PUBLIC INSPECTION COPY

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

ot onter social security numbers on this form as it may be made public

► 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. OMB No. 1545-0047

Open to Public Inspection

| <u> </u> | ror the | ZU15 Calelli | uar year, or tax year begin | illig | , 2019, 6 | and ending | | | | , |
|---------------------------|--------------|--------------------|--|-----------------------------------|-------------------|---------------------------------------|------------|-------------------------|-----------|------------------------------|
| В | Check if a | applicable: | C | | | | | D Employ | er identi | ification number |
| | Addr | ess change | Miller Theatre A | dvisory Board | Tnc | | | 23- | 7058 | 964 |
| | | - | 6000 Hermann Par | | 1110. | | - | E Telepho | | |
| | | e change | Houston, TX 7703 | | | | | | | |
| | Initia | ıl return | nouscon, ix 7705 | O | | | L | 832 | -487 | -7102 |
| | Final r | return/terminated | | | | | | | | |
| | Ame | nded return | | | | | | G Gross re | eceipts | \$ 2,976,229. |
| | - | Í | F Name and address of principal | officer: | | H(a) | | group retur | | |
| | Appl | ication pending | | Miriam Meye | ers | , , | • | subordinates | | 103 110 |
| | | | Same As C Above | | | 11(5) | If "No." | attach a list. | (see ins | d? Yes No |
| 1 | Tax-exe | empt status: | X 501(c)(3) 501(c) (|) ◀ (insert no.) | 4947(a)(1) or | 527 | | | • | · |
| J | Webs | site: ► ww | w.milleroutdoorth | neatre com | | H(c) | Group e | xemption nu | ımber 🕨 | |
| K | | | X Corporation Trust | Association Other | Lv | ear of formation: | | | | egal domicile: TX |
| | | f organization: | | Association Other | LY | ear of formation: | 1970 |) IVI S | tate of i | egai domicile: 1X |
| Pa | rt I | Summar | У | | | | | | | |
| | | | be the organization's missi | | | | | | | |
| ø | ā | advances | the educational | and cultural in | nterests | of the p | peopl | e of H | Ioust | on through a |
| ဋ | | | ng program of art | | | | | | | |
| na | | | Theatre, an amphi | | | | | | | |
| ē | _ | check this bo | | n discontinued its operat | | | | | | |
| õ | | | oting members of the gover | | | | | | 3 | |
| ∞ | | | dependent voting members | | | | | | 4 | 20 |
| တ္သ | | | | | | | | | | 20 |
| ≝ | | | of individuals employed in | | | | | | 5 | 6 |
| Activities & Governance | | | of volunteers (estimate if | | | | | | 6 | 21 |
| ¥ | | | ed business revenue from F | | | | | | 7a | 0. |
| | b N | let unrelated | d business taxable income | from Form 990-T, line 39 | 9 | | | | 7b | 0. |
| | | | | | | | Pr | ior Year | | Current Year |
| | 8 C | ontributions | and grants (Part VIII, line | 1h) | | | 3 | ,179,4 | 10. | 2,954,776. |
| Revenue | | | vice revenue (Part VIII, line | | | | | 11,8 | | 14,523. |
| ē | | - | ncome (Part VIII, column (A | | | | | 1,7 | | 1,930. |
| è | | | | • | | | | | | |
| | | | e (Part VIII, column (A), lir | | | | | 4,8 | | 799. |
| | | | e – add lines 8 through 11 | | | | | ,197,9 | | 2,972,028. |
| | 13 G | Grants and si | imilar amounts paid (Part I | X, column (A), lines 1-3) |) | | 2 | ,632,1 | 12. | 1,212,300. |
| | 14 B | enefits paid | to or for members (Part I) | (, column (A), line 4) | | | | | | |
| | 15 S | alaries, othe | er compensation, employee | e benefits (Part IX, colun | nn (A). lines | 5-10) | | 388,0 | 22 | 391,592. |
| es | | | | | | · · · · · · · · · · · · · · · · · · · | | 300,0 | 22. | 331,332. |
| ž. | 16a P | rotessional | fundraising fees (Part IX, o | column (A), line I Ie) | | | | | | |
| Expenses | b ⊺ | otal fundrais | sing expenses (Part IX, col | umn (D), line 25) ► | 7 | 4,512. | | | | |
| ũ | 17 O | ther evnens | ses (Part IX, column (A), lir | nes 11a-11d 11f-24e) | | | | 129,2 | 00 | 1,449,486. |
| | | | | | | | | | | • |
| | | • | es. Add lines 13-17 (must e | • | | | 3 | ,149,3 | | 3,053,378. |
| | 19 R | Revenue less | s expenses. Subtract line 1 | 8 from line 12 | | | | 48,5 | 77. | -81,350. |
| ro or | | | | | | E | Beginning | g of Curren | t Year | End of Year |
| anc ar | 20 T | otal assets | (Part X, line 16) | | | | | ,791,2 | | 1,718,905. |
| Net Assets Fund Baland | 21 T | otal liabilitie | es (Part X, line 26) | | | | | 191,2 | | 200,267. |
| 뀰 | | | , , | | | _ | | • | - | · |
| | | | fund balances. Subtract li | ne 21 from line 20 | | | 1 | ,599,9 | 88. | 1,518,638. |
| Pa | rt II | Signatur | e Block | | | | | | | |
| Unde | er penaltie | s of perjury, I de | eclare that I have examined this returner (other than officer) is based on a | rn, including accompanying sche | edules and statem | ents, and to the b | pest of my | knowledge | and beli | ef, it is true, correct, and |
| com | olete. Decl | laration of prepa | arer (other than officer) is based on | all information of which preparer | has any knowled | ge. | | | | |
| | | Flo | ctronically File | d | | | | | | |
| C: | | Signatu | re of officer | | | | Date | е | | |
| Siç He | jii | | | | | | . | | | |
| пе | re | Mir | iam Meyers | | | | Chair | • | | |
| | | | print name and title | T | | | | | , , | |
| | | Print/Type p | preparer's name | Preparer's signature | | Date | | Check | if | PTIN |
| Pa | hi | Barbar | ra Murphy | Barbara Muri | phy | 10/28/ | 120 | self-employe | ed | P01386215 |
| | iu eparer | | | | - 1-5 | <i></i> | | 1. 77 | | |
| | e Only | - | | | | | | Cirmala CIA: I | 7.0 | 0260060 |
| U3 | Comy | Firm's addre | | | | | | Firm's EIN ► 76-0269860 | | |
| | | | | 17027 | | | | Phone no. | (713 | 3) 439-5739 |
| May | the ID | S discuss th | is return with the preparer | chown above? (coo inct | ructions) | | | | | X Vec No |

2,764,548.

4 e Total program service expenses

| | | | Yes | No |
|------|--|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Χ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 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? If 'Yes,' complete Schedule D, Part II | 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? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V | 10 | | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> . | 11 a | | Х |
| b | Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 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 | | X |
| 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)? <i>If 'Yes,' complete Schedule D, Part X.</i> | 11 f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| t | 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 |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | 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? If 'Yes,' complete Schedule I, Parts I and II. | 21 | Х | |

| | | | 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 |
| | 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 | | |
| 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 |
| | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV | 28b | | Χ |
| | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV. | 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? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1. | 34 | | Х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 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 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | · |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | 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 | |
| BA/ | | Form | 990 (| (2019) |

Form 990 (2019) Miller Theatre Advisory Board, Inc.

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

| | | | Yes | No |
|------|--|-----|-----|-----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6 | | | |
| ŀ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Χ | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | X |
| ŀ | olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i> | 3 b | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a | | Х |
| k | olf 'Yes,' enter the name of the foreign country► | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | *** |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| | : If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Х |
| | olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | | | |
| | services provided to the payor? | 7 a | X | |
| | of If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | X | |
| (| Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| (| If 'Yes,' indicate the number of Forms 8282 filed during the year | | | |
| 6 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | X |
| ç | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| ł | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | , | | |
| | organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 12a | | |
| | s Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | ıza | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| ŀ | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| ŀ | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on 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 | 15 | | Х |
| | excess parachute payment(s) during the year? | .5 | | 21 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O. | 16 | | Х |
| | | | | |

Form 990 (2019) Miller Theatre Advisory Board, Inc. Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . 20 If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 20 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c 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 .0 Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... X 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Houston TX 77030 832-487-7102

Reginald Burns 6000 Hermann Park Drive

| Form 990 (2019) | Miller | Theatre | Advisory | Roard | Tnc |
|-----------------|--------|---------|----------|-------|-----|
| | | | | | |

23-7058964

Page 7

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

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

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

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

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

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

| | | | (C) | | | | | | | |
|---|--|--------------------------------|--|---------|--------------|---------------------------------|-----------------------------------|-------------------------------------|--|---|
| (A) Name and title | (B) Average hours | thar | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | son | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other | |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| _(1)_Celia_Segall_Davis Managing Dir | $-\frac{40}{0}$ | | | | | Х | | 121,479. | 0. | 19,365. |
| (2) Miriam Meyers | 1 | | | | | Λ | | 121,479. | 0. | 19,303. |
| Chair | 0 | Х | | Χ | | | | 0. | 0. | 0. |
| (3) Jenny Yang | 1 | | | | | | | | | |
| Vice Chair | 0 | Х | | Χ | | | | 0. | 0. | 0. |
| (4) Phyllis Young | 1 | | | | | | | | | |
| Secretary | 0 | Χ | | Χ | | | | 0. | 0. | 0. |
| _(5) Thomas B. DeBesse | 1 | | | | | | | | | |
| Treasurer | 0 | Χ | | X | | | | 0. | 0. | 0. |
| | 1 | Х | | Х | | | | 0. | 0. | 0. |
| 7) James Campbell | 1 | Λ | | Λ | | | | 0. | 0. | 0. |
| Director | 1 - | Х | | | | | | 0. | 0. | 0. |
| (8) Romulo Tim Cisneros | 1 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (9) June Deadrick | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (10) Alison Greene | _ 1 | | | | | | | | | |
| Director | 0 | Х | | | | | | 0. | 0. | 0. |
| (11) Nikki Hill | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (12) Victor C. Kendall | 1 | | | | | | | | | |
| Director | 0 | Χ | | | | | | 0. | 0. | 0. |
| (13) Robin Klaes | 1 | | | | | | | | | _ |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (14) Karin Marshall | 1 | 17 | | | | | | | 0 | ^ |
| Director | 0 | Χ | | | <u> </u> | | <u> </u> | 0. | 0. | 0. |

| Part VII | Section A. Officers, Directors, Tru | 1 | Key | Em | | | es, | and | d Highest Com | pensated Emp | oyees | 5 (conti | nued) |
|----------------|--|-----------------------------------|-----------------------------------|-----------------------|---------|-----------------|---------------------------------|--------------|-------------------------------------|--|----------------|--|--------------|
| | (B) (C) | | | | | | | | ł | | | | |
| | (A) Name and title | Average hours per | box | , unle | ess pe | erson direct | than is botl or/trus | h an tee) | (D) Reportable compensation from | (E) Reportable compensation from | Estim | (F) | ount |
| | | week (list any hours for | or dir | Institu | Officer | Key e | Highe emplo | Form | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compe the c | of other ensation to organization d related | ion |
| | | related organiza - tions | Individual trustee or director | utional | 약 | Key employee | ist com byee | ক্ | | | | anization | |
| | | below dotted line) | ustee | Institutional trustee | | 'ee | Highest compensated employee | | | | | | |
| (15) D I | J Makinnay II | 1 | | | | | ed | | | | | | |
| Di | √McKinney, II rector | 0 | Х | | | | | | 0. | 0. | | | 0. |
| | . <u>Norma Mendoza</u> rector | 1 | Х | | | | | | 0. | 0. | | | 0. |
| | donii Miles | 1 | Λ | | | | | | 0. | 0. | | | <u> </u> |
| | rector | | Х | | | | | | 0. | 0. | | | 0. |
| | an Sanchez Muñoz | 1 | 71 | | | | | | 0. | 0. | | | |
| | rector | | Х | | | | | | 0. | 0. | | | 0. |
| | ace Olivares | 1 | Λ | | | | | | 0. | 0. | | | |
| | rector | | Х | | | | | | 0. | 0. | | | 0. |
| | nr. Damas | 1 | Λ | | | | | | 0. | 0. | | | |
| | rector | | Х | | | | | | 0. | 0. | | | 0. |
| | L L. Roach, Jr. | 1 | 11 | | | | | | 0. | 0. | | | |
| | rector | 0 | Χ | | | | | | 0. | 0. | | | 0. |
| | len Ueckert | 1 | 1 | | | | | | Ŭ. | <u> </u> | | | |
| | rector | 0 | Х | | | | | | 0. | 0. | | | 0. |
| (23) | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1 b Sub | | | | | | | | | 121,479. | | | 19,3 | }65 . |
| | I from continuation sheets to Part VII, Secti | | | | | | | | 0. | 0. | | | 0. |
| | l (add lines 1b and 1c) | | | | | | | • | 121,479. | 0. | | 19,3 | 365. |
| | number of individuals (including but not limited | to those I | isted | abov | ve) v | who | recei | ved | more than \$100,00 | 0 of reportable comp | ensatio | n | |
| from | the organization 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 Did 1 | the organization list any former officer, direc | tor, truste | e, ke | ey er | mpl | oyee | e, or | high | nest compensated | employee | 3 | | 37 |
| on II | ne 1a? If 'Yes,' compléte Schedule J for suc | n inaivial | ıaı | | | | | | | | . 3 | | X |
| 4 For a | any individual listed on line 1a, is the sum of | reportab | le co | mpe | ensa | tion | and | oth | er compensation | from | | | ł |
| | organization and related organizations greate n individual | | | | | | | | | | . 4 | | Х |
| 5 Did a | any person listed on line 1a receive or accru | e comper | nsatio | n fr | om | anv | unre | late | ed organization or | individual | | | |
| | ervices rendered to the organization? If 'Yes | s,' comple | ete So | cnea | iuie | J to | r suc | en p | erson | | . 5 | | X |
| | B. Independent Contractors plete this table for your five highest compen | sated ind | enen | dent | t coi | ntra | rtors | tha | it received more t | nan \$100 000 of | | | |
| comp | pensation from the organization. Report compen | sation for | the c | alen | dar | year | endi | ng v | with or within the or | ganization's tax year | • | | |
| | (A) Name and business add | | | | | | | | (B) | | (| C) | |
| | Name and business add | ress | | | | | | | Description (| of services | Compe | ensatio | 'n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | number of independent contractors (including b | | ited to | o tho | se I | isted | d abo | ve) | who received more | than | | | |
| \$100 | 0,000 of compensation from the organization | - 0 | | | | | | | | | | | |

| | | Check if Schedule O contains a response or note to any | y line in this Part V | III | | |
|--|-----------------------|--|-----------------------------|--|---|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Federated campaigns | 2,954,776. | | | |
| nue (| | Business Code | | | | |
| Program Service Revenue | 2 a b c d | Theatre rentals 531190 | 14,523. | 14,523. | | |
| am | е | | | | | |
| rogr | | All other program service revenue | 14 500 | | | |
| σ. | | Total. Add lines 2a-2f ▶ | 14,523. | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | 1,930. | | | 1,930. |
| | 5 | Royalties | | | | |
| | 6.3 | (i) Real (ii) Personal Gross rents | | | | |
| | | Less: rental expenses 6b | | | | |
| | | Rental income or (loss) 6c | | | | |
| | | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from (i) Securities (ii) Other | | | | |
| | - | sales of assets | | | | |
| | b | Less: cost or other basis | | | | |
| | _ | and sales expenses 7b | | | | |
| | | Gain or (loss) | | | | |
| | | | | | | |
| Other Revenue | оа | Gross income from fundraising events (not including \$ 3,252. of contributions reported on line 1c). | | | | |
| Ŗ | _ | See Part IV, line 18 | | | | |
| the | | Less: direct expenses | T.0.0 | | | 700 |
| 0 | | Gross income from gaming activities. See Part IV, line 19 | 799. | | | 799. |
| | b | Less: direct expenses 9b | • | | | |
| | | Net income or (loss) from gaming activities ▶ | | | | |
| | 10 a | Gross sales of inventory, less | | | | |
| | | returns and allowances 10a | | | | |
| | | Less: cost of goods sold 10b | | | | |
| | С | Net income or (loss) from sales of inventory Business Code | | | | |
| | 11 a | | | | | |
| ane inte | 11 a b c d | | | | | |
| iscellaneous Revenue | С | | | | | |
| R S | | | | | | |
| 2 | | Total. Add lines 11a-11d | | | | _ |
| | 12 | Total revenue. See instructions | 2.972.028. | 14.523. | 0 | 2.729. |

Part IX Statement of Functional Expenses

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

| - | Crieck II Scriedule O contains a r | | (B) | (C) | (D) |
|-------------|---|---|--------------------------|---------------------------------|-------------------------|
| Do 1 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundráising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,212,300. | 1,212,300. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | , | , , , | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | | | | |
| 6 | trustees, and key employees | 140,844. | 88,841. | 36,831. | 15,172. |
| | section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 190,075. | 80,002. | 73,575. | 36,498. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 8,183. | 4,175. | 2,730. | 1,278. |
| 9 | Other employee benefits | 28,921. | 14,757. | 9,649. | 4,515. |
| 10 | Payroll taxes | 23,569. | 12,026. | 7,863. | 3,680. |
| | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | 10 700 | | 10 500 | |
| | : Accounting | 18,782. | | 18,782. | |
| | I Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| | Other. (If line 11g amount exceeds 10% of line 25, column | 0.000 | | 2 222 | |
| 10 | (A) amount, list line 11g expenses on Schedule O.) | 3,883. | | 3,883. | 2 (02 |
| 13 | Advertising and promotion Office expenses | 13,127. | 9,759. | 10,524. | 2,603. |
| 14 | Information technology | 28,224. 3,108. | 9,739. | 12,588. 132. | 5,877. 2,773. |
| 15 | Royalties | 3,100. | 203. | 132. | 2,113. |
| 16 | Occupancy | 2,556. | | 2,556. | |
| 17 | Travel | 4,406. | 4,199. | 141. | 66. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | , | , | | |
| 19 | Conferences, conventions, and meetings | 31,348. | 1,304. | 27,994. | 2,050. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 0.040 | 7 170 | 1 070 | |
| 23 24 | Other expenses. Itemize expenses not | 8,240. | 7,170. | 1,070. | |
| | covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.). | | | | |
| a | Direct production expense | 1,327,112. | 1,327,112. | | |
| k | Membership dues | 8,700. | 2,700. | 6,000. | |
| C | | | | | |
| C | ` | | | | |
| _ | All other expenses Total functional expenses. Add lines 1 through 24e | 2 052 270 | 2 764 540 | 21/ 210 | 7/ [10 |
| | · | 3,053,378. | 2,764,548. | 214,318. | 74,512. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720). | | | | |

| | | 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. | 154,822. | 1 | 376,739. |
| | 2 | Savings and temporary cash investments. | 900,822. | 2 | 722,867. |
| | 3 | Pledges and grants receivable, net | 691,405. | 3 | 589,177. |
| | 4 | Accounts receivable, net | 10,701. | 4 | 4,122. |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ts | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | 33,500. | 9 | 26,000. |
| Ä | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation | | 10 c | |
| | 11 | Investments – publicly traded securities. | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets. | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,791,250. | 16 | 1,718,905. |
| | 17 | Accounts payable and accrued expenses | 5,667. | 17 | 7,953. |
| | 18 | Grants payable | 185,595. | 18 | 192,314. |
| | 19 | Deferred revenue | · | 19 | · |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25. | 191,262. | 26 | 200,267. |
| nces | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 780,658. | 27 | 790,301. |
| 18 | 28 | Net assets with donor restrictions | 819,330. | 28 | 728,337. |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| (SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 1 t | 32 | Total net assets or fund balances | 1,599,988. | 32 | 1,518,638. |
| ž | 33 | Total liabilities and net assets/fund balances. | 1,791,250. | 33 | 1,718,905. |

| | W D William Indiana Having Board, Inc. | | <u> </u> | | |
|-----|--|---------|----------|--------------|--------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 028. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | <u>053,</u> | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -81, | 350. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1, | 599, | 988. |
| 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 on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 1, | 518, | 638. |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Х |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual X Other See Sch. O | | | | |
| | | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | а | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe | ed on a | | | |
| | separate basis, consolidated basis, or both: | ou on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | were the organization's financial statements audited by an independent accountant? | | 2 | ь Х | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa | ate | _ | | |
| | 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 audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2 | c X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on 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 Audit Act and OMB Circular A-133? | | 3 | а | Х |
| ŀ | of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit | lit | | | 1 |
| _ | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3 | b | |
| BAA | TEEA0112L 01/21/20 | | For | m 990 | (2019) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

| Name o | Name of the organization Employer identification number | | | | | | | | | | |
|------------|--|---|--|---|-----------------------------|--|---|---|--|--|--|
| | | r Theatre Advisory | | | | | 23-70589 | | | | |
| | Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | | | | |
| The c 1 2 | rga | nization is not a private found A church, convention of church A school described in section 1 | nes, or association of ch | nurches described in sec | tion 1 70 (| b)(1)(A)(| • | | | | |
| 3 | | A hospital or a cooperative h | nospital service organ | ization described in sec | ction 17 | 0(b)(1)(A | A)(iii). | | | | |
| 4 | | A medical research organiza | tion operated in conju | unction with a hospital | describe | d in sec | ction 170(b)(1)(A)(iii). | Enter the hospital's | | | |
| | | name, city, and state: | | | | | | | | | |
| 5 | | An organization operated for section 170(b)(1)(A)(iv). (Co | the benefit of a colle emplete Part II.) | ge or university owned | or oper | ated by | a governmental unit of | described in | | | |
| 6 | | A federal, state, or local gov | ernment or governme | ental unit described in s | ection 1 | 70(b)(1) |)(A)(v). | | | | |
| 7 | | | | | | | | | | | |
| 8 | | A community trust described | in section 170(b)(1)(| A)(vi). (Complete Part | II.) | | | | | | |
| 9 | | An agricultural research organi or university or a non-land-gran | ization described in sec nt college of agriculture | tion 170(b)(1)(A)(ix) oper | ated in c | ne, city, | | | | | |
| 10 | | An organization that normally r from activities related to its investment income and unre June 30, 1975. See section | exempt functions—sub lated business taxable | oject to certain exception | ons. and | (2) no i | more than 33-1/3% of | its support from gross | | | |
| 11 | | An organization organized a | nd operated exclusive | ely to test for public saf | ety. See | section | 1 509(a)(4). | | | | |
| 12 | | An organization organized at or more publicly supported o lines 12a through 12d that de | rganizations describe | d in section 509(a)(1) d | r sectio | n 509(a |)(2). See section 509(| (a)(3). Check the box in | | | |
| а | | Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A | on operated, supervise gularly appoint or elect | | | | | | | | |
| b | | Type II. A supporting organize management of the supporting must complete Part IV, Sect | organization vested in | ontrolled in connection the same persons that c | with its ontrol or | support manage | ted organization(s), by the supported organiza | y having control or ation(s). You | | | |
| С | | Type III functionally integrated | . A supporting organizat | ion operated in connectio | n with, a | nd function | onally integrated with, its | s supported | | | |
| d | | organization(s) (see instructi | ons). You must comp rated. A supporting org | olete Part IV, Sections anization operated in col | A, D, an nnection | d E. with its s | supported organization(| s) that is not | | | |
| е | | functionally integrated. The cinstructions). You must com Check this box if the organiz | ation received a writt | en determination from | the IRS | | | | | | |
| f | Εı | integrated, or Type III non-funter the number of supported | | | | | | | | | |
| | | | | | | | | | | | |
| | i) N | ovide the following informationame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | in your g | s the tion listed poverning ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| <u>(E)</u> | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | • | • | | |
|--------------|---|---|--|--|---|--|--------------------------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 3,026,899. | 2,923,561. | 2,721,663. | 3,179,410. | 2,954,776. | 14,806,309. |
| 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 | 3,026,899. | 2,923,561. | 2,721,663. | 3,179,410. | 2,954,776. | 14,806,309. |
| 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) | | | | | | 182,348. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 14,623,961. |
| Sec | tion B. Total Support | | | | | | 11,020,301. |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 3,026,899. | 2,923,561. | 2,721,663. | 3,179,410. | 2,954,776. | 14,806,309. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,382. | 2,104. | 1,804. | 1,779. | 1,930. | 9,999. |
| 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. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 14,816,308. |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | 12 | 57,189. |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization | n's first, second, th | ird, fourth, or fifth | tax year as a section | on 501(c)(3) | ▶ □ |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | |
| 14 | Public support percentage for 20 | 019 (line 6, colum | n (f) divided by lir | ne 11, column (f)) |) | 14 | 98.70% |
| 15 | Public support percentage from | 2018 Schedule A, | Part II, line 14 | | | | 99.32 % |
| 16a | 33-1/3% support test—2019. If t and stop here. The organization | he organization di qualifies as a pul | id not check the b blicly supported o | oox on line 13, an rganization | d line 14 is 33-1/3 | 3% or more, check | k this box |
| b | 33-1/3% support test—2018. If the and stop here. The organization | ne organization did n qualifies as a pu | d not check a box blicly supported c | on line 13 or 16a or 16a or 16a | a, and line 15 is 3 | 3-1/3% or more, o | check this box |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test, check this | box and stop he | re. Explain in Par | t VI how |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an | est-2018. If the or meets the 'facts-a d-circumstances' | rganization did no and-circumstance test. The organiza | ot check a box on s' test, check this ation qualifies as | line 13, 16a, 16b box and stop he a publicly support | , or 17a, and line re. Explain in Par ted organization | 15 is 10% t VI how the ► |
| 18 | Private foundation. If the organi | | | | | | |

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 | | prodes semprete . | <u></u> | | | |
|--------|---|-------------------------|---------------------------------------|-------------------|----------------------|--------------------|------------------|
| Calend | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) | ., | ., | • | | , | |
| 2 | Gross receipts from admissions, merchandise sold or services 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.) | | | | | | |
| | tion B. Total Support | | 1 | | T | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | 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 | | | | | | |
| | 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 | · · · · · · · · · · · · · · · · · · · | | | | |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | • | | | • | | % |
| | Public support percentage from 2 | | | | | 16 | % |
| Sec | tion D. Computation of Inv | estment Incor | ne Percentage |) | | | |
| 17 | Investment income percentage for | • | • • • | - | | | % |
| 18 | Investment income percentage fi | | | | | <u> </u> | olo |
| | 33-1/3% support tests—2019. If t is not more than 33-1/3%, check | this box and sto | p here. The organ | ization qualifies | as a publicly supp | orted organization | ▶ ∐ |
| | 33-1/3% support tests—2018. If t line 18 is not more than 33-1/3% Private foundation. If the organization | , check this box | and stop here. The | e organization qu | ialifies as a public | ly supported organ | ization ► |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | Yes | No |
|-----|---|--------------|-----|----|
| 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. | 1 | | |
| 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 | | | |
| 2- | described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) | | | |
| | and (c) below. | 3a | | |
| 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. | 3b | | |
| С | 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. | 3c | | |
| 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. | 4a | | |
| 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. | 4b | | |
| 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. | 4c | | |
| 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). | 5a | | |
| 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 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). | 7 | | |
| 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). | 8 | | |
| 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 . | 9a | | |
| 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 . | 9b | | |
| 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 . | 9с | | |
| 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. | 10a | | |
| 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.) | 1 0 b | | |

| Par | t IV | Supporting Organizations (continued) | | | |
|----------|----------------|--|---------|---------|----|
| 11 | ∐ac t | the organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| | | rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | gover | rning body of a supported organization? | 11a | | |
| b | A fan | nily member of a person described in (a) above? | 11b | | |
| | | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion l | B. Type I Supporting Organizations | | | |
| 1 | Did th | ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint | | Yes | No |
| • | or ele | ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'l\0,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove | | | |
| | direct | tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ied to such powers during the tax year. | 1 | | |
| 2 | Did th | he organization operate for the benefit of any supported organization other than the supported organization(s) | | | |
| | bene | operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sec | tion (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | of ea | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | | D. All Type III Supporting Organizations | | | |
| <u> </u> | (1011 1 | 2. All Type III Supporting Siguinzations | | Yes | No |
| | | | | | |
| 1 | Did the organ | he organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| | | | | | |
| 2 | Were | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> | | | |
| | the o | organizatión maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | voice | eason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at | | | |
| | | mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard. | 3 | | |
| Sec | tion l | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check | k 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 | \equiv | The organization satisfied the victivities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | H | The organization is the parent of each of its supported organizations. Complete time 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | netruo | tions) | |
| | . П. | The organization supported a governmental entity. Describe in Fair Vi now you supported a government entity (see in | isti ac | 110113) | • |
| 2 | Activi | ities Test. Answer (a) and (b) below. | | Yes | No |
| а | suppo orgai | substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was | | | |
| | | onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities. | 2a | | |
| b | | he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for | | | |
| | the o | organization's position that its supported organization(s) would have engaged in these activities but for the initialization's involvement. | 2b | | |
| 2 | | | | | |
| | | nt of Supported Organizations. Answer (a) and (b) below. he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of | | | |
| a | each | of the supported organizations? Provide details in Part VI. | За | | |
| b | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| Sche | dule A (Form 990 or 990-EZ) 2019 Miller Theatre Advisory Board, | Inc. | 23-70 | 58964 | Page (|
|------|--|----------------|--|------------------------------------|--------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | anizat | ions | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization | st on No | ov. 20, 1970 (explain in st complete Sections A | Part VI). See through E. | |
| Sec | tion A — Adjusted Net Income | | (A) Prior Year | (B) Current Y (optional) | |
| 1 | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3. | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Sec | tion B — Minimum Asset Amount | (A) Prior Year | (B) Current Y (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | t | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| | Fair market value of other non-exempt-use assets | 1c | | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 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 | | | |
| Sec | tion C — Distributable Amount | | | Current Ye | ar |
| 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 emergency temporary reduction (see instructions). | 6 | | | |

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

Schedule A (Form 990 or 990-EZ) 2019

BAA

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | |
|-----|--|--------------|
| Sec | tion D – Distributions | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2019 from Section C, line 6 | |
| 10 | Line 8 amount divided by line 9 amount | |

| Section E — Distribution Allocations (see instructions) | Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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. OMB No. 1545-0047

2019

Employer identification number

| Mille | r Theatre Adv | isory Board, Inc. | 23-7058964 |
|-----------|--|--|--|
| | ation type (check one | | |
| Filers of | : | Section: | |
| Form 99 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | วท |
| Form 99 | 0-PF | 527 political organization | |
| | | 501(c)(3) exempt private foundation | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | | 501(c)(3) taxable private foundation | |
| - | - | ered by the General Rule or a Special Rule .), (8), or (10) organization can check boxes for both the General Rule and a S | pecial Rule. See instructions. |
| General | Rule | | |
| | | ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribution of the c | |
| Special | Rules | | |
| X | under sections 509(a) received from any of | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 0(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin ne contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | e 13, 16a, or 16b, and that |
| | during the year, tota | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recell contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III. | |
| | during the year, cor \$1,000. If this box is charitable, etc., pur | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive intributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such consist checked, enter here the total contributions that were received during the year pose. Don't complete any of the parts unless the General Rule applies to this <i>usively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the | tributions totaled more than r for an <i>exclusively</i> religious, organization because |
| Caution: | : An organization that | isn't covered by the General Rule and/or the Special Rules doesn't file Sched | ule B (Form 990, 990-EZ, or |

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) (2019)

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Miller Theatre Advisory Board, Inc. Employer identification number

23-7058964

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
|------------|---|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>100,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$100,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$2,479,202. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ - - | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

BAA

1

Employer identification number

Miller Theatre Advisory Board, Inc

23-7058964

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I

Name of organization Miller Theatre Advisory Board, Inc. Employer identification number

23-7058964

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., | | | | | |
|---------------------------|--|---|--|--|--|--|
| | contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional | (Enter this information once. S | | | | |
| (a) No. from Part I | (b) (c) Purpose of gift Use of gift | | | (d) Description of how gift is held | | |
| | <u>N/A</u> | | | | | |
| | | | | | | |
| | Transferee's name, addres | (e) Transfer of gift ss, and ZIP + 4 | Relationship 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 | t Relationship 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 | Relationship of transferor to transferee | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 | | | ntionship of transferor to transferee | | |
| | | | | | | |
| | | | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • 5 | Section 50 | 1(c)(4), (5), or (6) o | organizations: Complete Part III. | | | | |
|-----|---|------------------------|---|-----------------------------|--|--|--|
| | of organization | | , | | Employer identification | ation number | |
| Mi] | ller Th | eatre Adviso | ry Board, Inc. | | 23-705896 | 4 | |
| Par | t I-A Co | omplete if the or | rganization is exempt under section | on 50 1(c) or is a s | section 527 organia | zation. | |
| 1 | | | organization's direct and indirect political of | campaign activities in | Part IV. | | |
| _ | • | | n of 'political campaign activities') | | . . | | |
| | | , , | xpenditures (see instructions) | | • | | |
| | | | campaign activities (see instructions) | | | | |
| | | <u> </u> | rganization is exempt under section | , , , , | . . | | |
| _ | | | ise tax incurred by the organization under | | | | |
| 2 | | | tise tax incurred by organization managers | | | | |
| | _ | | a section 4955 tax, did it file Form 4720 for | - | | | |
| | | | | | | Yes No | |
| | | lescribe in Part IV. | | | 5047.370 | | |
| | | • | rganization is exempt under section | , , , | , , , , | | |
| | | - | pended by the filing organization for section | · | · | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | | | | | | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b | | | | | | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | | | | | |
| 5 | | | | | | | |
| | (٤ |) 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 Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

| Part II-A Complete if section 501(| the organization | on is exempt under sec | ction 501(c)(3) and | l filed Form 5768 (el | ection under |
|--|-------------------------------------|---|------------------------------|----------------------------------|------------------------------------|
| | | ngs to an affiliated group (and | list in Part IV each affilia | ated group member's name | <u>,</u> |
| | | nd share of excess lobbying | | | |
| B Check ► if the filir | ng organization ch | ecked box A and 'limited cor | ntrol' provisions apply. | | |
| (The term | Limits on Lobb 'expenditures' me | oying Expenditures eans amounts paid or incurr | red.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expendit | ures to influence p | public opinion (grassroots lob | bying) | | |
| | | legislative body (direct lobb | | | |
| , , , | • | and 1b) | | | |
| | | lines 1c and 1d) | | | |
| | | | | | |
| | | mount from the following tab | | | |
| If the amount on line 1e, col | umn (a) or (b) is: | The lobbying nontaxable | amount is: | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | |
| Over \$500,000 but not over \$1 | • | \$100,000 plus 15% of the excess | | | |
| Over \$1,000,000 but not over \$ | | \$175,000 plus 10% of the excess | | | |
| Over \$1,500,000 but not over \$ | 517,000,000 | \$225,000 plus 5% of the excess of | over \$1,500,000. | | |
| Over \$17,000,000 | amount (enter 25% | \$1,000,000. 6 of line 1f) | | | |
| • | • | ss, enter -0 | | | |
| _ | | ss, enter -0- | | | |
| j If there is an amount other | er than zero on eithe | er line 1h or line 1i, did the org | anization file Form 4720 | reporting | Yes No |
| | | | | | |
| (Som | | 4-Year Averaging Period Unat made a section 501(h) elelow. See the separate insti | ection do not have to | | |
| | Lob | bying Expenditures During | 4-Year Averaging Peri | od | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (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 | | | | | ı 990 or 990-EZ) 2019 |

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| (| | | |
|--|--------|------|--------|
| | (a | 1) | (b) |
| or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity. | Yes | No | Amount |
| 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? | | Χ | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Х | |
| c Media advertisements? | | Χ | |
| d Mailings to members, legislators, or the public? | | Χ | |
| e Publications, or published or broadcast statements? | | Χ | |
| f Grants to other organizations for lobbying purposes? | Х | | 6,000. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | Χ | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Χ | |
| i Other activities? | | Χ | |
| j Total. Add lines 1c through 1i | | | 6,000. |
| 2a 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 | |
| | | | 37 |

F

| | | | 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 | 2a | |
| | b Carryover from last year | 2b | |
| | 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 | |

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 affects the Arts in Texas.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

| | Miller Theatre Advisory Boa | ard, Inc. | | 23-70 | 58964 | |
|------|---|---|----------------------------------|--|--|-----|
| Par | t Organizations Maintaining Dono | r Advised Funds or Other | Similar Fui | nds or Accounts. | | _ |
| | Complete if the organization answ | vered 'Yes' on Form 990, F | Part IV, line | 6. | | |
| - | | (a) Donor advised fund | ds | (b) Funds and | other accounts | |
| 1 | Total number at end of year | | | • | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | - | |
| 5 | Did the organization inform all donors and dor are the organization's property, subject to the | | | | Yes No | |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing to of the donor or donor advisor, or | that grant fund for any other | ds can be used only purpose conferring | Yes ∏ No | |
| Par | | | | L | | |
| ı aı | Complete if the organization answers | wered 'Yes' on Form 990, F | Part IV, line | · 7. | | |
| 1 | Purpose(s) of conservation easements held by | | | | | _ |
| | Preservation of land for public use (for example) | ole, recreation or education) | Preservati | ion of a historically im | portant land area | |
| | Protection of natural habitat | • | Preservati | ion of a certified histor | ic structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization h | neld a qualified conservation contribu | ution in the for | m of a conservation eas | ement on the | |
| | last day of the tax year. | · | | | | |
| | | | | | e End of the Tax Yea | ır |
| | Total number of conservation easements | | | | | |
| | Total acreage restricted by conservation easer | | | | | |
| | : Number of conservation easements on a certif | | ` ' | | | |
| C | Number of conservation easements included in structure listed in the National Register | n (c) acquired after 7/25/06, and i | not on a histo | ric 2 d | | |
| 3 | Number of conservation easements modified, tran | | | | he | — |
| • | tax year ► | Storrou, rotousou, extinguisticu, et e | ommatod by t | and organization daring t | | |
| 4 | Number of states where property subject to conse | rvation easement is located > | | | | |
| 5 | Does the organization have a written policy re | | nspection, ha | ndling of violations, | | |
| | and enforcement of the conservation easemer | nts it holds? | | | Yes No | |
| 6 | Staff and volunteer hours devoted to monitoring, i | nspecting, handling of violations, ar | nd enforcing co | onservation easements d | uring the year | |
| 7 | Amount of expenses incurred in monitoring, inspe | cting, handling of violations, and en | forcing conser | vation easements during | the year | |
| | ▶ \$ | | | | | |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | | | _ | Yes No | |
| 9 | In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements. | orts conservation easements in it to the organization's financial state | s revenue and ements that o | d expense statement a describes the organiza | and balance sheet, a tion's accounting for | ınd |
| Par | t III Organizations Maintaining Colle | ctions of Art, Historical Tre | easures. or | Other Similar As | sets. | |
| . u. | Complete if the organization answ | wered 'Yes' on Form 990, F | Part IV, Íine | e 8. | | |
| 1 a | If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia | ld for public exhibition, education | , or research | tatement and balance in furtherance of public | sheet works of art, c service, provide in | |
| ŀ | If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items: | or public exhibition, education, or res | search in furthe | erance of public service, | , provide the | |
| | (i) Revenue included on Form 990, Part VIII, | | | | | |
| | (ii) Assets included in Form 990, Part $X \dots$ | | | | | |
| | If the organization received or held works of art, hamounts required to be reported under FASB | ASC 958 relating to these items: | | | - | |
| | Revenue included on Form 990, Part VIII, line | 1 | | | | |
| L | Accete included in Form 990 Part Y | | | ▶ ċ | <u> </u> | |

| Part III Organizations Maintaining Col | ections of Art, Histo | ricai Treasures, or | Otner Similar Ass | s ets (continuea) |
|--|--|---------------------------------------|----------------------------|--------------------------|
| 3 Using the organization's acquisition, accession, items (check all that apply): | and other records, check a | ny of the following that m | ake significant use of its | collection |
| a Public exhibition | d Loan o | or exchange program | | |
| b Scholarly research | e Other | | | |
| c Preservation for future generations | | | | |
| 4 Provide a description of the organization's collection Part XIII. | ctions and explain how they | further the organization's | s exempt purpose in | |
| 5 During the year, did the organization solicit of to be sold to raise funds rather than to be m | aintained as part of the o | rganization's collection? | ? | Yes No |
| Part IV Escrow and Custodial Arrange line 9, or reported an amount o | ments. Complete if t n Form 990, Part X, | he organization ans line 21. | swered 'Yes' on Fo | rm 990, Part IV, |
| 1 a Is the organization an agent, trustee, custod on Form 990, Part X? | ian or other intermediary | for contributions or othe | er assets not included | Yes No |
| b If 'Yes,' explain the arrangement in Part XIII | and complete the following | ng table: | | |
| | | | | Amount |
| c Beginning balance | | | 1с | |
| d Additions during the year | | | 1 d | |
| e Distributions during the year | | | 1 e | |
| f Ending balance | | | 1f | |
| 2a Did the organization include an amount on F | orm 990, Part X, line 21, | for escrow or custodial | account liability? | Yes No |
| b If 'Yes,' explain the arrangement in Part XIII | | | | |
| | · | · | | |
| Part V Endowment Funds. Complete i | f the organization an | swered 'Yes' on Fo | rm 990. Part IV. lii | ne 10. |
| (a) Curre | | | | (e) Four years back |
| 1 a Beginning of year balance | (.,, , | (0) | (., | (0) |
| 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 percentage of the curr | ent year end balance (lin | e 1g, column (a)) held | as: | ! |
| a Board designated or quasi-endowment ► | % | . , , | | |
| b Permanent endowment ► | % | | | |
| c Term endowment ► % | | | | |
| The percentages on lines 2a, 2b, and 2c should | egual 100% | | | |
| | · | | | |
| 3 a Are there endowment funds not in the possession organization by: | on of the organization that a | are held and administered | for the | Yes No |
| (i) Unrelated organizations | | | | 3a(i) |
| (ii) Related organizations | | | | 3a(ii) |
| b If 'Yes' on line 3a(ii), are the related organiz | | | | 3b |
| 4 Describe in Part XIII the intended uses of the | - | | | . 35 |
| Part VI Land, Buildings, and Equipmen | | it fullus. | | |
| | | ~ 000 Dort IV line | 11a Saa Farm 00 | 10 Dort V line 10 |
| Complete if the organization an | | · · · · · · · · · · · · · · · · · · · | 11a. See Form 99 | |
| Description of property | (a) Cost or other basis | (b) Cost or other | (c) Accumulated | (d) Book value |
| 1 e Land | (investment) | basis (other) | depreciation | |
| 1 a Land. | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must | equal Form 990, Part X, o | column (B), line 10c.) | | 0. |

BAA Schedule D (Form 990) 2019

BAA

| Complete if the organization answere (a) Description of security or category (including name of security) | (b) Book value | | ation: Cost or end-of-year market value |
|--|---|--------------------------|---|
|) Financial derivatives | ` ' | (0) | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| | - | | |
| A) B) C) D) E) | | | |
| <u>"</u> | - | | |
| <u>" </u> | | | |
| <u>′</u> | _ | | |
| | | | |
| -) | - | | |
| <u>3)</u> | _ | | |
| | _ | | |
| l) | | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | 27./2 | |
| Part VIII Investments – Program Related. Complete if the organization answere | d 'Vas' on Form 991 | N/A Deart IV line 11c | See Form 990 Part Y line 1 |
| (a) Description of investment | (b) Book value | (c) Method of valuation | on: Cost or end-of-year market value |
| | (b) Dook value | (c) motilod of valuation | on Jose of Gha of year market value |
| (1) | + | | |
| (2) | + | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | | | |
| 10) | | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | | | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. | N/A | Part IV line 11d | Soo Form 990 Part V Jino 15 |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere | N/A d 'Yes' on Form 990 |), Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D | N/A |), Part IV, line 11d. | See Form 990, Part X, line 15 |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D | N/A d 'Yes' on Form 990 | D, Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answere (a) D (1) (2) | N/A d 'Yes' on Form 990 | D, Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 |), Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 | D, Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 | D, Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 |), Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 | D, Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 | D, Part IV, line 11d. | |
| Otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 | D, Part IV, line 11d. | |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 escription | O, Part IV, line 11d. | (b) Book value |
| otal. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N/A d 'Yes' on Form 990 escription | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answere) Other Assets. Complete if the organization answered 'Yes' on | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answere) Other Assets. Complete if the organization answered 'Yes' on | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (c) complete if the organization answered 'Yes' on | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column Otal. (The Column (b) must equal Form 990, Part X, column (b | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column Complete if the organization answered 'Yes' on Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (a) Descential income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (a) Descential income taxes (b) (c) (d) (d) (d) (d) (d) (e) (f) (g) | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19) | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (b) Complete if the organization answere (a) D (c) Complete if the organization answere (b) D (d) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answere (c) Complete if the organization answered (c) Complete if | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |
| Other Assets. Complete if the organization answere (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column Cart X Other Liabilities. Complete if the organization answered 'Yes' on (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19) | N/A d 'Yes' on Form 990 escription (B) line 15.) | O, Part IV, line 11d. | (b) Book value |

| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn. | |
|--|--------|------------|
| 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 | 2,972,028. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | | |
| 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. | 2 e | |
| 3 Subtract line 2e from line 1 | 3 | 2,972,028. |
| 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 | | |
| b Other (Describe in Part XIII.) | | |
| c Add lines 4a and 4b. | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | 5 | 2,972,028. |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Returr | 1. |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | 1 | 3,053,378. |
| 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. | 2 e | |
| 3 Subtract line 2e from line 1. | 3 | 3,053,378. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | | |
| b Other (Describe in Part XIII.) 4b | | |
| c Add lines 4a and 4b. | 4 c | |
| | 4 c | 3,053,378. |

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

| Name of the organization | | | | | | Employer identification | cation number |
|---|------------------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Miller Theatre Advisory Boa | ard, Inc. | | | | | 23-70589 | 64 |
| Part I General Information on Gr | | ance | | | | • | |
| Does the organization maintain records the selection criteria used to award the Describe in Part IV the organization's pro | e grants or assistan | ce? | | | | art IV | X Yes No |
| Part II Grants and Other Assistar | nce to Domestic | Organizations | and Domestic Gove | ernments. Comple | te if the organizat | ion answered '\ | es' on |
| Form 990, Part IV, line 21, | | | | | | | |
| 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 | | | | | | | |
| 10782 Bellaire Ste A | | | | | | | |
| Houston, TX 77072 | 76-0668169 | 501(c)(3) | 14,000. | 0. | | | East Meets West |
| (2) Dance of Asian America | | | | | | | |
| 10782_Bellaire_Ste_A | | | | | | | |
| Houston, TX 77072 | 76-0668169 | 501(c)(3) | 35,000. | 0. | | | Splendid China |
| (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) | 50,000. | 0. | | | Chicano |
| (5) HITS Theatre | | | | | | | |
| 311 W. 18th St | | | | | | | |
| Houston, TX 77008 | 74-2118224 | 501(c)(3) | 82,000. | 0. | | | Anything Goes |
| (6) Houston Grand Opera | | | | | | | |
| 510 Preston St | | | | | | | |
| Houston, TX 77002 | 74-6016764 | 501(c)(3) | 137,000. | 0. | | | La Boheme |
| (7) Houston Shakespeare Fest | | | | | | | |
| University of Houston | | | | | | | Julius Caesar & |
| Houston, TX 77204 | 74-6001399 | 501(c)(3) | 100,000. | 0. | | | As You Like It |
| (8) Houston Symphony | | | | | | | |
| 615 Louisiana Ste 102 | | | | | | | Summer Symphony |
| Houston, TX 77002 | 74-1157373 | 501(c)(3) | 180,000. | 0. | | | Nights |
| 2 Enter total number of section 501(c)(3 | 3) and government o | rganizations listed | in the line 1 table | | | | 38 |
| 2 Enter total number of other organizati | one listed in the line | 1 table | | | | | |

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. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Grants paid to producing organizations and theatre production expenditures/expenses include grants made to producing organizations to provide programs at Miller Outdoor Theatre. To be eligible to receive such grants, producing organizations must produce programs and submit reports of allowable costs.

Upon completion of a production, a final production expense report must be submitted that documents all of the production expenses. 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.

2019

Continuation Page 1 of 3

Name of the organization

Miller Theatre Advisory Board, Inc.

Employer identification number
23-7058964

| Part II Continuation of Grants and | | | | 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 |
| Institute of Hispanic Culture | | | | | | | |
| 3315_Sul_Ross | | | | | | | Dia de la |
| Houston, TX 77098 | 23-7040494 | 501(c)(3) | 25,000. | | | | Hispanidad |
| Mercury Baroque Ensemble | | | | | | | |
| 3100 Timmons #201 | | | | | | | Bach & |
| Houston, TX 77027 | 76-0663007 | 501(c)(3) | 14,500. | | | | Piazzolla |
| WindSync | | | | | | | |
| 220 Westmoreland | | | | | | | A Trip to the |
| Houston, TX 77006 | 45-4879222 | 501(c)(3) | 10,000. | | | | Moon |
| Soc For Performing Arts | | | | | | | |
| 615 Louisiana St. #100 | | | | | | | Flor De |
| Houston, TX 77002 | 74-6077505 | 501(c)(3) | 10,000. | | | | Toloache |
| Stages Inc. | | | | | | | |
| 3201 Allen Parkway Suite 101 | | | | | | | Life Could be |
| Houston, TX 77019 | 74-2090278 | 501(c)(3) | 20,000. | | | | Dream |
| Texas Folklife Resources | | | | | | | |
| 1708 Houston St. | | | | | | | Accordion Kin |
| Austin, TX 78756 | 74-2360058 | 501(c)(3) | 21,000. | | | | & Queens |
| Theatre Under the Stars | | | | | | | |
| 800 Bagby Ste. 200 | | | | | | | Seusical the |
| Houston, TX 77002 | 74-1621647 | 501(c)(3) | 190,000. | | | | Musical |
| Texas Medical Ctr Orchestra | | | | | | | |
| PO Box 980983 | | | | | | | Dream of |
| Houston, TX 77027 | 76-0669727 | 501(c)(3) | 14,500. | | | | America |
| Express Theatre | | | | | | | Various |
| _4800 W. 34th, #C3 | | | | | | | children's |
| Houston, TX 77092 | 76-0392202 | 501(c)(3) | 19,000. | | | | programs |
| Houston Grand Opera | | | | | | | Various |
| 510 Preston | | | | | | | children's |
| Houston, TX 77002 | 74-6016764 | 501 (c) (3) | 9,000. | | 1 | 1 | programs |

TEEA4001L 07/10/19

Schedule I Cont (Form 990) 2019

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.

2019

Continuation Page 2 of 3

Name of the organization

Millor Thoatro Advisory Poard Inc.

Employer identification number

| Traine of the organization | | | | | | | |
|---|----------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| Miller Theatre Advisory Boar | | | | | | 23-705896 | |
| Part II Continuation of Grants and | Other Assistar | | c Organizations an | d Domestic Gover | nments. (Schedu | ıle 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 |
| Hou Metro Dance Center | | | | | | | |
| 2808 Caroline | | | | | | | Sizzling summer |
| Houston, TX 77004 | 76-0470269 | 501(c)(3) | 14,000. | | | | dance |
| TUTS / Humphreys School | | | | | | | |
| 800 Bagby Ste. 200 | | | | | | | |
| Houston, TX 77002 | 74-1621647 | 501(c)(3) | 27,000. | | | | Addams Family |
| <u> Hou Metro Dance Center</u> | | | | | | | |
| _ <u>2808 Caroline</u> | | | | | | | |
| Houston, TX 77004 | 76-0470269 | 501(c)(3) | 6,000. | | | | Moving Myths |
| _ <u>Indian Performing Arts</u> | | | | | | | |
| 8030_Oakington | | | | | | | Incredible |
| Houston, TX 77071 | 26-0874986 | 501(c)(3) | 13,500. | | | | India |
| <u> Foundation for Modern Music</u> | | | | | | | |
| <u> 3601 S. Sandman #210 </u> | | | | | | | |
| Houston, TX 77098 | 76-0179000 | 501(c)(3) | 13,500. | | | | Salsa y Salud |
| _ <u>Indian_Performing_Arts</u> | | | | | | | |
| 8030_Oakington | | | | | | | |
| Houston, TX 77071 | 26-8074986 | 501(c)(3) | 13,500. | | | | AAJA |
| <u> River Oaks Chamber Orchestra</u> | | | | | | | |
| _ <u>1934 West Gray, #311</u> | | | | | | | |
| Houston, TX 77019 | 30-0288750 | 501(c)(3) | 14,500. | | | | ROCO in Concert |
| Young Audiences of Houston | | | | | | | Various |
| <u> 4550 Post Oak Place #230 </u> | | | | | | | children's |
| Houston, TX 77027 | 74-6082602 | 501(c)(3) | 9,400. | | | | programs |
| <u>American Festival for the Art</u> | | | | | | | |
| _ <u>1718 Lubbock, #A</u> | | | | | | | AFA Summer |
| Houston, TX 77007 | 76-0460311 | 501(c)(3) | 7,500. | | | | Music Festival |
| <u> Houston Chamber Choir</u> | | | | | | | |
| _ <u>PO Box_53388</u> | | | | | | | Jukebox |
| Houston, TX 77052 | 76-0480936 | 501(c)(3) | 12,000. | | | | Saturday Night |

TEEA4001L 07/10/19

Schedule I Cont (Form 990) 2019

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.

2019

Continuation Page 3 of 3

Name of the organization

Miller Theatre Advisory Board, Inc.

Employer identification number 23–7058964

| Miller Theatre Advisory Boa: Part II Continuation of Grants and | | ce to Domestic | Organizations an | d Domestic Gover | nments (Schedi | 23-705896 (Form 990) | |
|--|------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| (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 |
| Moksh Community Arts 15700 Lexington Blvd, #902 Sugar Land, TX 77478 | 30-0940197 | 501 (c) (3) | 10,000. | | | | Houston's Got Bollywood |
| Asia Society Texas Center 1370 Southmore Houston, TX 77004 | 03-0433949 | | 10,000. | | | | Grand Tapestry |
| Houston Ind. School Dist. 4400 18th St. Houston, TX 77092 | 74-6001255 | | 9,500. | | | | HISD Finearts Extravaganza |
| Wildfish Theatre 1703 D, Post Oak Blvd. Houston, TX 77056 | 47-2052914 | | 6,700. | | | | Junie B |
| Aperio | 20-4340870 | | 12,000. | | | | Aguas De |
| Community Music Center PO Box 8363 Houston, TX 77004 | 76-0085877 | | 13,000. | | | | Familly Funk Festival |
| | 76-1232578 | | 13,000. | | | | Mingus Big Band |
| Houston Ctr Afterschool Jazz 6657 Merry Lane Houston, TX 77023 | 27-2241181 | | 13,000. | | | | Houston Jazz Festival |
| Mexican Institute 4601 Caroline St. Houston, TX 77004 | 76-0375543 | | 33,700. | | | | Lunada |
| Houston Symphony 615 Louisiana #102 Houston, TX 77002 | 74-1157373 | | 10,000. | | | | Symphonic Spooktacular |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Miller Theatre Advisory Board, Inc.

Employer identification number

23-7058964

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 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

Mod. Accrual