		· · · · · · · · · · · · · · · · · · ·		
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net	assets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	1	3
		Number of independent voting members of the governing body (Part VI, line 1b)	Ţ.	4 3
8	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5 0
Activities	6	Total number of volunteers (estimate if necessary)	•	6 3
Ę	7 a	Total unrelated business revenue from Part VIII, column (6), line 12	7	'a 0.
⋖	b	Net unrelated business taxable income from Form 990-T, line 34 70 7 11 11 11 11 11 11 11 11 11 11 11 11 1	7	'b О.
1		10 THE VEIVEU	Prior Year	Current Year
ں ا	8	Contributions and grants (Part VIII, line 1h)	17	
Revenue	9	Program service revenue (Part VIII, line 2g)	1,267,569	96,690.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	. 0	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e,	390,196	5,665.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) Ilne 12).	1,657,782	. 102,364.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	659,294	. 0.
ŠUŠ	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)		· · · · · · · · · · · · · · · · · · ·
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,073,160	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,732,454	
	19	Revenue less expenses Subtract line 18 from line 12	-1,074,672	-151,330.
Sor	2		Beginning of Current Yea	r End of Year
Set	20	Total assets (Part X, line 16)	5,469,088	
Net Assets or	21	Total liabilities (Part X, line 26)	498	
		Net assets or fund balances Subtract line 21 from line 20	5,468,590	3,870,516.
	art II	Signature Block		
		allies of perjury, I declare that I have examined this return, including accompanying schedules and s		my knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge	11-11-9
				15//4
Sig	ın	Signature of officer	Date	, .
He	re	CHRISTYAN DAWSON, EXECUTIVE DIRECTOR		
		Type or print name and title	Doto	DTIN
		Print/Type preparer's name Preparer's sannature Preparer's sannature	Date Check	D 001/1995
Pai		DAVID F GRALING CPA DOWN F. AND CPA	J J J J Sch-ent	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930]	2011 051 0500
_	301) 951-9090			
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
6320	001 11-	11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)

	990 (2016) MHZ FOUNDATION	27-45293	28 Pa
Pa	rt III Statement of Program Service Accomplishments	`	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission MHZ FQUNDATION'S MISSION IS TO BRING GLOBAL CULTURE AND	DED CDE/T	T 7.75 TV
	INFLUENTIAL US MARKETS AND INDIVIDUALS VIA DIGITAL PROGR		<u> </u>
	THE TOTAL OF THE TREE TREE TO THE PROPERTY OF	ummizito.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes X
	If "Yes," describe these new services on Schedule O		100 (22)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as it		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	rs, the total exper	nses, and
 4а	(Code) (Expenses \$ 180,030 • including grants of \$) (Revenue		96,69
	BROADCAST: MHZ WORLDVIEW IS AVAILABLE VIA PUBLIC TV STAT		
	AND CURRENTLY PASSES 40 MILLION TV HOUSEHOLDS.		
	MUZ TO ALCO IN THE DECORGO OF DEVELOPMENTING A DIAM OF AC	TON FOR	milia.
	MHZ IS ALSO IN THE PROCESS OF DEVELOPMENING A PLAN OF ACONGOING PUBLIC BROADCAST OF CULTURAL AND EDUCATIONAL MAT		
	UTILIZING THE INTERNET AS A BROADCAST MEDIUM.	LIKELIADO	
		······································	
4b	(Code) (Expenses \$) (Revenue	e\$	
			
			 _
4c	(Code) (Expenses \$	e \$	
4d	Other program services (Describe in Schedule O)	\	
 4е	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 180,030.		
70_	100 p. 0.9 (100 0.7 (F	orm 990 (
32002	2 11-11-16		
4 O	2 706 745960 22753 2016.04000 MHZ FOUNDATION	-	2752
ΨU	706 745960 22753 2016.04000 MHZ FOUNDATION	2	2753_

Form 990 (2016) MHZ FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	}	}	ĺ
	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	}	}	į
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		[
	similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			ľ
	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	ĺ		
	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?			Ì
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	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	ļ	(
	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		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		3.5	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-	ļ	v
	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		_X_
ū	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	104	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	_^ <u>^</u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- **
,	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		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,	٠.٠		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		_ -
	complete Schedule G, Part III	19		x
			990	
	•			,

Form 990 (2016) 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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ŀ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ 	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ı	
	Schedule J	23_		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	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			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ĺ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <u></u>		<u></u>
	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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?] }		
	Note, All Form 990 filers are required to complete Schedule O	38	_X_	
		Form	990	(2016)

Form	990 (2016) MHZ FOUNDATION		328	Р	age 5			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
	,			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	1					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming						
	(gambling) winnings to prize winners?		1c		}			
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 0			j			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
3a	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	0	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	•	4a		Х			
b	If "Yes," enter the name of the foreign country	,						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, , ,	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		Х			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit						
	any contributions that were not tax deductible as charitable contributions?	•	6a		x			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts						
	were not tax deductible?	ū	6b		l			
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X			
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e	***	X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f_		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h_					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the N/A						
	sponsoring organization have excess business holdings at any time during the year?		8		l			
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		Ĺ			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		L			
10	Section 501(c)(7) organizations. Enter				1			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			, '			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter	1 1		·	į .			
а	Gross income from members or shareholders N/A	11a			1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form	1041?	12a		İ			
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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a					
	Note. See the instructions for additional information the organization must report on Schedule O			ļ				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1						
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		_X_			
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	1				
			Form	990	(2016)			

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								
	•		1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>3</u>		;			
	If there are material differences in voting rights among members of the governing body, or if the governing	ł							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	}		}	İ				
b	Enter the number of voting members included in line 1a, above, who are independent	_1b		3	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			ز ا			
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision		T				
	of officers, directors, or trustees, or key employees to a management company or other person?		•	3	X	İ			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	nioaa	one or			T			
	more members of the governing body?			7a	ļ	X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or		1				
_	persons other than the governing body?			7b		x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hy th	e following	<u> </u>		<u> </u>			
а									
b									
_		aabad	at the	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									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Payanu	- Cada I	9	<u> </u>	X			
000	tion B. Foliolos (This Section B requests information about policies not required by the internal P	ieveriu	e Code /			T			
10-	Did the expension have level cheeters, branches, or offiliates?			10-	Yes	No X			
10a	Did the organization have local chapters, branches, or affiliates?	hanta	a offiliates	10a	 -	 ^			
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to answer their apparatum are apparent with the grant are apparent of the procedures.	napter	s, aπiliates,	401		}			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a		X			
11a									
b	· · · · · · · · · · · · · · · · · · ·								
12a									
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," d	escribe	}]				
	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 approve	,	dependent	}	1				
	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	<u> </u>	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a						
	taxable entity during the year?			16a	<u> </u>	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	articipation			'			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıo	n's			· '			
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>			
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 (Sect	ion 501(c)(3)s only) avaılal	ole				
	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 financial									
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records						
	WILLIAM COMBS - (703)623-2612								
	P.O. BOX 52295, WASHINGTON, DC 20091								
632006	11-11-16			Forr	n 990	(2016)			
	6								

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

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

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

Name and Title Average hours per week Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) From from related . other	(A)	(B)	- 9			C)	<u>,,,,,,</u>		(D)	(E)	(F)
hours per week (list any hours for related organizations below line) 1.1 WILLIAM COMBS CAAIR* (2) BENJAMIN REES O.25 DIRECTOR O.25 DIRE			Position						1		Estimated
(1) WILLIAM COMBS (2) BENJAMIN REES (3) KEVIN KARJALA (3) CHRISTIAN DAWSON (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR (New Company of the property of the property of the property of the property of the property of the property of the property of the program attention (W.2/1099-MISC) (1) WILLIAM COMBS (2) BENJAMIN REES (3) KEVIN KARJALA (4) CHRISTIAN DAWSON (4) CHRISTIAN DAWSON (4) CHRISTIAN DAWSON (4) CHRISTIAN DAWSON (5) CHAIR (6) CHAIR (7) CHAIR (7) CHAIR (8) CHAIR (9) CHAIR (1) WILLIAM COMBS (1) WILLIAM COMBS (1) WILLIAM COMBS (1) WILLIAM COMBS (2) BENJAMIN REES (3) KEVIN KARJALA (4) CHRISTIAN DAWSON (4) CHRISTIAN DAWSON (4) CHRISTIAN DAWSON (4) CHRISTIAN DAWSON (5) CHAIR (6) CHAIR (7) CHAIR (7) CHAIR (8) CHAIR (8) CHAIR (9) CHAIR (10) CHAIR (11) WILLIAM COMBS (W.2/1099-MISC) (W.2/109-MISC) (W.2/109			box	, unle	ss pe	rson	is bot	h an	į.		amount of
(1) WILLIAM COMBS CHARP (2) BENJAMIN REES DIRECTOR (3) KEVIN KARJALA DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR (5) CHARP (6) CHARP (7) WILLIAM COMBS (8) W W W W W W W W W W W W W W W W W W W			\vdash	$\overline{}$	nd a director/trustee)		tee)	from		. other	
(1) WILLIAM COMBS CHARP (2) BENJAMIN REES DIRECTOR (3) KEVIN KARJALA DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR (5) CHARP (6) CHARP (7) WILLIAM COMBS (8) W W W W W W W W W W W W W W W W W W W			rector	ĺ		l			1		compensation
(1) WILLIAM COMBS CHARP (2) BENJAMIN REES DIRECTOR (3) KEVIN KARJALA DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR (5) CHARP (6) CHARP (7) WILLIAM COMBS (8) W W W W W W W W W W W W W W W W W W W			or di	8)	ated			(W-2/1099-MISC)	
(1) WILLIAM COMBS CHARP (2) BENJAMIN REES DIRECTOR (3) KEVIN KARJALA DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR (5) CHARP (6) CHARP (7) WILLIAM COMBS (8) W W W W W W W W W W W W W W W W W W W		1	nstee	trust		8	nbeus		(W-2/1099-MISC)		. –
(1) WILLIAM COMBS CHARK (2) BENJAMIN REES DIRECTOR (3) KEVIN KARJALA D.25 DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR (5) EXECUTIVE DIRECTOR (6) CHARGE (7) CHARGE (8) CHARGE (9) CHARGE (10) CHARGE (11) CHARGE (12) CHARGE (13) CHARGE (14) CHARGE (15) CHARGE (16) CHARGE (17)			lual tr	tronal		yoldr	t con	_			
(1) WILLIAM COMBS CHAIR' (2) BENJAMIN REES DIRECTOR (3) KEVIN KARJALA D.25 DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR X X X X X X X X X X X X X			hdryrd	Institu	Officer	Key en	Highes	Богше			Organizations
(2) BENJAMIN REES DIRECTOR (3) KEVIN KARJALA D. 25 DIRECTOR 0. 25 X (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR X DIRECTOR X DIRECTOR A D. 25 DIRECTOR A	(1) WILLIAM COMBS	0.25									
DIRECTOR	CHAIR'	<u> </u>	X		X		<u> </u>				
DIRECTOR	(2) BENJAMIN REES	0.25	}				l				
DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR X	DIRECTOR	0.25	X	<u> </u>]
DIRECTOR (4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR X	(3) KEVIN KARJALA	0.25									
(4) CHRISTIAN DAWSON EXECUTIVE DIRECTOR X A 0.00 X	DIRECTOR	0.25	X	ł			ĺ				į
EXECUTIVE DIRECTOR X A A A A A A A A A A A A		40.00									
]	<u> </u>	X				·		
			ļ_	ļ		L	Ļ.,	<u> </u>			
		<u> </u>	-	ł.,]						
		-		-	-	<u> </u>	}—	}—			
			1		i		i	}			
							1				
			<u> </u>								
		ļ					ļ	[
			├ —	 			<u> </u>	_			
		}	}				1				
		 	-	 	-		<u> </u>				ļ
							L				
							-				
			L_				L_				
		<u> </u>)	Ì					}
		 		-	-		-	-			
		<u> </u>	1								
	a		_				t			<u> </u>	
			L								
					_		<u> </u>				
			1								
		l			L				L	L <u> </u>	Form 990 (2016

632007 11-11-16

Form 990 (2016)

27-4529328

Section Section	ion A. Officers, Directors, Trus	tees, Key Em	ploy	ees	<u>, anc</u>	<u>a Hi</u>	ghe	<u>st C</u>	compensated Employe	es (continued)			
	(A)	(B)			_ (C				(D)	(E)		(F)	
•	Name and title	Average	(do not check more than one					one	Reportable	Reportable	€	stimate	ed
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	a	mount	of
		week (list any				ree)	from	from related		other			
		hours for	hrecto	inectic				ĺ	the	organizations (W-2/1099-MISC		npensa rom th	
		related	150 91	tee			sated		organization (W-2/1099-MISC)	(00.2/1099-101130		ganızat	
		organizations	Individual trustee or director	Institutional trustee		yee	mber	ļ	(** 27 1000 141100)	}	1 '	id relat	
	•	below	dual	ution	 =	Key employee	est co	ية ا				anızatı	
		line)"	N pu	Instit	Officer	Key e	Highest compensated employee	Former					
									, , , , , , , , , , , , , , , , , , , ,				
]						1		Ì		
			_		-								
								1					
			L				L.						
											ł		
	 			L									
•													
			<u> </u>							<u> </u>		·	
			ļ										
							L						
				}	1				}		Í		
			<u> </u>	_			<u> </u>						
								1					
	-					_	_	_	-				
		<u></u>						<u> </u>	<u> </u>				
1b Sub-total													
	continuation sheets to Part VI	I, Section A							<u> </u>				
	lines 1b and 1c)							<u> </u>					
	er of individuals (including but n	ot limited to th	ose	liste	a at	oove	e) wr	no re	eceived more than \$100	0,000 of reportable			
compensati	on from the organization			_	_							Yes	No
2 Did the era	anization list any former officer	director or tri	otor	. ko		مامد		امدا	highost componented a	maleure en		163	140
-	anization list any former officer, Yes," <i>complete Schedule J for s</i> i		stee	e, Ke	y en	ibio	yee,	or i	nignesi compensated e	mployee on			
	vidual listed on line 1a, is the su		0.00	mn	nen	tion	200	l ath	ar componentian from	the ergenization	3	1	<u>X</u>
	organizations greater than \$150									trie organization	4		X
	son listed on line 1a receive or a									dual for services	-	 	
-	the organization? If "Yes," com					-		Ciali	·	dual for services	5		X.
	pendent Contractors		,	<u> </u>				_					
	nis table for your five highest coi	mpensated inc	lepe	ende	nt co	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensation	from	
	ation Report compensation for t												
	(A)							\neg	(B)		(6	 C)	
	Name and business	address	NC	ONE	3				Description of s	ervices	Compe		n
								ļ					
		·						_	· · · · · · · · · · · · · · · · · · ·				
								1					
								4					
								_					
								-					
								_}					
								- [
										— <u> </u>			
	er of independent contractors (ir	-	ot lir	nited	ot to	thos	se lis	ted	above) who received m	ore than			
\$100,000 of	f compensation from the organiz	ation 🛌											

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					}
arai our	b	Membership dues	1b					-
s, (Am	С	Fundraising events	1c					·
ar	d	Related organizations	1d					
JS,	е	Government grants (contribut	ions) 1e	•				'
er S	f	All other contributions, gifts, gran	its, and			,		·
흕		similar amounts not included abo	ve 1f	9.				,
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					1 ,
<u>0</u> 6	<u>h</u>	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	> _	9.			
	_			Business Code		06.600		
/ice		STATION OPERATI		900099	96,690.	96,690.		
Ser	b							
K B	C							
Reg	d							
Program Service Revenue	e •	All other program service reve	2010					
	,	Total. Add lines 2a-2f	ande.		96,690.			. ;
	3	Investment income (including	dividends, intere	est, and				
	•	other similar amounts)		>				
	4	Income from investment of ta	x exempt bond p	roceeds >				
	5	Royalties		>				
			(ı) Real	(II) Personal				
	6 a	Gross rents	1,500.					
	b	Less rental expenses	0.					ļ
[С	Rental income or (loss)	1,500.			property and the second second second second		
	d	Net rental income or (loss)		▶	1,500.			1,500.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	ļ					i
	b	Less cost or other basis						
İ		and sales expenses	ļ			1	-	
	C	Gain or (loss)	L					
	ď	Net gain or (loss)		P				ļ
ž.	8 а	Gross income from fundraising		1	1	1		}
Other Reven		contributions reported on line	of		Į			!
8		Part IV, line 18	a					:
her	h	Less direct expenses	b					
ō		Net income or (loss) from fund	- 1	>		[
i		Gross income from gaming ac	_					
		Part IV, line 19	а	ì	Ì			
l	b	Less direct expenses	ъ			ĺ		
	С	Net income or (loss) from gam	ing activities	•				
Ì	10 a	Gross sales of inventory, less	returns	ĺ				,
ĺ		and allowances	а			}		
	b	Less cost of goods sold	b.					
]	c	Net income or (loss) from sale						ļ
}		Miscellaneous Revenu		Business Code				ļ <u></u>
		RECOVERY OF BAL		900099	4,165.			4,165.
	b			· · ·				
}	c	Att all and						
	ď	All other revenue	1		4,165.			
ĺ	e 12	Total. Add lines 11a-11d Total revenue See instructions.			102,364.	96,690.	0 .	5,665.
	ı <u>κ</u>	TOTAL TEVERINE OFF MOUNTAINS.			104,JU4.	0,050.		5,005.

0001	Check if Schodule O contains a reason			mpiete column (A)	X
	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		!	·	
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			_	
	individuals See Part IV, lines 15 and 16	(
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	į	ļ		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		····		
9	Other employee benefits			·	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	37,909.		37,909.	
С	Accounting	273.		273.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	24 071	ļ	24 071	
	column (A) amount, list line 11g expenses on Sch O.)	34,971.		34,971.	
12	Advertising and promotion	137.		137.	
13	Office expenses Information technology			13/.	
14	Royalties				
15 16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATION OPERATION COSTS	180,000.	180,000.		
b	TAX, PERM. & LICENSES	373.		373.	
С	SUSPENSE EXPENSES	30.	30.		
d	MISCELLANEOUS	1.		1.	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	253,694.	180,030.	73,664.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				- 000

Part X	balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X			
•		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	310,284.	1	150,965
2			2	
3			3	
4	T	-3,121.	4	100,789
5				
	trustees, key employees, and highest compensated employees Complete			
	Part II of Schedule L	AN A NO SECURITY TO THE PERSON OF	5	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
,	employees' beneficiary organizations (see instr) Complete Part II of Sch L	f	6	
7			7	
			8	
8			9	
9			9	
10				
	b Less accumulated depreciation 10a 10b		10-	nn 4
	•		10c	
11			11	
12		5,161,925.	12	3,715,181
13	, · · · · ·	5,101,945.	13	3,113,101
14			14	
15	· · · · · · · · · · · · · · · · · · ·	5,469,088.	15	2 066 025
16		498.	16	3,966,935 95,919
17		450.	17	
18	. ,		18 19	
19	F		20	
20	·			
21			21,	
22				
	key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			<u> </u>
2 0	_ `		22	
23		· · · · · · · · · · · · · · · · · · ·	23	
24 25	, , , , , , , , , , , , , , , , , , ,		24	
25	parties, and other liabilities not included on lines 17-24) Complete Part X of			,
	Schedule D	0.	25	500
26		498.	26	96,419
- 20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	470.	-20	
מי	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29		5,468,590.	27	3,870,516
28	Γ	<u> </u>	28	3,070,310
29	· · · · · · · · · · · · · · · · · · ·		29	
29	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
-	and complete lines 30 through 34.			
30 31 32		m week me and a	30	The second of th
30	_ ` `		31	
31			32	
32		5,468,590.		3,870,516
33	T T T T T T T T T T T T T T T T T T T	5,469,088.	33	3,870,516
34	Total liabilities and net assets/fund balances	3, ±03,000.	34	Form 990 (201

orm	990 (2016) MHZ FOUNDATION	27-	4529328	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	•	}			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,36	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,69	
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-151</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,468	3,59	<u>90.</u>
5	Net unrealized gains (losses) on investments	5			
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	-1,446	7.74	<u>44.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	l			
	column (B))	10	3,870),5:	<u> 16.</u>
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			ب لــــــــــــــــــــــــــــــــــــ
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				
	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 separat	e basis,			;
	consolidated basis, or both			1	4
	Separate basis X Consolidated basis Both consolidated and separate basis				4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ı
	review, or compilation of its financial statements and selection of an independent accountant?		2c	\mathbf{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 Aud	ıt		الـــــ
	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 requi	ıred audı	t T		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Ĺ	
			Form 9	990 (2	2016)

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.

OMB No 1545-0047

Inspection

Name of the organization Employer identification number MHZ FOUNDATION 27-4529328 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10) support (see instructions) support (see instructions) Yes No above (see instructions))

14340706 745960 22753

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 MHZ FOUNDATION 27-4529328 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicity supported organization.

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

stop here. The organization qualifies as a publicly supported organization

15 Public support percentage from 2015 Schedule A, Part II, line 14

Schedule A (Form 990 or 990-EZ) 2016

14

15

%

Schedule A (Form 990 or 990-EZ) 2016 MHZ FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	}				ĺ	
membership fees received (Do not					Į į	
include any "unusual grants ")		9,415,743.	50,069.	17.	9.	9,465,838.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		2,438,275.	5.888.211.	1,719,796.	96,690.	10,142,972.
3 Gross receipts from activities that		2,100,270.	5,000,211.	1,719,750,	,	
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						4
6 Total. Add lines 1 through 5		11,854,018.	5,938,280.	1,719,813.	96,699.	19,608,810.
7a Amounts included on lines 1, 2, and	l					
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	i I					
amount on line 13 for the year		395,932.	3 051 824.	871,486.	37,090.	4 356 332.
c Add lines 7a and 7b		395,932.	3 051 824.	871,486.	37,090.	4 356 332
8 Public support. (Subtract line 7c from line 6)						15 252 478.
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015_	(e) 2016	(f) Total
9 Amounts from line 6		11,854,018.	5,938,280.	1,719,813.	96,699.	19,608,810.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		9,914.	325,096.	5,750.	1,500.	342,260.
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975					i	
c Add lines 10a and 10b		9,914.	325,096.	5,750.	1,500.	342,260.
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.	98,199.	19,951,070.
14 First five years. If the Form 990 is for	the organization?	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organız	ation,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2016 (I	ine 8, column (f) d	livided by line 13, c	olumn (f))		15	<u>76.45 %</u>
16 Public support percentage from 2015					16	<u>76.53 %</u>
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	<u>1.72 %</u>
18 Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	1.72 %
19a 33 1/3% support tests - 2016. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
more than 33 1/3%, check this box at b 33 1/3% support tests - 2015. If the						▶ X
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						

632023 09-21-16

Part IV | Supporting Organizations

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

section A. Ali Supporting Organization	orting Organizations
--	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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
		j
1		
2		
3a		
3b	-	
3c		
4a		
4b		· ·
4c		
	į	
 5a		!
5b		
<u>5c</u>		
6		
7	****	
8		
9a		,
9b		
9c		
10a		
10b		
n 990 or 9	90-EZ	2016

632025 09-21-16

<u>3</u>b

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

Schedule	A (Form	990 or 9	990-EZ)	2016

1

2

<u>3</u>

Enter 85% of line 1

Enter greater of line 2 or line 3
Income tax imposed in prior year

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

Part VI See instructions

Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

8

6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

SCHEDULE D

(Form 990) ,

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Employer identification number

Inspection

	MHZ_FOUNDATION		<u> </u>
Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		d only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	, , ,	Yes No
Par		ganization answered "Yes" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e	·	lly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	-	•
2	Complete lines 2a through 2d if the organization held a quali	ified 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d		` '	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org-	
•	year >	reaces, example 100, or terminated by the engineer	anization during the tun
4	Number of states where property subject to conservation ea	asement is located ▶	
5	Does the organization have a written policy regarding the pel		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$	•	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the c	organization's accounting for
	conservation easements		
Par	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items		•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(II) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
НΔ	For Paperwork Reduction Act Notice see the Instruction	e for Form 990	Schedule D (Form 990) 2016

	edule D (Form 990) 2016 MHZ FOU							8 Page 2
Pa	rt III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	e following that are a	significant	use of its	collection	ı items
	(check all that apply)							
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further	the organization's ex	empt purpo	ose in Part	t XIII	
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	asures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		e if the organization	on answered "Yes" o	n Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	ns or other assets no	ot included			
	on Form 990, Part X?		•				Yes	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table				_	
	·	·	3				Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a		orm 990. Part X. line 2	21. for escrow or c	custodial account liab			Yes	□ No
	If "Yes," explain the arrangement in Part XIII				-			
	rt V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four	years back
1a	Beginning of year balance				157			<u> </u>
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships				<u> </u>			
e	Other expenditures for facilities				T			
·	and programs				}		1	
f	Administrative expenses				 			
, q	End of year balance							
2	Provide the estimated percentage of the curr	ent year end halance	(line 1g. column (all hold as				
a	Board designated or quasi-endowment	one your one balance	%	ajj ricio as				
b	Permanent endowment	%	-^*					
_	Temporarily restricted endowment	^ %						
·	The percentages on lines 2a, 2b, and 2c shot							
22	Are there endowment funds not in the posses	•	on that are hold a	and administered for	the organi	zation		
Ja	by	331011 Of the organizat	non triat are rield a	and administered for	the Organiz	ation	Γ	Yes No
	(i) unrelated organizations						3a(ı)	TES INO
	(ii) related organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schodulo P?	>			3a(II)	
4	Describe in Part XIII the intended uses of the						[30]	
_ - -	t VI Land, Buildings, and Equipm		onciulus				_	
	Complete if the organization answered		Part IV. line 11a 9	See Form 990 Part)	Cline 10			
	Description of property	(a) Cost or oth			Accumulate	24	(d) Book	· valuo
	bescription of property	basis (investme			epreciation	1	(a) Book	value
1-	Land	223.0 (1117001111	2013	(53,5,7)	- P. OOIGHOIT			
	Land				·····			
	Buildings Leasahold improvements		- -					
	Leasehold improvements							
	Equipment					-+-		
	Other		(notions (D) to a	10-1		_		

Schedule D (Form 990) 2016

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	500.
(3)		
(4)		
(5)		
_(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 500.

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) 2016

	FOUNDATION			529328	Page 4
Part XI Reconciliation of Reve	enue per Audited Financial Stater	nents With Revenue per	Return.		
	answered "Yes" on Form 990, Part IV, line 12	2a			
 Total revenue, gains, and other supp 			1	126,	737.
2 Amounts included on line 1 but not o		1 1			
a Net unrealized gains (losses) on inve		2a			
b Donated services and use of facilitiesc Recoveries of prior year grants	š	2b			
d Other (Describe in Part XIII)		2c 28,538	2		
e Add lines 2a through 2d		20,550	2e	28.	538
3 Subtract line 2e from line 1			3		199
4 Amounts included on Form 990, Part	t VIII, line 12, but not on line 1				
a Investment expenses not included o	n Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)		4b 4,16	5.		
c Add lines 4a and 4b			4c	4,	<u> 165</u>
	his must equal Form 990, Part I, line 12)		5	102,	<u> 364</u>
	enses per Audited Financial State		er Returr	1.	
	answered "Yes" on Form 990, Part IV, line 12	2a		0 001	~~~
Total expenses and losses per audite			1	2,981,	983.
2 Amounts included on line 1 but not of a Donated services and use of facilities		0-			
a Donated services and use of facilitiesb Prior year adjustments	,	2a			
c Other losses		2c 2c	-		
d Other (Describe in Part XIII)		2d 2,728,289	9.		
e Add lines 2a through 2d		,,,,,	2e	2,728,	289.
3 Subtract line 2e from line 1			3	253,	
4 Amounts included on Form 990, Part	IX, line 25, but not on line 1				
a Investment expenses not included or	n Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)		4b			
c Add lines 4a and 4b			4c		0.
5 Total expenses Add lines 3 and 4c. Part XIII Supplemental Informa	(This must equal Form 990, Part I, line 18)		5	<u>25</u> 3,	<u>694.</u>
PART X, LINE 2:	4b Also complete this part to provide any a	uditional information			
	OD ENDED SEPTEMBER 30,	2016. MHZ HAS I	OCUMEN	TED IT	'S
	ASC 740-10, INCOME TA	-			
	IN INCOME TAXES AND H				
JNCERTAIN TAX POSITIO	NS QUALIFY FOR EITHER	RECOGNITION OR I	DISCLOS	SURE IN	Γ
THE CONSOLIDATED FINAL	NCIAL STATEMENTS.				
PART XI, LINE 2D - OT	HER ADJUSTMENTS:				
12 MONTH REVENUE INCL	UDED IN 15 MONTH AUDIT	FINANCIAL		1,475,	282.
STATEMENTS AND EXCLUD	ED FORM 990 REPORTING.		·		
LOSS FROM INVESTMENT	IN MHZ NETWORKS, LLC	·		-1,446,	744.
TOTAL TO SCHEDULE D, 332054 08-29-16	PART XI, LINE 2D		Schedul	28, e D (Form 9	538
40706 745960 22753	24 2016.04000 MHZ 1	2011NID X m T ON	Jonedul		~
14U/UD /4DJOU 44/DJ	ZUIO.U4UUU MHZ 1	MOTTAUM		2275	2T

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. 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

Name of the organization

Employer identification number

MHZ FOUNDATION 27-4529328 FORM 990, PART VI, SECTION A, LINE 3: OPEN-I ADVISORS SERVES AS CONSULTANTS AND ADMINISTRATORS OF THE DAILY OPERATIONS AND PLANNING FOR MHZ FOUNDATION. THE TOTAL PAID FROM MHZ FOUNDATION TO OPEN-I ADVISORS FOR CHRISTIAN DAWSON'S SERVICES IN THIS REPORTING YEAR WAS \$8,760. FORM 990, PART VI, SECTION B, LINE 11B: 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 INTEREST, AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR

COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

SCHEDULE R (Form 990)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public

Employer identification number

27-4529328

Inspection,

2016

OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

MHZ FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Yes No controlled entity? Direct controlling 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 End-of-year assets e) status (if section Public charity 501(c)(3)) Total income Exempt Code section Legal domicile (state or Part [] Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part II

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

28

27-4529328

Page 2

Schedule R (Form 990) 2016 MHZ FOUNDATION

part III 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

(a)	(q)	<u>ပ</u>	(g)	(e)	Œ	(B)	<u>E</u>	3	3	3
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 120 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
MHZ NETWORKS, LLC -			NVPTV INV HC -							
47-4541629, 8101A LEE	DIGITAL MEDIA		SEE PART VII							
HIGHWAY FALLS CHURCH VA	DISTRIBUTION		FOR COLUMNS							
22042	AND SALES	VA	(F)(G)	RELATED			×	N/A	×	78.00%
	T									
							_			
	-								_	
	1							1		
	, -									
						! :				
	1						_			
	T	·								
	ı									

| Identification 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)	(q)	(၁)	(p)	(e)	(f)	(6)	(h)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp., S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
NVPTV INVESTMENST HOLDING CORP - 47-5213327 2711 CENTERVILLE RD, STE 400			MHZ FDN - SEE PART VII FOR					
WILLMINGTON, DE 19808	INVESTMENT HOLIDING	DE	COLUMNS (F)(G) C CORP	C CORP		,	100.00% X	×
			•					
								-
	·							
		_					_	· -

632162 09-06-16

Schedule R (Form 990) 2016

Page 3

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

, No Yes ᄪ P 5 두 f ပ္ <u>و</u> ÷ 두 위 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? 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) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) c Gift, grant, or capital contribution from related organization(s) q Reimbursement paid by related organization(s) for expenses p Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s)

×

×

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	is line, including covered	relationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) MHZNETWORKS LLC	Ţ	42,090.	42,090.CONTRACT PRICE
(2)			
(3)			
(4)			
(5)			
(9)			
632163 09-06-16	30		Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 MHZ FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if 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

632165 09-06-16