Form	99	0

PUBLIC INSPECTION COPY

OMB No. 1545-0047 2018

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

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

Open to Public Inspection

Depa Inter	artment of th nal Revenue	ne Treasury e Service	•	Do not en Go to www.	ter social security number irs.gov/Form990 for inst	rs on this form as i tructions and th	it may be mad ne latest inf	le public. f ormatio	n.		Inspection	lic
Α	For the 2	2018 calen	dar year, or tax		•		and ending				,	
В	Check if ap	plicable:	С		-			-	D Employ	er ident	tification number	
	Addres	ss change	Miller Th	eatre A	dvisory Board,	Inc.			23-	7058	964	
	Name	change	6000 Herm	ann Parl	k Dr.				E Telepho	ne num	ber	
	Initial	return	Houston,	TX 7703)				832	-487	-7102	
	Final ret	turn/terminated										
	Ameno	ded return							G Gross re	eceipts	\$ 3,219,	,755.
	Applic	ation pending	F Name and add	ress of principal	officer: Miriam Me	vers	1	H(a) Is this	a group retur	n for sul	bordinates? Yes	X _{No}
			Same As C	Above		.yerb	1	H(b) Are all	subordinates attach a list.	include	d? Yes	No
Ι	Tax-exer	npt status:	X 501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	527	II INO,	attach a list.	(See III	istructions)	
J	Websit	te:► ww	w.millero	utdoorth	eatre.com			H(c) Group	exemption nu	Imber 🕨	•	
Κ	Form of o	organization:	X Corporation	Trust	Association Other►	LY	ear of formatio	n: 197	0 M s	state of I	legal domicile: TX	
Pa	art I	Summar	у			•						
					on or most significant							
a	ad				and cultural							<u>jh a</u>
anc	<u>C(</u>				<u>istic, educat</u>						<u>he Miller</u>	
ern					<u>theater in He</u>							
20	2 Ch 3 Nu	eck this bo			n discontinued its ope ning body (Part VI, lir					net as	sets.	21
જ	4 Nu				of the governing boo					3 4		21 21
Activities & Governance	5 To		•	0	calendar year 2018 (J	,			5		4
tivit	6 To				necessary)					6		0
Acl					Part VIII, column (C),					7a		0.
	b Ne	t unrelated	I business taxa	ble income t	rom Form 990-T, line	. 38				7b		0.
									rior Year		Current Ye	
e					1h)			_	2,721,6		3,179	
enu		-			2g)				12,5			<u>,866.</u>
Revenue					.), lines 3, 4, and 7d) les 5, 6d, 8c, 9c, 10c,				1,8	04.		<u>,779.</u>
_			•		(must equal Part VIII,	•			2,736,0	02	3,197	<u>,856.</u> 911
				-	X, column (A), lines 1				2,296,1		2,632	
					(, column (A), line 4).	•			.,2,0,1	43.	2,032	,112.
		•		-	benefits (Part IX, co				368,1	17	388	,022.
ses	16a Pr				olumn (A), line 11e).			-	500,1	1 / •	500	,022.
Expenses			0	•								
Ä					umn (D), line 25) ►		0,151.				100	
		•	•		nes 11a-11d, 11f-24e)				96,7			<u>,200.</u>
					equal Part IX, column			Ż	2,761,0		3,149	
. 0	19 Re	evenue less	s expenses. Sur	Stract line Ta	3 from line 12			<u> </u>	-25,0			<u>,</u> 577.
ts or inces	20 To	tal accote	(Part X line 16	\					ng of Curren L,759,7		End of Ye	
Net Assets (Fund Balanc	20 TO 21 To								208,3		1,791	<u>,230.</u> ,262.
let /	22 Ne		-	-	ne 21 from line 20							
		Signatur						1	L,551,4	· ⊥ ⊥ •	1,599	,900.
		5		aminad this vatu	n including cocomponying a	abadulaa and atatar	mente endte ti	a boot of w		and hal	iof it is true somest	and
com	plete. Declai	ration of prepa	irer (other than office	er) is based on a	rn, including accompanying s all information of which prepa	arer has any knowled	dge.	le best of fi	ly kilowieuge		iei, it is true, correct	, anu
		► Ele	ectronico	illv Fíl	ed							
Sig	n	Signatu	re of officer					Da	ate			
He	re	• Mir	iam Meyers	3				Chai	r			
			print name and title									
		Print/Type p	preparer's name		Preparer's signature		Date		Check	if	PTIN	_
Ра	id	Barbaı	ra Murphy		Barbara M	lurphy	09/25	/29	self-employe	ed	P01386215	
Pre	eparer	Firm's name	Blaze	k & Vett	erling							
	e Only	Firm's addre	ess ► <u>2900</u> 1	Weslayar	n, Suite 200				Firm's EIN	► <u>76</u>	-0269860	
					7027-5132				Phone no.	(71	3) 439-573	39
May	y the IRS	discuss th			shown above? (see ii	nstructions)	<u></u>	<u></u>	<u></u>	. <u></u>	X Yes	No
BA	A For Pa	aperwork R	eduction Act N	lotice, see t	he separate instruction	ons.	TEE	A0101L 08/	20/18		Form 99) (2018)

Form 990 (2018)	Miller Theatre Adviso	ory Board, Inc.	23-7058964	Page 2
Part III Stat	ement of Program Service A	Accomplishments		
		e or note to any line in this Part III		
-	ribe the organization's mission:			
			<pre>_provide_professional-cal</pre>	<u>liber</u>
		lic, at Miller Outdoor T		
<u>enrichm</u>	<u>ent of Houston's diver</u>	se communities and visit	ors to the city.	
2 Did the organ	nization undertake any significant proc	gram services during the year which were	not listed on the prior	
Ũ	, , , , , , , , , , , , , , , , , , , ,		·	X No
	cribe these new services on Schedule			
		e significant changes in how it conducts	s, any program services?	s X No
	cribe these changes on Schedule O.			
Section 501	e organization's program service ac (c)(3) and 501(c)(4) organizations a e, if any, for each program service i	are required to report the amount of gra	gest program services, as measured by ants and allocations to others, the total	expenses. expenses,
4a (Code:		5,922. including grants of \$ 2)
<u>(the Ci</u> <u>the edu</u> program an amph	ty), is a Texas nonpro cational and cultural of artistic, educatio itheater in Hermann Pa	fit corporation created interests of the people nal, and cultural events	nt unit of the City of Ho by the City in 1970 to ac of Houston through a cont at the Miller Outdoor Th the City. Miller Outdoo artistically diverse	dvance tinuing neatre,
			018, approximately 355,00	00
		nded 128 events at Mille		
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·		
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
A d Othor pro are	om convisor (Docariba in Sabadula	0)		
	am services (Describe in Schedule	0.)		
(Evnoncoc	S includ	ing grants of S) (Pevenue \$	
(Expenses		ling grants of \$ 2,875,922.) (Revenue \$)

Form 990 (2018) Miller Theatre Advisory Board, Inc.

 Part IV
 Checklist of Required Schedules

1 01	oneckist of Required Schedules		Vac	Na
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	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
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 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		х
Ł	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.	11 b		Х
C	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	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 <i>a</i>	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	Х	
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Form 990 (2018)

Form 990 (2018)Miller Theatre Advisory Board, Inc.Part IVChecklist of Required Schedules (continued)

			Yes	No
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		ļ
25	a 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		Х
ļ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
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? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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 sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
	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
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
ra	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
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 73			-
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
BAA			A 990 ((2018)

23-7058964

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax State metris. Next for the calendar year ordina with or within the year covered by this roturn. 2a 4 Ves No bit at least one is reported on in the 2a, dut the organization file at leque defeed a employment tax returns? 2b X X bit the same of lines 1a and 2a is greater than 220, you may be required to e-file (see instructions) 3a X bit Two, sing timp the celefand year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X bit Two, sing the name of the transmoot the transmoot the transmoot in and yut the duting the use year? 5a X bit Two, sing the name of the transmoot the transmoot the remained account? 5b X bit Two, sing the organization that it was or is a party to a prohibited tax shear? 5a X bit Two, sing the organization that it was or is a party to a prohibited tax shear? 5a X bit Two, sing the organization that it was or is a party to a prohibited tax shear? 5a X bit Two, sing the organization that it was or is a party to a prohibited tax shear? 5a X bit Two, sing the		-7058964	F	Page 5
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax State 2a 2b b If at least one is reported on the 2A, did the organization file at requerts federal employment tax returns? 2b X b If at least one is reported on the 2A, did the organization file at intraction tax entremests on the 2A, did the organization have an interest in or a significant on the vertices in constant on the vertices in the vertices in constant on the vertices in the vertin the vertices in the vertices in the vertic	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
b If a test one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X SNote. If the sum of lines 1a and 2a is grader than 250, your may be required to sefec (see instructions) 3a 3a 3a 3b 3a 3b 3a 3b 3a 3b 3a 3b 3a 3a 3b 3a 3b 3a 3a 3a 3a 3b 3a 3a 3b 3a 3b 3a 3b 3a 3a 3b 3a 3a 3b 3a 3a 3b 3a 3b 3a 3a 3b 3a 3a </th <th></th> <th></th> <th>Yes</th> <th>No</th>			Yes	No
b If a test one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X SNote. If the sum of lines 1a and 2a is grader than 250, your may be required to sefec (see instructions) 3a 3a 3a 3b 3a 3b 3a 3b 3a 3b 3a 3b 3a 3a 3b 3a 3b 3a 3a 3a 3a 3b 3a 3b 3a 3b 3a 3b 3a 3a 3b 3a 3b 3a 3b 3a 3a 3b 3a 3b 3a 3a 3b 3a 3a </td <td>2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-</td> <td></td> <td></td> <td></td>	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
Note: It is sum of lines: It and 2s is greater fram 250, you may be required to <i>e-file</i> (dee instructions) Image:		4	x	
3 Dot the organization have unrelated bisiness gross income of \$1,000 or more during the year? 3 a 3 b 3 b b f Yes, this if the a form 90-T for this year? if W is here by provide an explanation is Schedule 0. 3 b 3 b b II Yes, if the during the calendar year, did the organization have an interest in, or a signature or other authority over a financial accounts. Schedule 0. 3 b 4 a b II Yes, if the the man of the the tragen contrip: See instructions for timing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAP). See instructions for timing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAP). See (II Yes, II to the Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? See (II Yes, II to the Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? See (II Yes, II to the sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? See (II Yes, II				
b If Yes, has it field a form 980-T for this yea? If We's line 3b, provide an explanation in Schedule 0. 3b 4a A tarry time during the calendar year, di the organization have an inferest in, or a signiture or their authority over; a 3b 4a A tarry time during the calendar year, di the organization have an inferest in, or a signiture or their authority over; a 4a b If Yes, i enter the name of the foreign country: * 5a See instructions for film requencients for FinGEN Form T14, Report of Foreign Bank and Financial Accounts (FBAP). 5a 5a Was the organization a party to a prohibited tax sheller thremsaction at any time during the tax year? 5a 5a Was the organization have annual gross receives that an enzymaty to a prohibited tax sheller transaction? 5b 6a Does the organization have manual gross receives that an enzymaty to a prohibited tax sheller transaction? 5c 7 Granizations that may receive deductible contributions under section 170(c). 6a X 10 If Yes, 10 the organization networy solicitation an express statement the such contributions and partly to groods and sanktes provided to the payoid? 7b X 11 Yes, 10 the organization sective a payment in excess of 375 made partly as a contribution and partly for goods and sanktes provided to the payoid? 7c X 12 Hor yes, 10 the organization networe stages of tangible personal property for which it was required 10. 7c X <t< td=""><td></td><td>3;</td><td></td><td>Х</td></t<>		3;		Х
4 A tary time during the calendar year, dd the organization have an interest in or a signature or other authority over, a franced accound in a foreign country (see the sa bank account, securities account, or other financial accounts (FBAR), Se instructions for films requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR), Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization file Form 38627. 6a X 7 Was; id the organization include with every solicitation an express statement that such contributions or gifts were not tax dedictibles of christibules organization. 6a X 7 Was; id the organization notify the donor of the value of the goods or services provided? 7b X 7 Was; id dit the organization dift, with, directly or indirectly, no a personal benefit contract? 7c X 9 Ub the organization service any trucks, directly or indirectly, or a personal benefit contract? 7c X 10 'Yes; id dit the organization dift be every any truck dift be organization of the subset of trubutos or a personal benefit contract? 7c X 11 'Ye				
Intervel Additional account of other financial account)? 4a X Intervel Additional account of the rank of the foreign county? 4a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Sa Was the organization a park by to a prohibited tax shelter transaction at any time during the tax year? 5a X So can be organization a park on a poly dubtic tax shelter transaction at any time during the tax year? 5a X So Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the account of tax deductible as charitable contributions? 6a X In trax deductible? 6b 6a X In trax deductible contributions under section 170(c). 6b 7b X In trax deductible contributions under section 170(c). 7a X X In the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payer? 7b X In trax deductible and the during the year. 7d 7c X In trax deductible any trans. frequencity or indirecity, on pay remitmes on a personal benefit contract? 7c X In trax, inclicate the				
See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Su Carl Yes,' to line 5a or 5b, did the organization file Form 8886-1?. 5c Ga Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization for the were solicitation an express statement that such contributions or gifts were for tax deductible contributions. 6a 7 Organizations that may receive deductible contributions under section 170(c). 6b 6b 10 the organization neceive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?. 7b X c Did the organization neceive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?. 7b X c Did the organization neceive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor?. 7b X c Did the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7c X f Did the organization received a contribution of qualified intellectual property for which it was required to file 7c X f Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization for genetization make any t	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	Х
5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8885-1?. 5c 5c 6 a Does the organization have exceeding that are normally greater than \$100,000, and did the organization file Form 8885-1?. 6a X b If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were nor tax deductible? 6a X b If Yes," to line the organization neceive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? 7b X c Did the organization neceive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? 7b X c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If Yes, 'indicate the number of Forms 8282 filed during the year. Z dd 7e X d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 5095 service? 7c X g If the organization subinashiding door advised funds. 1id abortadvised fund maintained by the sponsoring organization make any taxable distributions and resceived nor thave: 7d X g Did the sponsor				Х
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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. 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 15 X	a Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q. 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 14 X				
14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q. 14 b 14 b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 14 a X	 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. 			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 15 X				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			1	X
excess parachute payment(s) during the year?	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	141)	<u> </u>
	excess parachute payment(s) during the year?			х
16Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X	If 'Yes,' see instructions and file Form 4720, Schedule N.			
If 'Yes,' complete Form 4720, Schedule O.		16		X

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 c	contains a response	or note to any	line in this	s Part VI
-----------------------	---------------------	----------------	--------------	-----------

Sec	tion A. Governing Body and Management			
·			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members See Sch. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
	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?SeeSchedule.0.	7a	Х	7
ł	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8 a	Х	
ł	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		Х
ł) 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?	10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See. Schedule . Q.	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ä	The organization's CEO, Executive Director, or top management official. See Schedule. 0	15a	Х	
ł	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ł	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?	16 b		
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.	1(c)(3)s onl	y)
19	X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa	hle to		
	the public during the tax year. See Schedule O			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Reginald Burns 6000 Hermann Park Drive Houston TX 77030 832-487-7102			

Page 6

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Form 990 (2018) Miller Theatre Advisor	y Board	, Inc.			23-70589	64 Page 7
Part VII Compensation of Officers, Directo Independent Contractors	ors, Trusto	ees, Key Em	ploye	es, Highest C	ompensated En	nployees, and
Check if Schedule O contains a response o	or note to ar	ny line in this Pa	art VII.			
Section A. Officers, Directors, Trustees, Ke		5				
 1 a Complete this table for all persons required to be listed. organization's tax year. List all of the organization's current officers, direcompensation. Enter -0- in columns (D), (E), and (F) if 	Report com ctors, truste	pensation for the	e calend dividual	lar year ending wit	h or within the	nount of
 List all of the organization's current key employe List the organization's five current highest competive received reportable compensation (Box 5 of Form organization and any related organizations. 	ensated em	ployees (other t	han an	officer, director,	trustee, or key emp	
 List all of the organization's former officers, key e of reportable compensation from the organization and any r List all of the organization's former directors or trustee organization, more than \$10,000 of reportable compension 	elated organes that received	nizations. ved, in the capaci	ity as a	former director or t	rustee of the	han \$100,000
List persons in the following order: individual trustees of employees; and former such persons.		5		5		npensated
X Check this box if neither the organization nor any relate	ed organizati	on compensated	any cu	rrent officer, direct	or, or trustee.	
(A) Name and Title	(B) ti Average hours per	C) Position (do not check han one box, unless i is both an officer ar director/trustee) Individual trustee	person nd a)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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0. Form 990 (2018)

BAA

(1) Miriam Meyers

(2) Jenny Yang

Vice Chair

(3) Phyllis Young

Secretary (4) Karin Marshall

Treasurer

Director

Director

Director

Director

Director

(10) Alison Greene

Director

(11) Nikki Hill

Director

Director

(13) Robin Klaes

(14) R.W. McKinney, II

Director

Director

(12) Victor Kendall

(9) Tom DeBesse

(5) Catherine Brock

(6) James Campbell

(8) June Deadrick

(7) Romulo Tim Cisneros

Chair

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Par	t VII Section A. Of	ficers, Directors, Tru	-	Key	Em			es,	and	d Highest Com	pensated Emp	loyee	S (continu	ed)
			(B)			(C	ر) sition							
	(A Name a	•	Average hours per	box,	, unle	heck ss pe	more	e than is both pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated ount of other	
			week (list anv					-		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	COL	npensation from the	
			hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	ghest	Former		<pre></pre>	a	ganization nd related	
			organiza - tions	ual ti ctor	onal	·	(old	ee on	~			or	ganizations	
			below dotted	ruste	trus		/ee	Ipen						
			line)	ŏ	tee			Highest compensated employee						
(15)	<u>Norma Mendoza</u>		1											
(10)	Director		0	Х						0.	0.			0.
(16)	<u>Cydonii Miles</u> Director		1	Х						0.	0.			0.
(17)	Juan Sanchez M	uñoz	1											
	Director		0	Х						0.	0.			0.
(18)	<u>Grace Olivares</u>		1											
	Director		0	Х						0.	0.			0.
(19)	Mary Ramos		1							0	0			~
(20)	Director Hal Roach		0	Х						0.	0.			0.
(20)	Director		<u>_</u>	Х						0.	0.			0.
(21)	Allen Ueckert		1	Λ						0.	0.			0.
<u> </u>	Director		0	Х						0.	0.			0.
(22)	Celia Segall D	avis	40											
	Managing Dir		0					Х		117,951.	0.		20,42	28.
(23)														
(24)														
(24)														
(25)														
<u> </u>														
	Sub-total									117,951.	0.		20,42	28.
		n sheets to Part VII, Section							•	0.	0.			0.
	•	1c)							►	117,951.	0.		20,42	28.
	from the organization	als (including but not limited	to those I	isted	abov	ve) \	who	recer	ved	more than \$100,00	0 of reportable com	pensatio	'n	
		-											Yes	No
3	Did the organization list	t any former officer, direct	tor, or tru	stee,	key	/ em	ploy	/ee,	or ŀ	nighest compensat	ted employee			
	on line 1a? If 'Yes,' cor	mpléte Schedule J for such	h individu	al		• • •						. 3		Х
4	For any individual listed the organization and re	d on line 1a, is the sum of lated organizations greate	reportab r than \$1	le co 50,00	mpe)0?	ensa <i>lf '</i> }	tion <i>es,</i>	and <i>cor</i>	oth Iple	er compensation te Schedule J for	from			
-												. 4		X
5	for services rendered to	n line 1a receive or accrue the organization? If 'Yes	e compen , <i>' comple</i>	isatio Ite Sc	n fro ched	om Iule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson		. 5		Х
	tion B. Independen													
1	Complete this table for compensation from the o	your five highest compension rganization. Report compension	sated inde sation for	epeno the ca	dent alen	t coi dar i	ntrao vear	ctors endi	tha ng v	t received more th vith or within the or	nan \$100,000 of ganization's tax vea	r.		
	<u> </u>	(A) Name and business addr					<i></i>			(B)	Ī		(C)	
		Name and business addr	ress							Description of	of services	Comp	ensation	
2	Total number of independent	dent contractors (including b	out not limi	ited to	o tha	ose I	ister	abo	ve)	who received more	than			
-		tion from the organization				1		2.00						

Page 9

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
and Other Similar Amounts	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 de Government grants (contributions)1 ef All other contributions, gifts, grants, and similar amounts not included above1 f4 63, 613, 1 f				
and Oth	similar amounts not included above 1f 463,613. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	3,179,410.			
201	Business Code 2a Theatre rentals b 531190	11,866.	11,866.		
	cd de				
a iĥo i u	f All other program service revenue g Total. Add lines 2a-2f►	11,866.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	1,779.			1,779
•	(i) Real (ii) Personal 6a Gross rents.				
:	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)► Ba Gross income from fundraising events (not including \$ 216,692. of contributions reported on line 1c). See Part IV, line 18a 26,700.				
۰	b Less: direct expenses b 21,844. c Net income or (loss) from fundraising events	4,856.			4,85
	b Less: direct expenses				
1	0 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ►				
1	Miscellaneous Revenue Business Code 1 a b				
	c d All other revenue				

Form 990 (2018) Miller Theatre Advisory Board, Inc.

Part IX Statement of Functional Expenses

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Check if Schedule O contains a response or note to any line in this Part IX.									
Dor 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,632,112.	2,632,112.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,032,112.	2,032,112.						
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	138,379.	87,074.	36,122.	15,183				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	C				
7	Other salaries and wages	184,460.	77,374.	68,724.	38,362				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,872.	4,519.	2,882.	1,471				
9	Other employee benefits	33,431.	17,029.	10,857.	5,545				
10	Payroll taxes	22,880.	11,655.	7,430.	3,795				
11	Fees for services (non-employees):				· · ·				
а	Management								
b	Legal								
	Accounting	26,470.		26,470.					
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	3,049.		3,049.					
12	Advertising and promotion	9,764.		5,914.	3,850				
13	Office expenses	41,046.	20,482.	9,292.	11,272				
14	Information technology	4,408.	2,204.	1,873.	331				
15	Royalties								
16	Occupancy	2,352.		2,352.					
17	Travel.	558.	284.	181.	93				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	20,060.	2,757.	17,054.	249				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23 24	Other expenses. Itemize expenses not	12,223.	11,162.	1,061.					
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
a b	Membership dues	9,270.	9,270.						
L C	+								
d	+								
-	All other expenses								
-	Total functional expenses. Add lines 1 through 24e	3,149,334.	2,875,922.	193,261.	80,151				
	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	5,115,551.	2,010,022.	1757201.					

Form 990 (2018) Miller Theatre Advisory Board, Inc. Part X Balance Sheet

Part >	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	34,025.	1	154,822
2	Savings and temporary cash investments	996,789.	2	900,822
3	Pledges and grants receivable, net	679,227.	3	691,405
4	Accounts receivable, net	18,757.	4	10,701
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
3 7			7	
2007 800 800 800 900 800 900 900 900 900 900	Inventories for sale or use		8	
č 9	Prepaid expenses and deferred charges	31,000.	9	33,500
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	,		,
	b Less: accumulated depreciation 10b		10 c	
11	· · · · · · · · · · · · · · · · · · ·		11	
12			12	
13	Investments – program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11		15	
16		1,759,798.	16	1,791,250
17		5,259.	17	5,667
18	Grants payable	203,128.	18	185,595
19	Deferred revenue		19	· · · · · · · · · · · · · · · · · · ·
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26		208,387.	26	191,262
0	Organizations that follow SFAS 117 (ASC 958), check here ► 🔀 and complete			
5	lines 27 through 29, and lines 33 and 34.			
27		586,473.	27	780,658
28		964,938.	28	819,330
29			29	
27 28 29 30 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
2 30			30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2 32	Retained earnings, endowment, accumulated income, or other funds		32	
j 33		1,551,411.	33	1,599,988
	Total liabilities and net assets/fund balances.	1,759,798.	34	1,791,250

23-7058964

Page 11

Forn	1990 (2018) Miller Theatre Advisory Board, Inc. 23	-7058964		Pa	ige 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3,1	97.9	911.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	3,1		
3	Revenue less expenses. Subtract line 2 from line 1	. 3			577.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,5		
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			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	1,5	99,9	988.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other See Sch.	0			
		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie	wed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
I	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa				
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3:	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
50	Audit Act and OMB Circular A-133?		3 a		Х
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/03/18		Form	990	(2018)

SCHEDULE A
(Form 990 or 990-F7

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

2018

Departn Internal	nent of the Treasury Revenue Service	► (Go to www.irs.gov/F	orm990 for instructions	and the	latest i	nformation.	Inspection			
Name o	f the organization						Employer identifica	ation number			
			Board, Inc.				23-705896				
Part				organizations must				tions.			
	Ĕ_	•		(For lines 1 through 12,		2	,				
1 2				churches described in sec Schedule E (Form 990 or			ı).				
2				nization described in sec			(Viii)				
4				junction with a hospital				nter the hospital's			
•	name, city, a	-		•							
5	An organizati	on operated for		ege or university owned				escribed in			
6	A federal, sta	ate, or local gov	ernment or governm	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	X An organizatio	on that normally r 0(b)(1)(A)(vi). (receives a substantial Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pul	blic described			
8	A community	trust described	in section 170(b)(1)	(A)(vi). (Complete Part	l.)						
9	or university of	r a non-land-grai	nt college of agricultur	ction 170(b)(1)(A)(ix) oper e (see instructions). Enter	the nan	ne, city, a					
10	An organizatio from activities investment in	on that normally r s related to its e prome and unre	receives: (1) more that exempt functions—su	n 33-1/3% of its support fr Ibject to certain exception Ie income (less section	om conti ons. and	ributions (2) no i	more than 33-1/3% of i	ts support from aross			
11	An organizati	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12 a	or more publi lines 12a thro Type I. A supp organization(s)	icly supported o bugh 12d that de porting organizati) the power to re	rganizations describ escribes the type of s on operated, supervise gularly appoint or elec	ely for the benefit of, to ed in section 509(a)(1) of supporting organization ed, or controlled by its sup et a majority of the directo	or sectio and com	n 509(a) plete lin roanizat)(2). See section 509(a nes 12e, 12f, and 12g. ion(s). typically by giving)(3). Check the box in			
b	Type II. A sup	of the supporting	zation supervised or organization vested ir	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You			
с	must comple	te Part IV, Sect	ions A and C.	ation operated in connectio							
d											
u	functionally in	ntegrated. The c	proanization generall	ganization operated in cor y must satisfy a distribu ns A and D, and Part V.	tion req	uiremen	t and an attentiveness	requirement (see			
е	Check this bo	ox if the organiz	ation received a writ	ten determination from	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally			
f				supporting organization							
g	Provide the follow	wing informatio	n about the supporte	ed organization(s).							
(i) Name of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	escribed on lines 1-10 organization listed support (see instructions)			(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

Schedule A (Form 990 or 990-EZ) 2018 Miller Theatre Advisory Board, Inc.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,801,408.	3,026,899.	2,923,561.	2,721,663.	3,179,410.	14,652,941.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	2,801,408.	3,026,899.	2,923,561.	2,721,663.	3,179,410.	14,652,941.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						46,774.		
6	Public support. Subtract line 5 from line 4						14,606,167.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	2,801,408.	3,026,899.	2,923,561.	2,721,663.	3,179,410.	14,652,941.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,975.	15,900.	6,851.	14,339.	13,645.	52,710.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
	Total support. Add lines 7 through 10						14,705,651.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.		
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	·····		
	tion C. Computation of Pu								
	Public support percentage for 20						99.32 %		
	Public support percentage from						99.55%		
16a	6a 33-1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►								
b	33-1/3% support test–2017. If the and stop here. The organization								
17a	7a 10%-facts-and-circumstances test-2018. 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 meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►								
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Parled organization.	VI how the		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌		

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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	any 'unusual grants.')						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization'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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				_		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
Sec	tion C. Computation of Pul		•				
15	· · · · · · · · · · · · · · · · · · ·						0/0
16	Public support percentage from 2					16	0/0
Sec	tion D. Computation of Inv						
17	Investment income percentage f	or 2018 (line 10c	, column (f), divid	ed by line 13, co	lumn (f))	17	0/0
18	Investment income percentage f						010
19a	33-1/3% support tests—2018. If t is not more than 33-1/3%, check	the organization of this box and stc	did not check the p here. The organ	box on line 14, a nization qualifies	nd line 15 is more as a publicly supp	e than 33-1/3%, and ported organization	d line 17 ▶
b	33-1/3% support tests - 2017. If t line 18 is not more than 33-1/3%	the organization of , check this box	did not check a bo and stop here. Th	ox on line 14 or li ne organization qu	ne 19a, and line 1 ualifies as a public	6 is more than 33- cly supported organ	1/3%, and nization ► 🗌
20	Private foundation. If the organized	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	d see instructions.	►
BAA			TEEA0403L	06/07/18	S	chedule A (Form 9	90 or 990-EZ) 2018

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No

Yes

1

2

3a

3b

3c

4a

Δh

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A	(Form 990 (or 990	-EZ) 20	018	Mil	ler	The	atre	Advisory	Board,	Inc.
	-		-	-	-						

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Yes

1

2

No

 Part IV
 Supporting Organizations (continued)

 11
 Has the organization accepted a gift or contribution from any of the following persons?
 Yes
 No

 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 11a
 11a

 b A family member of a person described in (a) above?
 11b
 11b
 11c

 c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.
 11c
 11c

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	upporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

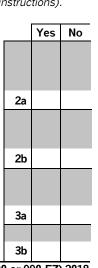
Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played 3 in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* 'Yes,' *explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.



Schedule A (Form 990 or 990-EZ) 2018 Miller Theatre Advisory Board, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

ection 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 gra income or for management, conservation, or maintenance of property hel production of income (see instructions)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instruction tax year or assets held for part of year):	s for short		
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 am see instructions).	ount, 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection 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 emerge temporary reduction (see instructions).	gency 6		

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

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Schedule A (Form 990 or 990-EZ) 2018 Miller Theatre Advisory Board, Inc.

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
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 organizati in $\ensuremath{\text{Part VI}}$). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
e	From 2017			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
-	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the or	ganization
----------------	------------

Miller Theatre Advisory Board	, Inc.	23-7058964
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1 1	Page 2
Name of organization	Employer identification number	
Miller Theatre Advisory Board, Inc.	23-7058964	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$95,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,499,105.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		- \$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	\$(c) Total contributions	Payroll Noncash (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4 Name, address, and ZIP + 4	(c) Total contributions	Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	1	1	Page 3
Name of organization	Employer identi	fication n	umber
Miller Theatre Advisory Board, Inc.	23-70589	964	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		 \$	

	3 (Form 990, 990-EZ, or 990-PF) (2018)			1 1 Page 4
Name of organ	nization Theatre Advisory Board, Inc			Employer identification number 23-7058964
	Exclusively religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations of contributions of \$1,000 or less for the year.	tc., contributions to organi he year from any one contribut ompleting Part III, enter the total of (Enter this information once. See	I tor. Comple of <i>exclusive</i>	lescribed in section 501(c)(7), (8), te columns (a) through (e) and e/y religious, charitable, etc.,
(a) No. from	Use duplicate copies of Part III if additional (b) Purpose of gift	space is needed. (c) Use of gift		(d) Description of how gift is held
Part I	N/A			
		(e)		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				·
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				·
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
	+			
BAA			Sche	dule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHE	EDL	JLI	Ε	С	
(Form	990	or	99	90-	EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

				-
If the organization answered 'Y	/es,' on Form 990, Part IV, line 3, or Form 990-EZ	, Part V, line 46 (Politic	al Campaign Activities), t	hen
	ations: Complete Parts I-A and B. Do not con			
	n section 501(c)(3)) organizations: Complete I	Parts I-A and C below	. Do not complete Part I	-В.
Section 527 organizations				
	es,' on Form 990, Part IV, line 4, or Form 990-EZ			
	ions that have filed Form 5768 (election under se		•	
 Section 501(c)(3) organiz Part II-A. 	ations that have NOT filed Form 5768 (electio	n under section 501 (n)): Complete Part II-B. L	Jo not complete
If the organization answered	'Yes,' on Form 990, Part IV, line 5 (Proxy Tax	x) (see separate instru	ctions) or Form 990-EZ,	, Part V, line 35c
(Proxy Tax) (see separate ins	(6) organizations: Complete Part III.			
			Employer identific	ation number
MILLE	er Theatre Advisory Board, In	с.	23-705896	
Part I-A Complete if the	ne organization is exempt under sec	tion 501(c) or is a		
· · · · · · · · · · · · · · · · · · ·	f the organization's direct and indirect political	•••		
	finition of 'political campaign activities')	p 5 1 1 1 1		
2 Political campaign activ	vity expenditures (see instructions)		►\$	5
3 Volunteer hours for poli	tical campaign activities (see instructions)			
Part I-B Complete if the	ne organization is exempt under sec	tion 501(c)(3).		
1 Enter the amount of an	y excise tax incurred by the organization under	er section 4955	►ģ	G 0.
	y excise tax incurred by organization manage			
	rred a section 4955 tax, did it file Form 4720 f			
	?			····· Yes No
b If 'Yes,' describe in Par				
	ne organization is exempt under sec	• • •		
1 Enter the amount direct	ly expended by the filing organization for sec	tion 527 exempt functi	on activities P Ş	
	e filing organization's funds contributed to othe tivities			5
3 Total exempt function e	expenditures. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
line 17b			►Ç	<u> </u>
4 Did the filing organization	on file Form 1120-POL for this year?			Yes No
organization made payr amount of political contril	esses and employer identification number (EIN ments. For each organization listed, enter the butions received that were promptly and directly o plitical action committee (PAC). If additional s	amount paid from the delivered to a separate r	filing organization's fun political organization, such	ids. Also enter the
				(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)		-		
(2)		-		
(3)		_		
(4)		-		
(5)		-		
(6)		_		
BAA For Paperwork Reduction	n Act Notice, see the Instructions for Form 990 c	or 990-EZ.	Schedule C (Fo	rm 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 Miller	Theatre	Advisorv	Board,	Inc.
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Schedule C (Form 990 or 990-EZ) 201	⁸ Miller Theat	re Advisory Boa	rd, Inc.	23-705	58964 Page 2
	the organization	is exempt under se		l filed Form 5768 (e	election under
A Check ► if the filin	g organization belongs	to an affiliated group (and	l list in Part IV each affili	ated group member's nar	ne,
address,	EIN, expenses, and	share of excess lobbying	expenditures).		
B Check ► if the filir	ng organization check	ed box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobbyir 'expenditures' mean	g Expenditures s amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence publ	ic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	ures to influence a leg	gislative body (direct lobl	oying)		
c Total lobbying expenditu	ures (add lines 1a an	d 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	expenditures (add line	s 1c and 1d)			
f Lobbying nontaxable an both columns	nount. Enter the amo	unt from the following ta	ble in		
If the amount on line 1e, col	umn (a) or (b) is: T	he lobbying nontaxable	amount is:		
Not over \$500,000	20)% of the amount on line 1e.			
Over \$500,000 but not over \$1,	,000,000 \$	00,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000 \$	75,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	\$17,000,000 \$2	225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	\$,000,000.			
g Grassroots nontaxable a	amount (enter 25% of	line 1f)			
h Subtract line 1g from lir	ne 1a. If zero or less,	enter -0			
i Subtract line 1f from lin	e 1c. If zero or less,	enter -0			
j If there is an amount othe section 4911 tax for this	er than zero on either li s year?	ne 1h or line 1i, did the org	ganization file Form 4720	reporting	Yes No
(Som	e organizations that	Year Averaging Period made a section 501(h) e w. See the separate inst	lection do not have to	complete all of the five rrough 2f.)	
	Lobbyi	ng Expenditures During	4-Year Averaging Peri	iod	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable					

	Lobbyin	g Expenditures During	g 4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

23-7058964 Page **3**

Part II-B	Complete if the organization is exempt und	ler section 501(c)(3) and ha	s NOT filed Form 5768
	(election under section 501(h)).		

	(a	a)	(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		No	Am	ount	
 See Part IV During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: 					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?	Х			6,0	00.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i				6,0	00.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		

_		_	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2 a	
	b Carryover from last year	2 b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
De	vt N/ Commission and a black a second bar		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B - Description of Lobbying Activity

Membership with Texans for the Arts (TFA). TFA engages a lobbying firm on behalf of

its members to track legislation that effects the Arts in Texas.

SCHEDULE D Supplemental Financial Statements					OMB No.	1545-0047	
	rm 990)	► Comple	e if the organization answered '' , 7, 8, 9, 10, 11a, 11b, 11c, 11d, 1	Yes' on Form 990.		20	18
Depa	rtment of the Treasury	► Go to <i>www.irs</i>	Attach to Form 990. gov/Form990 for instructions and the latest information.				o Public tion
	Internal Revenue Service Service Employer in Structions and the latest mormation.						
		heatre Advisory Bo			23-705	8964	
Pa	rt I Organizat Complete	tions Maintaining Done if the organization ans	r Advised Funds or Other wered 'Yes' on Form 990, F	• Similar Funds or Acc Part IV, line 6.	ounts.		
			(a) Donor advised fur	nds (b) F	unds and	other accou	unts
1	Total number at e	end of year					
2		ntributions to (during year)					
3		ants from (during year)					
4	Aggregate value	at end of year					
5	are the organizati	ion's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	ntrol?	· · · · · · · L	Yes	No
6	Did the organizat	ion inform all grantees, dong	rs, and donor advisors in writing of the donor or donor advisor, o	that grant funds can be us	ed only		
	impermissible pri	vate benefit?			· · · · · · ·	Yes	No
Pa		tion Easements.					
			wered 'Yes' on Form 990, I				
1		of land for public use (e.g., i	the organization (check all that	Preservation of a historical	lly importa	nt land aro	2
		natural habitat		Preservation of a certified	5		a
		of open space				uotaro	
2	Complete lines 2a	through 2d if the organization	neld a qualified conservation contrib	oution in the form of a conser	vation ease	ement on the	9
	last day of the tax	x year.			lold at the	End of the	Tay Voar
	a Total number of c	conservation easements					
			ments.				
			fied historic structure included in				
	d Number of conse structure listed in	rvation easements included in the National Register	n (c) acquired after 7/25/06, and	not on a historic 2 d			
3	Number of conserv tax year ►	vation easements modified, trai	sferred, released, extinguished, or	terminated by the organization	on during th	ie	
4	Number of states v	where property subject to conse	rvation easement is located ►				
5	Does the organization	ation have a written policy re	garding the periodic monitoring,	inspection, handling of viol	ations,	7.2	—
~	and enforcement	of the conservation easeme	nts it holds? nspecting, handling of violations, a			Yes	No
6		r nours devoted to morntoring,	rispecting, nanuling of violations, a	nu enforcing conservation ea	sements ut	uning the yea	1
7	Amount of expense ►\$	es incurred in monitoring, insp	ecting, handling of violations, and e	nforcing conservation easeme	ents during	the year	
8	Does each conse and section 170(h	rvation easement reported o	n line 2(d) above satisfy the requ	irements of section 170(h)(^{(4)(B)(i)} Г	Yes	No
9	In Part XIII, descril	be how the organization report	conservation easements in its reve to the organization's financial sta	enue and expense statement,	, and balan	∟ ce sheet, ar ion's accou	nd ntina for
-	conservation ease	ements.	-		-		-
Pa	rt III Organizat Complete	if the organization ans	ctions of Art, Historical Tr wered 'Yes' on Form 990, I	Part IV, line 8.	illar ASS	ets.	
1	art, historical treas	sures, or other similar assets he	SFAS 116 (ASC 958), not to re Id for public exhibition, education, incial statements that describes th	or research in furtherance of	nt and bala public serv	ance sheet ice, provide	works of
	following amount	s, or other similar assets held f s relating to these items:	SFAS 116 (ASC 958), to report or public exhibition, education, or re	esearch in furtherance of publ	ic service,	e sheet wor provide the	ks of art,
	••		line 1				
~	· ·				-		
2			istorical treasures, or other similar 116 (ASC 958) relating to these 1			lowing	
					•		
					·Υ		

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

TEEA3301L 10/10/18

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Mille					23-705		Page 2
Part III Organizations Mainta						•	<i>:a)</i>
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other records			e a significant use of its o	collection	
a Public exhibition		d		change programs			
b Scholarly research		е	Other				
 c Preservation for future generation 4 Provide a description of the organization 		ions and explain	how they furt	ner the organization's	exempt purpose in		
Part XIII.	tion colicit or	raaaiya danatir	and of ort his	tariaal tracauraa ar	other cimiler eccete		
5 During the year, did the organiza to be sold to raise funds rather t	han to be ma	intained as part	t of the organ	ization's collection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen	nents. Comp	lete if the o	organization ans		rm 990, Part	IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	an or other inter	mediary for c	ontributions or othe	r assets not included	Yes	No
b If 'Yes,' explain the arrangement					·····]
- · · · · , · · · · · · · · · · · · · ·						Amount	
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance							
2 a Did the organization include an a					-	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII.	Check here if th	ne explanatio	n has been provided	I on Part XIII	· · · · · · · · · · · · · · · L_	
Part V Endowment Funds. C							haali
1 a Beginning of year balance	(a) Current	year (D) Prior year	(c) Two years back	(d) Three years back	(e) Four years	DACK
b Contributions						-	
-						+	
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses						-	
q End of year balance	-						
2 Provide the estimated percentag	e of the curre	ent year end bal	ance (line 1g	, column (a)) held a	IS:	4	
a Board designated or quasi-endown	nent 🕨	00					
b Permanent endowment	00						
c Temporarily restricted endowme	nt 🕨	00					
The percentages on lines 2a, 2b, a	nd 2c should e	equal 100%.					
3a Are there endowment funds not in	the possessior	n of the organizat	tion that are h	eld and administered	for the		
organization by:						Yes	No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' on line 3a(ii), are the relation	-		•			3b	
4 Describe in Part XIII the intender Part VI Land, Buildings, and		-		unus.			
Complete if the organ			on Form 9	0 Part IV line	11a See Form 99	0 Part X lin	10 م
Description of property		r					
		(a) Cost or othe (investme		b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book val	ue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other Total. Add lines 1a through 1e. (Colun		gual Form 000	Part X colum	nn (B) line 10c)	•		
BAA		quai i 01111 990,	т ан л, сощ	ни (<i>D),</i> ние тос.)		ule D (Form 990)	0. 2018
						· · · · · · · · · · · · · · · · · · ·	

Schedule D (Form 990) 2018	Miller	Theatre	Advisory	Board	, Inc.
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Complete if the organization answered Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12, Goldwale (a) back wile (c) Method deviators (2st or ord-of-year matet wile (c) Method deviators (2st ord-of-year	Part VII	Investments – Other Securities.	<u>1001, 2001, 1</u>	N/A
O) Financial derivatives O) Other O) Other O) O) Other O O O O O O O O O O O O O O O O O O O				
Cickety-held equity interests			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	. ,			
(A) Image: Constraint of the constrain				
(a) (b) (b) (c) (c) (
Complete N/A Part VIII Other Assets (a) (b) Book value (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of value				
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Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 25. Complete II be organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 25. Complete II be organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 25. Complete II be organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 25. Complete II be organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 25. Complete II be organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 25. Complete II be organization answered Yes' on Form 990, Part IV, li				
Go M/A Total, Colourin (b) must equal Form 90, Part X, colourin (b) ine 12). M/A Complete II the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (b) (c) Method of valuation. Cost or end-of-year market value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) <	(E)			
90 Image: State (Column (2) must equal Form 990, Part X, column (2) line 12,	(F)			
0 Total. (Column (a) must equal from 390, Part X, column (b) tota 12,				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12 Part VIII Part VIIII Part VIIIII Part VIIIIII Part VIIIII Part VIIIII Part VIIIII Part VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Part VIII Investments - Program Related. N/A (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (c) (c) Method of valuation: Cost or end-of-year market value (3) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) (10) (c) Met acqual fam 90, Part X, clumn (8) line 13). • N/A (2) (c) Method of value (c) Method of value (1) (c) Description (c) Description (1) (c) Description (c) Description (c) Description (1) (c) Description (c) Description (c) Description (1) (c) Description of insult grant gran				
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Schedule D (Form 990) 2018 Miller Theatre Advisory Board, Inc.	23-7058964	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	3,197,911.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	3,197,911.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		· · ·
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,197,911.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,149,334.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		- , - ,
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses	-	
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	3,149,334.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,210,0011
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	-	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,149,334.
Part XIII Supplemental Information.		

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

SCHEDULE G	••				undraising or Gami	•		OMB No. 1545-0047
(Form 990 or 990-EZ)	Comple	organization	n entered mo	ore than \$15	orm 990, Part IV, line 17, 18, ,000 on Form 990-EZ, line 6a	, or 19, or a.	if the	2018
Department of the Treasury Internal Revenue Service	► G				or Form 990-EZ. ructions and the latest	informa	ition.	Open to Public Inspection
Name of the organization Miller Theatre	Advisory F	Soard Inc					Employer identifica	
Fundraising		te if the organiza	tion answe	ered 'Yes' o	on Form 990, Part IV, line	e 17.	23 103090	1
					owing activities. Check	all that	apply.	
a Mail solicitatio				e		•	0	
b Internet and e c Phone solicita	email solicitations ations	5		f	Solicitation of gove		grants	
d In-person soli				5		,		
					ncluding officers, director rofessional fundraising			Yes X No
b If 'Yes,' list the 10 compensated at le) highest paid inc east \$5,000 by th	dividuals or entine organization.	ties (fundi	raisers) pl	irsuant to agreements i	under wi	nich the fundrai	ser is to be
(i) Name and addres or entity (fundr		(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r fundra	nount paid to retained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total		1		•				0.
					ontributions or has been	notified i	t is exempt from	

Schedule G (Form 990 or 990-EZ) 2018 Miller Theat	tre Advisory Board, Inc.
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23-7058964 Page **2**

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gross receipts gro	bator than \$0,000.								
			(a) Event #1 Gala	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))					
E			(event type)	(event type)	(total number)						
REVENU	1	Gross receipts	243,392.			243,392.					
Е	2	Less: Contributions	216,692.			216,692.					
	3	Gross income (line 1 minus line 2)	26,700.			26,700.					
	4	Cash prizes									
р	5	Noncash prizes									
D R E C T	6	Rent/facility costs	3,583.			3,583.					
Ē	7	Food and beverages	12,650.			12,650.					
E X P	8	Entertainment	350.			350.					
EXPENSES	9	Other direct expenses	5,261.			5,261.					
S	10	Direct expense summary. Add lines 4 thr	21,844.								
	11	Net income summary. Subtract line 10 fro	om line 3, column (d).		•	4,856.					
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	tion answered 'Ye	s' on Form 990, Pai	rt IV, line 19, or re	ported more than					
REVENU			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))					
U E	1	Gross revenue									
F	2	Cash prizes									
EXPENSES	3	Noncash prizes									
Č S T E S	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes%	L Yes% No	Yes [%] No						
	7	Direct expense summary. Add lines 2 through 5 in column (d)									
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colun	ın (d)							
	ls th	er the state(s) in which the organization concerned or an incomposition of the organization licensed to conduct gaming to,' explain:	g activities in each of th								
		e any of the organization's gaming license 'es,' explain:									

Schedule G (Form 990 or 990-EZ) 2018 Miller Theatre Advisory Board, Inc. 23	-7058964	Page 3
11 Does the organization conduct gaming activities with nonmembers?	· · · · · · Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		٥
 a The organization's facility. b An outside facility. 	13a 13b	00
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	0
Name ►		
Address ►		
 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue b If 'Yes,' enter the amount of gaming revenue received by the organization < \$ and the of gaming revenue retained by the third party < \$ c If 'Yes,' enter name and address of the third party: 	e amount	No
Name ►		1
Address ►		ا ا
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ► \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, colu and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	umns (iii) and (additional	v);

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States								
		,	ion answered 'Yes' on F				2018		
Department of the Treasury Internal Revenue Service		-	Attach to Form 99 s.gov/Form990 for the late	0.			Open to Public Inspection		
Name of the organization Miller Theatre Advisory Board, Inc. Employer identia 23-70589									
Part I General Information on	Grants and Assista	ance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2 Describe in Part IV the organization's	procedures for monitorin	g the use of grant fu	unds in the United States.		See P	art IV			
Part II Grants and Other Assist Form 990, Part IV, line 2									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) Dance of Asian America	_						East Masta Hast		
<u>10782 Bellaire Ste A</u> Houston, TX 77072	- 76-0668169	501(c)(3)	14,000.	0.			East Meets West XVI		
(2) Dance of Asian America	70 0000109	501(0)(5)	14,000.	0.			XV1		
10782 Bellaire Ste A	-						Splendid China		
Houston, TX 77072	76-0668169	501(c)(3)	35,000.	0.			XIII		
(3) Diaz Music Institute									
PO Box 682947	-								
Houston, TX 77039	76-0629250	501(c)(3)	19,500.	0.			Noche Caliente		
(4) Festival Chicano									
PO_Box_3493							Festival		
Houston, TX 77253	76-0216608	501(c)(3)	48,000.	0.			Chicano		
(5) HITS Theatre	_								
311 W. 18th St	_						Shrek the		
Houston, TX 77008	74-2118224	501(c)(3)	82,000.	0.			Musical		
(6) Houston Ballet	_								
<u>PO Box 130487</u>	_								
Houston, TX 77019	74-1394920	501(c)(3)	110,000.	0.			Don Quixote		
(7) Houston Grand Opera	_								
<u>510 Preston St</u>	_						The Barber of		
Houston, TX 77002	74-6016764	501(c)(3)	137,000.	0.			Seville		
(8) Houston Shakespeare Fest	_						Hamlet & The		
University_of_Houston	_						Comedy of		
Houston, TX 77204	74-6001399	. , . ,	95,000.	0.			Errors		
2 Enter total number of section 501(, (,) 5	5				•••••••	3		
3 Enter total number of other organiz BAA For Paperwork Reduction Act Not						•••••••••••••••••••••••••••••••••••••••	- le I (Form 990) (2018)		

23-7058964

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Prov	ide the information	n required in Part I	, line 2; Part III, co	lumn (b); and any oth	er additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

After a production has been completed, a Final Production Expense Report must be

submitted that documents all of the production expenses. It is acceptable to MTAB for

the producer to submit check stubs and other similar documentation. The entire report

is scrutinized by MTAB for overall reasonableness.

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 3

2018

Name of the organization

Employer identification number

Miller Theatre Advisory Boar		a ta Dama ati	o Overenizations are	d Domootio Course	nonde (Colessi	23-705896	54
Part II Continuation of Grants and (a) Name and address of organization or government Image: Continuation of Grants and address of organization or government		(c) IRC section (if applicable)	c Organizations an (d) Amount of cash grant	d Domestic Gover (e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	IIE I (Form 990), I (g) Description of noncash assistance	Part II.) (h) Purpose of grant or assistance
Houston Symphony 615 Louisiana Ste 102 Houston, TX 77002	74-1157373 5	01(c)(3)	180,000.				Summer Symphony Nights
<u>Institute of Hispanic Culture</u> <u>3315 Sul Ross</u> Houston, TX 77098	23-7040494 5	01 (c) (3)	25,000.				Dia de la Hispanidad
<u>Mercury Baroque Ensemble</u> <u>3100 Timmons #201</u>							Vivaldi vs.
Houston, TX 77027 <u>WindSync</u> 220 Westmoreland	76-0663007 5		14,500.				Paganini
Houston, TX 77006 <u>Soc For Performing Arts</u> <u>615 Louisiana St. #100</u>	45-4879222 5	01(c)(3)	10,000.				Rhythm & Wind
Houston, TX 77002 <u>Stages Inc.</u> 3201 Allen Parkway Suite 101	74-6077505 5	01(c)(3)	10,000.				Troker Always
Houston, TX 77019 Texas Folklife Resources	74-2090278 5	01(c)(3)	20,000.				Patsy Cline
<u>1317 S. Congress Ave</u> Austin, TX 78704 <u>Theatre Under the Stars</u>	74-2360058 5	01(c)(3)	20,500.				Accordion Kings & Queens
800 Bagby Ste. 200 Houston, TX 77002	74-1621647 5	01(c)(3)	190,000.				All Shook Up
<u>Texas_Medical_Ctr_Orchestra</u> PO_Box_980983 Houston, TX 77027	76-0669727 5	01(c)(3)	14,500.				A Salute to Veterans
<u>Express Theatre</u> <u>4800 W. 34th, #C3</u>	10 0009727 3	01(0)(0)	14,500.				Various children's
Houston, TX 77092	76-0392202 5	01(c)(3)	19,000.				programs

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Schedule I Cont (Form 990) 2018

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 3

Name of the organization

Employer identification number

Miller Theatre Advisory Boa	rd, Inc.					23-705896	4
Part II Continuation of Grants and	d Other Assistan	ice to Domestic	c Organizations an	d Domestic Gover	mments. (Schedu	Ile I (Form 990), I	Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Houston Grand_Opera							Various
<u>510_Preston</u>							children's
Houston, TX 77002	74-6016764	501(c)(3)	9,000.				programs
<u>Hou Metro Dance Center</u>							
<u>2808 Caroline</u>							Sizzling summer
Houston, TX 77004	76-0470269	501(c)(3)	14,000.				dance
Hou Young Artists Concert							
4545_Post_Oak_P1, #345							Hear the Artist
Houston, TX 77027	74-2131451	501(c)(3)	6,700.				of Tomorrow
<u>800 Bagby Ste. 200</u>							Once on this
Houston, TX 77002	74-1621647	501(c)(3)	27,000.				Island
<u>Foundations for Modern Music</u>							Music That
_ <u>1915 Commonwealth #204</u>							Should be
Houston, TX 77006	76-0179000	501(c)(3)	8,500.				Danced
<u>Hou Metro Dance Center</u>							
_ <u>2808 Caroline</u>							Swing, Jive &
Houston, TX 77004	76-0470269	501(c)(3)	12,000.				Pop Into Dance
_ <u>Indian_Performing_Arts</u>							
<u>8030_Oakington</u>							Incredible
Houston, TX 77071	26-0874986	501(c)(3)	13,500.				India
<u>_ Foundation for Modern Music</u>							
<u>1915_Commonwealth #204</u>							
Houston, TX 77006	76-0179000	501(c)(3)	13,500.				Salsa y Salud
<u>A.D. Players</u>							
<u>2727_Saint_St</u>							Lillies of the
Houston, TX 77027	74-1669271	501(c)(3)	21,000.				Field
<u>Indian_Performing_Arts</u>							
<u>8030_Oakington</u>							
Houston, TX 77071	26-8074986	501(c)(3)	13,500.				Bollywood Blast

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Schedule I Cont (Form 990) 2018

2018

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 3

Name of the organization

Employer identification number

Miller Theatre Advisory Boar						23-705896	
Part II Continuation of Grants and					```	· · · ·	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>River Oaks Chamber Orchestra</u>							
<u> 1934 West Gray, #311</u>							ROCO Season
Houston, TX 77019	30-0288750	501(c)(3)	14,500.				Opener
Young Audiences of Houston							Various
4550_Post_Oak_Place_#230							children's
Houston, TX 77027	74-6082602	501(c)(3)	9,000.				programs
<u>American Festival for the Art</u>							
<u>1718 Lubbock, #A</u>							AFA Summer
Houston, TX 77007	76-0460311	501(c)(3)	8,500.				Music Festival
<u>Houston Chamber Choir</u>							
POBox53388							This Joint is
Houston, TX 77052	76-0480936	501(c)(3)	12,000.				Jumping
<u>Odissi Academy</u>							
<u> 5214 Kendall Ridge </u>							
Sugar Land, TX 77479	81-1519623	501(c)(3)	7,250.				Dance India
Silambam_Houston							
<u>3201 Allen Parkway, #150</u>							
Houston, TX 77019	26-1634628	501(c)(3)	7,250.				Dance India
<u>Moksh Community Arts</u>							
<u>15700 Lexington Blvd, #902</u>							Houston's Got
Sugar Land, TX 77478	30-0940197	501(c)(3)	10,000.				Bollywood
<u>Asia Society Texas Center</u>							
1370 Southmore							
Houston, TX 77004	03-0433949	501(c)(3)	10,000.				Red Baraat
<u>Houston Ballet</u>							
<u>PO Box 130487</u>							An Evening of
Houston, TX 77019	74-1394920	501(c)(3)	110,000.				Stars
<u>Bacement Fdn for the Arts</u>							
<u>3876 Rosedale</u>							Dancin' in the
Houston, TX 77004	46-3214029	501(c)(3)	62,000.				Street

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2018

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

OMB No. 1545-0047

Open to Public Inspection

Miller Theatre Advisory Board, Inc.

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

During months where there is no board meeting, the executive committee may vote on board matters. If there is an incident of this happening, the board will be informed of their actions.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

MTAB's directors are appointed by the Mayor of the City and approved by the City Council.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed by the Finance Committee and Treasurer prior to providing a copy to the board and filing with the IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Questionnaire forms requesting disclosures of potential conflicts are distributed

annually to board members and reviewed by the organization.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

In determining compensation of the organization's top management official, the $\ensuremath{\mathsf{Board}}$

reviews comparable compensation data, approves of the final compensation package,

and records its decision in the board meeting minutes.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All documents are made available upon request.

Form 990, Part XII, Line 1 - Other Accounting Method

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