SCANNED MAR 2 8 2019

Preparer

Use Only

Firm's name

Firm's address

Form **990**

2949304706315 Change of Accounting Period

Return of Organization Exempt From Income Tax

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

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

<u>A</u>	For the	2017 calend	dar year, or tax year beginning $7/01$, 2017, and ending	12/31		2017	
В	Check if a	pplicable	C	D Emple	oyer identifi	cation number	
	Addre	ess change	Houston Arts Alliance	74-	-19467	56	
	-	e change	3201 Allen Parkway #250		hone numbe		
	\vdash	-	Houston, TX 77019				
	Initial	il return	nouscon, in 77013	/1.	<u>3-527-</u>	9330	
	Final re	return/termmated					
	Amer	nded return		G Gross	receipts \$	10,086,265.	
	Apple	ication pending	F Name and address of principal officer John Abodeely	(a) Is this a group reti	urn for subor	rdinates? Yes X No	
	ш		Same As C Above	(b) Are all subordinate 7 If 'No,' attach a lis	es included?	Yes No	
$\overline{}$	Tay eve	empt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527	If 'No,' attach a lis	t (see instri	uctions) — —	
÷							
<u>J</u>	Webs			(c) Group exemption			
K		f organization	X Corporation Trust Association Other ► I L Year of formation	1977 M	State of leg	al domicile TX	
Pa	Till .	Summar	/				
	1 Br	riefly describ	be the organization's mission or most significant activities Houston Art	<u>s Alliance</u>	<u> (HAA</u>	<u>) promotes, </u>	
a	е	ncourag	es and sustains the development of arts and cul	ture in Ho	uston	and Harris	
2	C	County,	serving the diverse communities and visitors to	the regio	n.		
Governance	-	-					
Ş	2 CH	heck this bo	x I if the organization discontinued its operations or disposed of more	than 25% of its	net asse	ets	
မ	3 Nu		ting members of the governing body (Part VI, line 1a)		3	34	
વ્ય		umber of inc	dependent voting members of the governing body (Part VI, line 1b)		4	34	
<u>e</u>	5 To	otal number	of individuals employed in calendar year 2017 (Part V, line 2a)		5	28	
₹	6 To	otal number	of volunteers (estimate if necessary)		6	0	
Activities &	7a To	otal unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.	
_	b Ne	et unrelated	business taxable income from Form 990-T, line 34		7b	0.	
_				Prior Year	,——	Current Year	
	8 C	ontributions	and grants (Part VIII, line 1h)	6,999,		9,605,547.	
ne			ce revenue (Part VIII, line 2g)	2,180,		265,647.	
Revenue		~	· · · · · · · · · · · · · · · · · · ·		779.	23,450.	
ē	11 Ot	ther revenue	cone (Par R/III, column (A), lines 5, 1 4, and 7d) (Fart VIII, column (A), lines 5 , 6d, 3 c, 9c, 10c, and 11e)	-99,810.			
	12 To	ntal revenue	- att lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,125,		9,894,644.	
_	13 Gr	ranta and au	milar amounts Baid (flar Mycolymp (A), lines 1-3)				
	13 GI		this amounts paid (day hydrodium (A), lines 1-3)	4,102,	302.	4,188,354.	
	14 Be	enerits paid	to pr fpr members (Part IX, column (A), line 4)	 			
u)	1 5 Sa	alaries, othe	r dompensarian, amployee benefits (Part IX, column (A), lines 5-10)	1,881,	384.	665,857.	
Se	16a Pr	rofessional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undressing fees (Part IX, column (A), line 11e)				
Expenses			ing expenses (Part IX, column (D), line 25) ► 50,700.				
Ã			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2 057	601	F07 100	
		-		2,957,		587,190.	
			s Add lines 13-17 (must equal Part IX, column (A), line 25)	8,941,		5,441,401.	
_	19 Re	evenue less	expenses Subtract line 18 from line 12	183,		4,453,243.	
ð 8				Beginning of Curre		End of Year	
alar			Part X, line 16)	5,040,		11,645,646.	
\$9 8	21 To	otal liabilities	(Part X, line 26)	1,684,	088.	3,834,019.	
Net Assets or Fund Balances	22 Ne	et assets or	fund balances Subtract line 21 from line 20	3,356,	582.	7,811,627.	
	rtill a	Signature	Block				
				hest of my knowledge	e and helief	it is true correct, and	
comp	lete Decla	ration of prepar	clare that I have examined this return, including accompanying schedules and statements, and to the α (other than officer) is based on all information of which preparer has any knowledge			4	
				7	112		
c:~	ın	Signature	e of officer	Date	-/ ^	/ 17	
Sig He	jil PA	ļ. ·	1 /1	CEO		<i>l</i> ' '	
110	· ·	Jonn Type or	Abodeely print name and title	CEO			
				- [2]	X _{if} PT	'IN	
		1	eparer's name Date		<u>) " </u>		
Pai	d	Jody B	lazek 1.29	• / 4 self employ	∕ed Pf	00072674	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Blazek & Vetterling

2900 Weslayan, Suite 200 Houston, TX 77027-5132

TEEA0113L 08/08/17

Phone no

Form 990 (2017)

No

Firm's EIN ► 76-0269860

(713) 439-5739

X Yes

	n 990 (2017) Houston Arts Alliance	74-194	6756	1	Page 2				
(<u>P</u> a	Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III				Х				
1	Briefly describe the organization's mission								
	See Schedule O								
		 -							
	Did the organization undertake any significant program services during the year which were not listed on the pr	ior	 -						
	Form 990 or 990-EZ?		☐ Yes	X	No				
	If 'Yes,' describe these new services on Schedule O		ш						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Ye:	s X	No				
	If 'Yes,' describe these changes on Schedule O			_					
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense and revenue, if any, for each program service reported								
4 8	(Code) (Expenses \$ 4,196,656. including grants of \$ 3,976,467.)	Revenue \$)				
	HAA manages the City of Houston's competitive Arts Grants Progra		a co	ntrac	et e				
	with the City; awarding over 200 grants totaling \$3,976,467 thro	ugh a pe	er re	view					
	panel process which awards on key elements such as artistic/cult								
	development & community outreach, cultural tourism impact, and t	<u>he admin</u>	<u>istra</u>	<u>tive</u>	and				
	management ability of the organization.								
			- -						
									
			-						
4 6	(Code) (Expenses \$ 390,446. including grants of \$ 141,887.) (I	Revenue \$		9,0	00.)				
	The Folklife and Traditional Arts Program is focused on promotin	g and pr	esent	ing t	he				
	lively cultural traditions of the nation's fourth largest metrop								
	program works in the city's diverse neighborhoods and communitie								
	highlight the contemporary traditions that make Houston one of t								
	landscapes in the United States. The program's goals include res			<u>ıtatı</u>	on_				
	and public projects that explore the wide variety of established cultural communities that come together in the greater Houston a				1.50				
	provides technical assistance and resources to local traditional								
	collaborations with colleague organizations, and markets the cit								
	culture to locals and visitors alike. Other programs entail arts								
	programs.								
4 c	(Code) (Expenses \$ 369,143. including grants of \$) (F	Revenue \$_	2	56,6	47.)				
	HAA implements the goals and the vision of the City of Houston C	ivic Art	Progi	am_					
	which is part of the City's capital asset investments and produc				<u>1</u>				
	artworks. The City's Civic Art Ordinance appropriates 1.75 perce								
	construction costs on qualifying City Capital Improvement Plan (<u></u>	-				
	Encompassed in the recitals of the Civic Art Program Ordinance i								
	appreciation for the value of the arts to Houston. Civic Art Propaintings, murals, prints, drawings, photographs, videos, films,	decorat	ione						
	glass, statues, sculptures, monuments, fountains, arches, or oth				iicu_				
	permanent character located on City property. Civic Art can be f	ound thr	oughou	it th	 е				
	City in parks, libraries, airports, police and fire stations and	communi	ty cer	ters					
			 -						
	Other program coveres (Describe in Schodule O.)								
4 d	Other program services (Describe in Schedule O) (Expenses \$ 70,000. including grants of \$ 70,000.) (Revenue \$)					
4 e	Total program service expenses ► 5,026,245.								
BAA	TEEA0102L 12/05/17		For	m 990	(2017)				

Form 990 (2017) Houston Arts Alliance
PartIV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		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 98-197 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	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
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	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	
ı	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х

Form 990 (2017) Houston Arts Alliance

Park W Checklist of Required Schedules (continued)

			res	NO
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
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	
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? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	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
I	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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	olf '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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		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	
BAA		Form	990 (2017)

Part 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				
Officer in our cause of contains a response of note to any line in this fact of	-		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	اد 16		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0	1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c	X	
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	2 a	28		
b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	tructions)	, ,	K-1	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year	ر،	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		3 ь		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fire	r authority over, a nancial account)?	4 a		X
b If 'Yes,' enter the name of the foreign country	45545			J. A.
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		<u> </u>		V
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	er transaction?	5 b		^
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ons or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).		27 · · · 3		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	artly for goods and	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b	_	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we Form 8282?	as required to file	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	#27.64E		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Fe as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the sponsoring	-×'.'2	(A)	200
organization have excess business holdings at any time during the year?		8 82 %	18 . K	1-128-02
9 Sponsoring organizations maintaining donor advised funds.		9 a	183 <u>2-1</u>	
a Did the sponsoring organization make any taxable distributions under section 4966?	on?	9 b		
 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers Section 501(c)(7) organizations. Enter 	011.	50	₹\$% _~	11 July 1
	10a	251456		
	10Ь			
11 Section 501(c)(12) organizations. Enter				
	11 a			4
b Gross income from other sources (Do not net amounts due or paid to other sources	116			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		- woone
·	12b	137.3		5.7kg
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a 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	0	數的		
b Enter the amount of reserves the organization is required to maintain by the states in	126	[数] [数]		
· · · · · · · · ·	13b 13c			
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?	130	14a	10072	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in So	chedule O	14a		
BAA TEEA0105L 08/08/17		Form	990 (2017)

Form 990 (2017) Houston Arts Alliance 74-1946756 Page 6 Pait VI B Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 34 1 : If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad See Sch. 0 authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 34 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents See Sch O since the prior Form 990 was filed? $\overline{\mathbf{x}}$ 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by . the following X a The governing body? 8a X 8 b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O X Schedule O how this was done 120 X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O 15a Х **b** Other officers or key employees of the organization See Schedule O 15 b 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 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 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 (or 1024 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 Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records

Stacey P. Keene 3201 Allen Parkway Houston TX 77019-1800 713-527-9330

Form	990	(2017)	Houston	Arts	Alliance
	,,,,,,	(201/)	HOUSCOIL	TLLO	VITITATION

Director

Director (10) Alejandro Colom

Director

(11) David Cordúa

Director

(12) Andrew Davis

Director

Director

Director

(14) Tammy Dowe

(13) Jon Deal

(9) Sylvia Casares

74-1946756

Page 7

PartiVIII 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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more (A) Name and Title (B) (D) than one box, unless person is both an officer and a Average hours per week Reportable compensation from the organization (W-2/1099 MISC) Reportable compensation from related organizations (W-2/1099 MISC) Estimated amount of other compensation from the Officer employee Key employee Individual nstitutional trustee Highest compensated -ormer (list any organization and related hours for related organizations rganiza tions below dotted trustee (1) Philamena Baird 2 ō Х Chairman 0. 0. 0. 2 (2) Leigh Smith 0. 0 Х Vice Chair Х 0 0 (3) Suresh Raghavan 2 Χ Х Treasurer 0 0 0 0. (4) Gigi Myung 2 Х 0 Х 0 0. 0. Secretary (5) Marc Melcher 2 Imm Past Chair 0 Х 0 0 0. 2 (6) Lauren Anderson Director 0 Х 0 0 0. (7) Nancy Allen 2 Director 0 Х 0 0 0. (8) Susanne Burkeholder 2 Х 0.

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Part VII Section A. Officers, Directors, Tri	(B)			<u> </u>) (2)	,	an	Tingliest con	ipensatea Emp		3 (00111	inacay
(A) Name and title	Average hours per week	offi	cer a	check ess po nd a o	erson direct	than is bot or/trus	th an stee)	compensation from	(E) Reportable compensation from related organizations	amo	(F) stimate unt of o	other
	(list any hours for related organiza tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099 MISC)	orç ar	rom the ganizati id relate anizatio	e on ed
(15) Regina Garcia Director	2	х						0.	0.			0.
(16) Roland Garcia	2	<u> </u>	Н									
Director	 	X						0.	0.			0.
(17) Lloyd Gite	2											
Director	0	X						0.	0.			0.
(18) Karen Hartnett	2											
Director	0	X	Ш					0.	0.			0.
(19) Ashley Langley	2											
Director	0	X						0.	0.			0.
(20) Lester Marks	2							_				_
Director	0	X					_	0.	0.			0.
(21) Craig Massey	2	١,,							0			^
Director (22) Patrice Marris	0	Х						0.	0.			0.
(22) Fatima Mawji	2	X						0.	0.			0.
Director (23) Erin McClarty	2	^					-	0.	0.			
Director		X						0.	0.			0.
(24) Debbie McNulty	2											
Director	0	x						0.	0.			0.
(25) Adan Medrano	2											
Director	0	Х						0.	0.			0.
1 b Sub-total							•	0.	0.			0.
c Total from continuation sheets to Part VII, Section	on A						•	270,738.	0.			842.
d Total (add lines 1b and 1c)								270,738.	0.			842.
2 Total number of individuals (including but not limited	to those I	sted	abov	ve) v	vho	recer	ved	more than \$100,000	0 of reportable comp	ensatio	า	
from the organization > 2	 										Yes	No
											162	110
3 Did the organization list any former officer, direction on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru <i>h ındıvıdu</i>	stee, <i>al</i>	key	em	iploy	ee,	or n	nignest compensat	ea employee	3		Х
4 For any individual listed on line 1a, is the sum of			mno	202	tion	and	oth	or compensation f	rom	-		
the organization and related organizations greate such individual									10111	4		X
5 Did any person listed on line 1a receive or accrui	e compen	satio	n fro	om a	any	unre	late	d organization or i	ındıvıdual			
for services rendered to the organization? If 'Yes	,' comple	te Sc	hed	ule .	J fo	rsuc	h p	erson		5		X
Section B. Independent Contractors 1 Complete this table for your five highest compens	sated inde	nen	dent	cor	ntrac	tors	tha	t received more th	an \$100,000 of			
compensation from the organization Report compen	sation for	the ca	alend	dar y	/ear	endı	ng v	vith or within the org	ganization's tax year			
(A) Name and business addi	ress							(B) Description o	f services	Compe	C) nsatio	on
Bannerworks Inc., 80 Vine Street #302 Seattle, WA 98121 Civic Art								1	40,0	000.		
Touch Thirty Three Inc., 1712 Milford Stre				770	98			Civic Art		1	08,3	110.
				_				-		_		
												
2 Total number of independent contractors (including b	aut not limi	ted to	tho	را می	stad	aho	رور ر	who received more	than			
\$100,000 of compensation from the organization		i c u ((, 1110	3C II	31 C U	auu	۱ (۵v	mio received more	uidi)		j	p•
RAA		rFFA0	100	0010	9/17					Form	990 /	(2017)

Form 990

Continuation Sheet for Form 990

OMB No 1545 0047

2017

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

74-1946756

Houston Arts Alliance
Part VII: Continuation: Officers, Directors, Trustees, Key Employees, and
Highest Compensated Employees

Highest Compensated I	Employee	es								
(A)	(B)			-)			(D)	(E)	(F)
Name and Title	Average		Position (check all that apply)					Reportable compensation from	Reportable	Estimated
	hours per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Kcy employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Judy Nyquist	2	ļ								
Director	0	Х						0.	0.	0.
Randhir Sahni	2	ļ								
Director	0	X					<u> </u>	0.	0.	0.
Richard Schechter	2	ļ								
Director	0	X					<u> </u>	0.	0.	0.
Sebastien Solar	2				ĺ					
Director	0	X					<u> </u>	0.	0.	0.
Paula Sutton	2									
Director	0	X						0.	0.	0.
J. Michael Trevino	2								_	_
Director	0	Х						0.	0.	0.
Louise Upshaw-McClenny	2									
Director	0	Х			_			0.	0.	0.
Mike Waterman	2						ĺ			
Director	0	Х						0.	0.	0.
Fabene J. Welch	2								.	•
Director	0	Х		_	_			0.	0.	0.
John M Abodeely	40			,,				05 710	_	7.00
CEO from Nov 17	0		\vdash	Х	\dashv			25,712.	0.	762.
Stacey P. Keene	- 40 -		l	,,				24 000	0	2 024
CFO from Aug 17	0		-	Х	\dashv			34,000.	0.	2,824.
Richard Graber	$-\frac{40}{0}$				ľ	v		107 010	0.	6 001
Dir of Grants & CB	40	-		-		Х		107,919.		6,881.
<u>Patricia Jasper</u> Dir of Folklife	- 40 - 1					х		103,107.	0.	18,37 <u>5</u> .
DIL OI FOIRIITE	+ •				_	^		103,107.	0.1	10,373.
				7						
	+ +		\dashv	\dashv	\dashv		_	_	-	· · ·
	 	.		ŀ		i				ď.

Pa	Part VIII Statement of Revenue											
	:	Check if Schedule O	contains a re	sponse or note to ar	ny line in this Part V	/IIL		L_				
					. (A) . Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts		 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions f All other contributions gifts of 		b c d								
ontribut nd Othe		f All other contributions, gifts, g similar amounts not included g Noncash contributions included		f 12,279. \$			700					
<u>0</u> 8	\vdash	h Total. Add lines 1a-1f			9,605,547.		CONTRACTOR CONTRACTOR					
Program Service Revenue		a Civic Art rever b Workshop fees		541900 611600	256,647. 9,000.	256,647. 9,000.	in munitiment	7 TOURS WAS AND AND STATE OF THE STATE OF TH				
n Service		c										
јап		f All other program service	e revenue									
Ę.		q Total. Add lines 2a-2f		•	265,647.							
	3		luding divider	ids, interest and	203/01/.	AND VERTICAL STREET, SAN OF STREET,	STEERING STEERING BY CONTRACT	HART THE PARK OF THE STREET, S				
	4	other similar amounts) Income from investmen	_	•	23,616.			23,616.				
	5	Royalties [(ı) Keal	(II) Personal		lika per vijet i sama se disa.		ents:				
	1	a Gross rents b Less rental expenses		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		c Rental income or (loss)				rope To Hills in the						
	d Net rental income or (loss)					'						
	7	a Gross amount from sales of assets other than inventory	(i) Securities 191,45	(ii) Other								
		b Less cost or other basis and sales expenses	191,62									
	ı	c Gain or (loss) d Net gain or (loss)	-16	6. 	-166.			-166.				
enne/	8	a Gross income from fund (not including \$ of contributions reported	-	s -								
Other Reve		See Part IV, line 18	2 011 11110 10)	a								
Ē		b Less direct expenses	•	b	1							
₹		c Net income or (loss) fro	m fundraising	events •								
	9	a Gross income from gam See Part IV, line 19	ing activities	a								
		b Less direct expenses		b				200.000				
		c Net income or (loss) fro		_	Name to the second seco	Series de la constitución de la	**************************************	·				
		 a Gross sales of inventory and allowances b Less cost of goods sold 	a	To produce								
		c Net income or (loss) from		ventory •				3-2-2-2-X < 200-10-0-1				
	-	Miscellaneous Révenu		Business Code			udido "Taxini inidadante Tandiniini					
	11 a				and the second s		AND THE CO. LABOR TO SERVICE AND THE PARTY OF THE PARTY O					
	ı	b	 									
		c			,	-						
		d All other revenue		L	···	South it lesses were very	ASSESSED, PS., Z. SINCERSON, SICHARDASSON	CHI COACHA CONTRACTOR MOTOR CONTRACTOR CONTR				
		e Total. Add lines 11a-11d										
12 Total revenue. See instructions				9,894,644.	265,647.	0.	23,450.					

Form 990 (2017) Houston Arts Alliance 74Parti X Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a	response or note to an	y line in this Part IX	·	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,089,467.	4,089,467.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	98,887.	98,887.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	68,105.	0.	68,105.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
7	Other salaries and wages	584,020.	377,748.	157,412.	48,860.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,509.	4,332.	1,617.	560.
9	Other employee benefits	1,859.	1,078.	641.	140.
10	Payroll taxes	5,364.	3,112.	1,850.	402.
	Fees for services (non-employees)	3,304.	3,112.	1,050.	402.
	Management				
	Legal		-		
	: Accounting	24,082.	17,552.	6,530.	
	Lobbying	21,002.	2.70021	373331	
	Professional fundraising services See Part IV, line 17				. —-
f	Investment management fees	4,127.	AND COMMONDERS AND CONTRACTOR OF THE PARTY O	4,127.	
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	350,994.	307,485.	43,509.	
	· ·	49,328.	32,890.	15,762.	676.
14	Information technology	15,000,			
15	Royalties		-		
16	Occupancy	81,979.	59,817.	22,162.	
17	Travel	,	,		ı
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	15,961.	6,791.	9,170.	·
20	Interest				
21	Payments to affiliates				
		25,023.	·	25,023.	
23	Insurance	8,230.	6,337.	1,893.	n evert engineer en
<u>4</u> 4	Other expenses. Itemize expenses not covered above (List miscellancous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Dues and subscriptions	19,376.	14,831.	4,483.	62.
b	Equipment rental	8,090.	5,918.	2,172.	
ď					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,441,401.	5,026,245.	364,456.	50,700.
	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)				

33

34

3,356,582

5,040,670

7,811,<u>627</u>.

11,645,646.

Form 990 (2017)

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BAA

Total net assets or fund balances

Total liabilities and net assets/fund balances

Page 11 Part X: Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1,491,892. Cash - non-interest-bearing 1,042,215 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 1,950,655 8,114,340. Δ Accounts receivable, net 3,547. 4 2,116. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 19,293 9 19,362 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 654.967 b Less accumulated depreciation 10b 629,180 43,938 100 25,787. 11 Investments - publicly traded securities 981.022 11 1,992,149. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,040,670 11,645,646. 17 Accounts payable and accrued expenses 288,663. 17 120,409. 18 Grants payable 353,125 18 545,389. Deferred revenue 19 19 42,300 92,168. 20 20 Tax-exempt bond liabilities 21 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 76,053. 26 26 Total liabilities. Add lines 17 through 25 3,834,019 1,684,088 Organizations that follow SFAS 117 (ASC 958), check here ▶ |X| and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,310,004. 27 1,298,571 Temporarily restricted net assets 2,046,578 28 6,513,056 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds

TEEA0111L 08/08/17

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

ın Schedule O

BAA

Audit Act and OMB Circular A-1337

If the organization changed either its oversight process or selection process during the tax year, explain

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

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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Form 990 (2017)

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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.

Name of the organization

OMB No 1545 0047 2017

Open to Public

Inspection

Employer identification number 74-1946756 Houston Arts Alliance Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box). 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organization GD EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ).2017 Houston Arts Alliance

[Pärtill | 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						
	ndar year (or fiscal year nning in) ►	(a) 2013 ((b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	7,942,940.	7,121,190.	7,807,324.	6,999,588.	9,605,547.	39,476,589.
2	·Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					٠	, 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	7,942,940.	7,121,190.	7,807,324.	6,999,588.	9,605,547.	39,476,589.
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).						152,274.
6	Public support. Subtract line 5 from line 4						39, 324, 315.
Sec	tion B. Total Support	DOGGO ON THE PROPERTY OF THE P	The selection course of the part of the pa	The state of the s	[A day of the same	7 1200	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	7,942,940.	7,121,190.	7,807,324.	6,999,588.	9,605,547.	39,476,589.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,371.	26,344.	37,502.	37,854.	23,616.	159,687.
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						39,636,276
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	10,110,734.
	First five years. If the Form 990 is organization, check this box and	stop here	, ,	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)	▶ 🗌
	tion C. Computation of Pu				_		
	Public support percentage for 20	• •	• • •	ne 11, column (f))		14	99.21 %
	Public support percentage from	•	• •			15	98.89%
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization di qualifies as a put	d not check the b olicly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2016. If the and stop here. The organization	ne organization did qualifies as a pul	f not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33	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	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	: VI how
-	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation of the organization organizatio	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the ►
	Private foundation. If the organiz	Zation did not che	Ch a DOX OII IIIIE I	13, 10a, 100, 17a, -:			
BAA					Sch	leaule A (Form 99	90 or 990-EZ) 2017

	Eddle A (1 01111 330 01 330-LZ) 2017	(Houston	WITT WITTE	IICE		14 134013	u rage s
Pä	Yt'll Support Schedule for (Complete only if you che fails to qualify under the t	or Organizatio	ns Described line 10 of Part I o	in Section 509	(a)(2) on failed to qualify	under Part II If t	he organization
Sec	ction A. Public Support	ests listed below,	, please complete	: rait ir)		· · · · · · · · · · · · · · · · · · ·	
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1		(a) 20,13	(8) 2014	(0)2013	(a) 2016	(e) 2017	(i) Igiai
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						<i>j</i>
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					٥	
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			1			
8	Public support. (Subtract line 7c from line 6)					3/	
	tion B. Total Support	T		r=		1	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6					•	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b				`		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organization is stop here	ation's first, seco	nd, third, fourth, o	r fifth tax year as	a section 501(c)	B) ► □
Sec	tion C. Computation of Pul	blic Support P	Percentage				\
15	Public support percentage for 20	17 (line 8, colum	n (f) divided by lii	ne 13, column (f))		15	\
16	Public support percentage from 2	2016 Schedule A,	Part III, line 15			16	<u></u>
Sect	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage for	or 2017 (line 10c,	column (f) divide	ed by line 13, colu	mn (f))	17	\
18	Investment income percentage fr	rom 2016 Schedu	ile A, Part III, line	: 17		18	\
	33-1/3% support tests—2017. If t is not more than 33-1/3%, check	this box and sto l	p here . The orgar	nization qualifies a	is a publicly supp	orted organization	\ ► □
b	33-1/3% support tests—2016. If t line 18 is not more than 33-1/3%	ne organization d , check this box a	lid not check a bo and stop here. Th	ox on line 14 or lin ne organization qu	e 19a, and line 10 alifies as a public	b is more than 33- ly supported orgar	1/3%, and nization ►
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, d	heck this box and	see instructions	\► □

Part IV. Supporting Organizations

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

Section A. All Supporting Organizations

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

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ra	rt iv 1/3 supporting Organizations (continued)			
	The the constant and a set of an arthur to a set of the fall to th	e 1,3	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		, Fx 2.	
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
. 1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities of the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations			
		2 - 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
	5	- 4	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	7, 200 45, 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
t	The organization is the parent of each of its supported organizations. Complete line 3 below			
•	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	truc	tions)	
2	Activities Test Answer (a) and (b) below.	[Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	n Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

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Sche	edule A (Form 990 or 990-EZ) 2017 Houston Arts Alliance		74-19	46756	Page 6
Pai	ty Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on f	Nov 20, 1970 (explain in ust 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 Ye (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)		The second of th		
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 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			
Sect	tion C — Distributable Amount			Current Yea	ar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2	经少额分级公益 。2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Service (Service Service Servi		
4	Enter greater of line 2 or line 3	4	於不够的大學的學生		
5	Income tax imposed in prior year	5		l	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7.	Check here if the current year is the organization's first as a non-functionally inte	grate	d Type III supporting org	anızatıon	

	tion D. Distributions	apporting Organiza	tions (continued)	Current Year
<u>Sec</u>	tion D - Distributions	<u> </u>	 	Current rear
	Amounts paid to supported organizations to accomplish exempt pu		· · · · · · · · · · · · · · · · · · ·	
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	· · · · · · · · · · · · · · · · · · ·	
. 3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		·
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		·	-
6	Other distributions (describe in Part VI) See instructions	·		
_ 7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details.	
9	Distributable amount for 2017 from Section C, line 6			,
10	Line 8 amount divided by line 9 amount	•		
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2017	PARTICIPATION OF THE PARTIES OF THE		
а		miniminari sa tawawi padaminari		Todo do Trada de Caración de C
b	From 2013	MANUS SARESTANDA		and the second
	From 2014 ·			
d	From 2015			是否是對於個別的
e	From 2016			
1	Total of lines 3a through e			新作业的"控盟"
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount		the Market Market Spirit	
i	Carryover from 2012 not applied (see instructions)		anni a canata da	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D.	The state of the s		
а	Applied to underdistributions of prior years	第 次公司的1000年代		DO NOW WELL
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
. 8	Breakdown of line 7	14. C. 3. 4. 3. 4. 3. 4.		
d	Excess from 2013			
	Excess from 2014			
С	Excess from 2015			are This is a second
J	Excess from 2016			
е	Excess from 2017			

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Schedule A (Form 990 or 990-EZ) 2017

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

Additional Supplemental Information

The 2017 public support information shown in Schedule A Part II, Column (e) represents a short year consisting of 6 months (July through December 2017). With the filing of its 2017 Form 990, the organization is changing its accounting period from a fiscal year ending June 30 to a calendar year ending December 31.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2017 Open to Public Inspection

Name of the organization Employer identification number

Houston Arts Alliance

_10/6756

DΣ	Fill Organizations Maintaining Done	or Advised Funds or Other Similar	r Funds or Accounts.
r <u>a</u> d	Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the		in donor advised funds
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing that gran t of the donor or donor advisor, or for any	ot funds can be used only other purpose conferring Yes No
Ŗа	Conservation Easements. Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held b		
•	Preservation of land for public use (e.g.,		ition of a historically important land area
	Protection of natural habitat	, L.	ition of a certified historic structure
	Preservation of open space		
2		held a qualified conservation contribution in th	ne form of a conservation easement on the
	,,		Held at the End of the Tax Year
	a Total number of conservation easements		2a
- 1	b Total acreage restricted by conservation ease	ments	2 b
	c Number of conservation easements on a certi	fied historic structure included in (a)	2 c
(d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not on a	historic 2 d
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished, or terminated	d by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easeme		n, handling of violations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforci	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, handling of violations, and enforcing co	onservation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and e to the organization's financial statements t	expense statement, and balance sheet, and that describes the organization's accounting for
2ai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures wered 'Yes' on Form 990, Part IV,	s, or Other Similar Assets. line 8.
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research	revenue statement and balance sheet works of h in furtherance of public service, provide, s
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its reve or public exhibition, education, or research in	enue statement and balance sheet works of art, furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar assets for 116 (ASC 958) relating to these items	financial gain, provide the following
a	Revenue included on Form 990, Part VIII, line	· · · · ·	► \$
	Assets included in Form 990, Part X		►\$

Schedule D (Form 990) 2017 Hous	0.00			74-194		Page 2
Part III Organizations Mainta	ining Collection	is of Art, Histo	orical Treasures, o	r Other Similar As	sets (conti	nued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and oth	er records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition		d 🔲 Loan (or exchange programs			
b Scholarly research		e 🗌 Other			<u> </u>	
c Preservation for future gene						
4 Provide a description of the organiz Part XIII	zation's collections ar	nd explain how they	further the organization	's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or receiv	e donations of an	t, historical treasures, o	or other similar assets	□ v	
					Yes	No
Part IV Escrow and Custodia line 9, or reported an	amount on Forn	n 990, Part X,	line 21.		Jiii 990, F	aitiv,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian or o	ther intermediary	for contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII and co	mplete the follows	ng table			
					Amount	
c Beginning balance				1 c		_
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance2a Did the organization include an a	amount on Form 990) Part Y line 21	for escrow or custodial		Yes	No
b If 'Yes,' explain the arrangement					☐ Tes	Η"
b ii res, explain the arrangement	tiiii ait Xiii Check	riere ii tile explai	ation has been provide	on all Am		Ш
Part V Endowment Funds. C	Complete if the o	rganization an	swered 'Yes' on Fo	orm 990, Part IV, I	ne 10.	
	(a) Current year	(b) Prior year				ears back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentag	e of the current yea	r end balance (lin	e 1g, column (a)) held	as		
a Board designated or quasi-endowm	ent ►	% 				
b Permanent endowment ►	%					
c Temporarily restricted endowmer		[%]				
The percentages on lines 2a, 2b, a	nd 2c should equal 10	00%				
3 a Are there endowment funds not in t	the possession of the	organization that a	re held and administered	for the	- V	l Na
organization by					Yes	No No
(i) unrelated organizations.					3a(i)	_
(ii) related organizations b If 'Yes' on line 3a(ii), are the rela	atod organizations li	ctod ac roquired o	in Schadula D2		3a(ii) 3b	
4 Describe in Part XIII the intended	•	•			30	
Part VI Land, Buildings, and		zation's endowine	Tit Turius			
Complete if the organi		l 'Yes' on Forn	n 990 Part IV line	11a See Form 99	0 Part X	line 10.
		· · · · · · · · · · · · · · · · · · ·			(d) Book	
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(u) Book	value
1 a Land						
b Buildings						
c Leasehold improvements			284,061.	284,061.		0.
d Equipment			336,571.	314,125.	2	2,446.
e Other			34,335.	30,994.		3,341.
Total. Add lines 1a through 1e (Colum	nn (d) must equal Fo	orm 990, Part X, c	olumn (B), line 10c)	-		5,787.
BAA				Sched	lule D (Form 9	90) 2017

Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value			of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests.				
(3) Other				
(A)		:		
(B)				
(C)			·	
(D)	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(E)				
(F)		·		
(G)		. ,		
(H)		·		
(l)		Tripodolina pirante y Colonia di Santinia	777.742.480.480.480.480.480.480.480.480.480.480	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12			e e e e e e e e e e e e e e e e e e e	
Partivilli Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV June 11d	See Form 9	990 Part X line 1
(a) Description of investment	(b) Book value			d-of-year market value
(1)		(-,		
(2)	ı		-	
(3)			-	
(4)			_	
(5)				
(6)				
(7)				
(8)		· -		
(9)				
(9) (10)				
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)	-			TANKE TO THE SERVICE OF THE SERVICE
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) PartiX網 Other Assets.	N/A			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des	N/A 'Yes' on Form 990			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) PartiX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'Yes' on Form 990			990, Part X, line 1
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partitix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/A 'Yes' on Form 990 cription			990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Parti X Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)	N/A 'Yes' on Form 990 cription		I. See Form S	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Part X) Other Liabilities.	N/A 'Yes' on Form 990 cription) line 15)	, Part IV, line 11d	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'Yes' on Form 990 cription) line 15)	, Part IV, line 11d	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund	Yes' on Form 990 cription) line 15) rm 990, Part IV, line 11	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3) (4)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partitix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3) (4) (5)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partitix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3) (4) (5) (6)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3) (4) (5) (6) (7)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
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(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3) (4) (5) (6) (7) (8)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Partix Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B, Bartix) Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) Harvey Arts Recovery Fund (3) (4) (5) (6) (7) (8) (9) (10)	Yes' on Form 990 cription line 15) rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990	I. See Form 9	990, Part X, line 1 (b) Book value

4 c 5

Page 4

9,894,644.

Part}XI■ Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 9,904,001. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2 a -8,1982 b 7,705 b Donated services and use of facilities c Recoveries of prior year grants 2 c d Other (Describe in Part XIII) See Part XIII 2 d 10,000 e Add lines 2a through 2d 2 e 9,507. 3 9,894,494. 3 Subtract line 2e from line 1 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 4 a 150 4 b b Other (Describe in Part XIII) 150.

PartiXIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

complete it the organization answered the officent states	30, . a.c.,	· ·		
Total expenses and losses per audited financial statements		1		5,448,956.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2 a	7,705.		
b Prior year adjustments	2 b	}		
c Other losses	2 c			
d Other (Describe in Part XIII)	2 d	t		
e Add lines 2a through 2d		2	е	7,705.
3 Subtract line 2e from line 1		3		5,441,251.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		4	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	150.		
b Other (Describe in Part XIII)	4 b	ŀ		
c Add lines 4a and 4b		4	c	150.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line	e 18)	5	1	5.441.401.

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

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Grant reversions

PartiXIII Supplemental Information.

c Add lines 4a and 4b.

10,000.

Schedule **D** (Form 990) 2017

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Houston Arts Alliance

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.

Employer identification numbe

74-1946756

OMB No 1545 0047

ջ □

X Yes

See Part IV

test information	
for the la	
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► Go to w	
	l

ral Information on Grants and Assistance	janization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and in criteria used to award the grants or assistance?
Partil General Informat	1 Does the organization maint the selection criteria used

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

i din 330, I arriv, mie 21, idi anj recipient matreceived more man \$3,000. I art ii can de dupincated ii additoria space is nected.	וטו מווא ובכוףוכוונ	י וומו וברבואבת וו	1016 IIIaii 40,000. I	ait ii caii be uupiii	מוכח וו מתחונוטו מו	אממב וא וופבחבו	•
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) American Festival for the Art							
Houston, TX 77098	76-0460311 501	501 (c) (3)	47,526.	0.			General support
Houston, TX 77056	30-0194631 501	501 (c) (3)	40,688.	0.			General support
(3) Art Colony Association		-					
<u>P.O.</u> _Box_66650	000		L	ć			,
HOUSTON, IA //266	14-18/4380 301	(5) (3) TOC	596,46)			neuerar subborc
(4) Art League of Houston							
1963_Montrose							Gen support/
Houston, TX 77006	74-1299166 501 (501 (c) (3)	75,000	0.			City initiative
(5) Asia Society Texas							
4605 Post Oak Place Suite 205							Gen support/
Houston, TX 77027	03-0433949 501	501 (c) (3)	85,000	0.	i		City initiative
(6) Aurora Picture Show							i
1524 Sul Ross							
	76-0612928 501	501 (c) (3)	31,087.	0.			General support
(7) Bach Society Houston							
2353 Rice Boulevard							
	76-0678451 501	501 (c) (3)	37,300.	0.			General support
(8) Bayou City Performing Arts							
PO Box 541004							
Houston, TX 77254	76-0319536 501 (c) (3)	501 (<u>c)</u> (3)	11,321.	0			General support

Schedule I (Form 990) (2017)

TEEA3901L 08/10/17

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Page 2

Schedule I (Form 990) (2017) Houston Arts Alliance

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
Sup 1 art	Support of individual 1 artists projects	8	98,887.			
2						
က						
4						
S			1			
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	le the information	ו required in Part I,	line 2; Part III, co	lumn (b); and any othe	r additional information.

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

HAA requires a final report with all related documentation and substantiating

receipts be submitted. These reports are then reviewed and signed off by the Grant

Director and/or CEO.

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

of 11

Continuation Page 1

City initiative General support (h) Purpose of grant or assistance Gen support/ Gen support/ Gen support/ Art project/ Gen support/ Gen support/ Expansion Expansion Expansion Expansion Outreach General support Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance valuation (book, FMV, appraisal, other) (f) Method of (e) Amount of non-cash assistance (d) Amount of cash grant 16,760. 21,545 25,732 12,588 20,000 11,683 30,066 25,021 (c) IRC section (if applicable) 74-2461394|501 (c) (3) 01-0589194 501 (c) (3) 76-0429181 501 (c) (3) 76-0067885 501 (c) (3) 76-0584698 501 (c) (3) 76-0236596|501 (c) (3) 74-1482611|501(c)(3)20-1473943|501 (c) (3) (b) EIN _ Community_Artists'_Collective 1133 E_11th_Street_______ Children's Prison Arts Project (a) Name and address of organization or government - Brazılıan Arts Foundation _ Chinese Community Center_ Houston Arts Alliance 310 Sandy Bluff ----_ City Ballet_of Houston Bharathı Kalaı Manram _ 9800 Town Park Drive _ __605_W._Bell_Street____ Houston, TX 77019 9902 Long Point _ Houston, TX 77079 Houston, TX 77009 Houston, TX 77036 Houston, TX 77288 _ <u>Dance Houston_ _ _</u> Houston, TX 77019 Houston, TX 77055 5411 Morningside 1413 Holman _ _ _ Houston, IX 77005 _ C<u>ity Dance</u> _ _ _ _406_W_Clay__ Name of the organization

Schedule I Cont (Form 990) 2017

Gen support/

Expansion

21,768

76-0668169 501 (c) (3)

10782-A Bellaire Blvd ---

Houston, TX 77072

_ Dance of Asian America

Discovery Green Conservancy

1500 McKinney - - Houston, TX 77010

75,000

20-1951465|501 (c) (3)

TEEA4001L 08/10/17

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

2017

Schedule I Cont (Form 990) 2017 of 11 Seneral support General support General support General support Seneral support Seneral support (h) Purpose of grant or assistance Gen support / Gen support / New pathways Power 2 give Power 2 give Gen support/ Continuation Page Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 10,795 13,598 39,473 14,386 39,271 78,100 40,572 75,911 55,647 52,024 TEEA4001L 08/10/17 (c) IRC section (if applicable) 76-0519238 501 (c) (3) 76-0035355 501 (c) (3) 76-0105267 501 (c) (3) 04-3691617|501(c)(3)74-2139150|501 (c) (3) 76-0369258 501 (c) (3) 74-1444232 501 (c) (3) 74-2118224 501 (c) (3) 76-0179000|501 (c) (3) 56-2288360|501 (c) (3) (b) EIN _ Grtr_Hou_ Preservat_ Alllance Gulf Coast A Journal of Lite 1210 West Clay Studio 26 ____ 1113_Vine_Street_#101_____ - Foundation for Modern Music -_112_Main_Street_Suite_110___ - Univ of Houston English Dept (a) Name and address of organization or government __5102 Navigation Blvd.____ __3400_Main_Street_Suite_292_ _ 1915_Commonwealth_Ste__204_ Houston Arts Alliance _The_Heritage Society _ P.O. Box 70408 ____ 311 W. 18th Street Houston, TX 77002 Houston, TX 77019 DiverseWorks Inc. Houston, TX 77006 Houston, TX 77204 Houston, TX 77002 HITS Theatre _ _ _ Houston, TX 77008 - Hope Stone Inc. -_ FotoFest, Inc. _ _ Houston, TX 77002 Houston, TX 77270 Houston, TX 77002 Houston, TX 77011 _ FrenetiCore____ _1100_Bagby____ _ Glasstire__ Name of the organization

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

|Power 2 give Schedule I Cont (Form 990) 2017 of 11 General support Seneral support Seneral support General support General support General support General support General support (h) Purpose of grant or assistance Gen support / New pathways Gen support/ Continuation Page Employer identification number Partill Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 39,099 9,326 43,029 52,236 58,883 47,866 75,000 46,192 38,347 25, 572 TEEA4001L 08/10/17 (c) IRC section (if applicable) 76-0180163|501 (c) (3) 76-0094763 501 (c) (3) 76-0621817 501 (c) (3) 76-0480936|501 (c) (3) 76-0286895|501 (c) (3) 30-0507986 501 (c) (3) 76-0470269|501 (c) (3) 74-1238425|501 (c) (3) 76-0028082 501 (c) (3) 23-7405228 501 (c) (3) (b) EIN Houston Center for Photograph Hou Center for Contemp Craft Houston Intl Dance Coalition (a) Name and address of organization or government - Houston Cinema Arts Society 2400 Augusta Drive Ste 235 - Houston Children's Chorus -Houston Youth Symphony -Houston Metro Dance Ctr Houston Arts Alliance __4848_Main_Street_____ __4409_Montrose_Ste._150 - Houston Chamber Choir. - Houston Early Music -_ Houston Fire Museum __1441_West_Alabama__ ___2403_Mılam_____ Houston, TX 77006 Houston, TX 77002 Houston, TX 77006 _ P_0. Box 53388__ Houston, TX 77052 Houston, TX 77006 _ P.O. Box 271193_ Houston, TX 77277 Houston, TX 77219 Houston, TX 77057 Houston, TX 77004 Houston, TX 77004 1202 Calumet _ _ <u>P0_Box_130511_</u> __1015_Holman_ Name of the organization

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

of 11 Schedule I Cont (Form 990) 2017 City initiative Seneral support Seneral support City initiative Seneral support Seneral support (h) Purpose of grant or assistance New pathways New pathways Gen support/ Gen support/ Gen support/ Gen support/ Gen.support/ Gen support/ Expansion Continuation Page Employer identification number Parill Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance valuation (book, FMV, appraisal, other) (f) Method of (e) Amount of non-cash assistance (d) Amount of cash grant 85,000 60,613 75,000 44,459 47,220 42,067 27,316 14,627 22,951 53,461 (c) IRC section (if applicable) 76-0409339 501 (c) (3) 74-1763612 501 (c) (3) 74-2093696|501 (c) (3) 74-2044904 501 (c) (3) 76-0663007 501 (c) (3) 56-2281440 501 (c) (3) 20-4160737 501 (c) (3) 76-0499709 501 (c) (3) 76-0411778 501 (c) (3) 76-0127748|501 (c) (3) (b) EIN (a) Name and address of organization or government __3201_Allen_Parkway_#150____ __2311_Canal_St__Ste__202____ _ Indo-American_Association _ __Mercury_Baroque_Ensemble_ Houston Arts Alliance __1520_West_Main_____ __3303_S__Rice_Surte_107_ Opera in the Heights _ Main_Street_Theater __3722_Latma_Drive__ __1458_Lawson_Street_ Project Row_Houses_ _ Jazz_Education__ - P.O. Box 7887___ Houston, TX 77025 Houston, TX 77005 Houston, TX 77007 Houston, TX 77003 Houston, TX 77019 Nameless Sound __ Houston, TX 77023 Houston, TX 77006 Houston, TX 77288 Houston, TX 77270 Houston, TX 77251 _ 2540 Times Blvd - MECA - - - - - - -P.O. Box 1011 __<u>1900_Kane__</u>_ Name of the organization __<u>Inprint</u>___

TEEA4001L 08/10/17

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

Continuation Page

Schedule I Cont (Form 990) 2017 of 11 General support General support General support General support Seneral support General support (h) Purpose of grant or assistance New pathways APG Outreach Gen support/ Gen support/ Art project Expansion Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 61,823 23,228 17,566 65,625 69,785 20,000 10,000 51,566 67,625 70,011 TEEA4001L 08/10/17 (c) IRC section (if applicable) 74-6001399|501 (c) (3) 74-1109620|501(c)(3) 20-0251108 501 (c) (3) 74-2054315|501 (c) (3) 74-2090278|501 (c) (3) 74-6001399 501 (c) (3) 74-6001399|501 (c) (3) 74-1732379 501 (c) (3) 74-6001399|501(c)(3)30_0288750|501 (c) (3) (B) EIN 3201 Allen Parkway Sunte 101 ____Of_H_Arte_Publico_Press___ U_of H_-Center for Art & Soc <u>- River Oaks Chamber Orchestra</u> (a) Name and address of organization or government - Rice Design Alliance ----- 1409 Sul Ross ------ Russian Cultural Center -__Stages_Repertory_Theatre_ Houston Arts Alliance __U_of_H_ Blaffer Gallery - Rice University ----_ 1973 West Gray Ste_ 3_ - Several Dancers Core __316_E_Cullen___ Houston, TX 77019 Houston, TX 77006 Houston, TX 77008 Houston, TX 77019 Houston, TX 77204 316 E. Cullen _ _ Houston, TX 77204 _U_of_H_Clearlake_ 316 E. Cullen _ _ Houston, TX 77204 Houston, TX 77251 Houston, TX 77005 Houston, TX 77204 _ Rothko_Chapel__ _ 2337 Bissonnet_ __1404_Allston___ 316 E. Cullen Name of the organization

Continuation Page 6 of 11 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization						Contin	Continuation Page 6 of 11
ממשונים במונים ב						Employer identification number	ation number
Houston Arts Alliance						74-1946756	9
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990),	d Other Assistar	ice to Domestic	: Organizations and	d Domestic Govern	ıments. (Schedul	e 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
<u>Vartuosi of Houston</u>	76-0509062 501	501(c) (3)	36.464				trong (
MILLERS in the Schools 1523 W. Main Houston, TX 77006	76-0338549 501		57.175				Gen support/
Young_Audiences_of_Houston 1800_StJames_Place Houston, TX 77056	74-6082602 501 (c) (3)	501 (c) (3)	116,588.		,		Gen support/
<u>Bay_Area_Chorus</u>	74-1596200 501 (501 (c) (3)	5,708.				General support
<u>Bay Area Houston Ballet P.O _Box 580466 Houston, TX 77258</u>	74-2058421 501	501 (c) (3)	43,475				General cumort
<u>Classical Theatre Company P.O. Box 541324 Houston, TX 77254 </u>	20-8412415 501		29,732				General support
<u>Dance Source Houston</u> <u>P.O. Box 130661</u> Houston, TX 77219	20-3206252 501	501 (c) (3)	24,146.				Gen support/ New pathways
Diaz Music Institute	76-0629250 501		10,000				Gen support/ Expansion
_Evelyn_Rubenstein_JCC _5601_SBraeswood _Houston, TX 77096	74-1198298 501		10,000.				Art project
Houston_Boycholr	76-0627922 501 (501 (c) (3)	34,744				General support
			TEEA4001L 08/10/17			Schedule I	Schedule I Cont (Form 990) 2017

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

of 11 Schedule I Cont (Form 990) 2017 General support Seneral support General support General support General support (h) Purpose of grant or assistance Gen support/ Art project Art project Expansion General Continuation Page Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance valuation (book, FMV, appraisal, other) (f) Method of (e) Amount of non-cash assistance (d) Amount of cash grant 5,704 57,402 10,949 10,000 85,000 10,338 11,854 10,000 11,101 47,846 (c) IRC section (if applicable) 74-1941943 501 (c) (3) 76-0093914 501 (c) (3) 75-3244892 501 (c) (3) 76-0532098 501 (c) (3) 26-0874986 501 (c) (3) 76-0575694 501 (c) (3) 56-2452765|501 (c) (3) 27-1704265 501 (c) (3) 74-6001398 501 (c) (3) 26-1949618|501(c)(3) (b) EIN __Mildred_Umbrella_Theater_Comp ___2<u>320_Blue_Bonnet_Blvd.____</u>_ _ The Kingwood Pops Orchestra _ _6700_Harrisburg_Boulevard___ _3201_Allen_Barkway_Sulte_150_ (a) Name and address of organization or government _ The Catastrophic Theatre__ 8030 Oakington Dr. ----3201 Allen Parkway ----_ The Periwinkle Foundation _ - Trinity Episcopal Church -__3400_Bissonnet_Ste_185___ Houston Arts Alliance __Indlan_Performing Arts - Houston Swing Dance _ Noblemotion_Dance_ __1015_Holman_St____ 1119 East Freeway _ P.O_ Box_6914____ Kingwood, TX 77325 Houston, TX 77030 Houston, TX 77019 Houston, TX 77019 Houston, TX 77005 Houston, TX 77004 _ Box_13_Artspace_ Ensemble Theatre 3535 Main Street_ Houston, TX 77071 Houston, TX 77002 Houston, TX 77002 Houston, TX 77011 Name of the organization

TEEA4001L 08/10/17

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

of 11

Continuation Page

2017

|General support Schedule | Cont (Form 990) 2017 City initiative Seneral support Seneral support General support General support (h) Purpose of grant or assistance Power2 give Gen support/ Art project Art project Art project Art project Employer identification number Partills Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 8,358 11,931 84,067 17,053 10,000 10,000 13,525 39,027 38,321 9.677 TEEA4001L 08/10/17 (c) IRC section (if applicable) 74-6050208 501 (c) (3) 45-4879222 501 (c) (3) 80-0657650 501 (c) (3) 76-0218990|501(c)(3)26-4677793 501 (c) (3) 23-3087477 501 (c) (3) 76-0178983|501(c)(3)30-0223932|501 (c) (3) 45-0499627|501 (c) (3) 46-3502456|501(c)(3) (P) EIN __315_Capital_Sulte_120_____ _Texas Dragon Boat Association _Indian_Film_Festival_of_Hou_ (a) Name and address of organization or government 800 Town Country Blvd ---Architecture Cntr Hou_Found Chamber Music How c/o_Rice_ 220 Westmoreland Street Houston Arts Alliance _ Kingwood_Dance_Theatre Apollo_Chamber_Players 3205 Milburn Street_ _Karen_Stokes_Dance_ __1016_W_Temple_St___ __1320_Kingwood_Dr___ __2101_Winter_Street_ Kingwood, TX 77339 Spacetakers, Inc. Houston, TX 77024 Houston, TX 77009 _ 3819_Oberlin_St__ Houston, TX 77005 Houston, TX 77006 Houston, TX 77009 Houston, TX 77005 Houston, TX 77007 Houston, TX 77021 Houston, TX 77002 __Windsync_____ _6100_Main____ __800_Aurora_St_ Name of the organization 14 Pews --

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

of 11 General support General support initiative/Art (h) Purpose of Neighborhood grant or assistance Art project/ Art project Art project Art project Art project Art project Continuation Page 9 Visit My Jutreach Employer identification number project Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash 10,000 20,000 10,000 10,000 10,000 75,000 10,000 12,802 10,000 71,687 grant (c) IRC section (if applicable) 27-0163176 501 (c) (3) 30-0223932|501 (c) (3) 45-1464463|501 (c) (3) 76-0339238 501 (c) (3) 76-0040419 501 (c) (3) 45-4665467 501 (c) (3) 46-1203372 501 (c) (3) 76-0669727 501 (c) (3) 74-6001399|501 (c) (3) 74-1997923|501 (c) (3) (P) EIN _448_W 19th Street,_#570____ _ Hou_East_End_Chamber_Of_Comm_ __Italian_Cultural_&_Comm_Ctr__ __2617_W_Holcomb_Blvd_543_____ _ Texas_Medical_Ctr_Orchestra_ _ I_and H Olshan_TX Music_Fest (a) Name and address of organization or government 2101 Winter Street ----1270 Crabb River Rd Ste 600 Horse Head Theatre Company _ U_of H_College of the Arts_ Frame Dance Productions_ __550_Gulfgate_Center_Mall Houston Arts Alliance _ Magples & Peacocks_ _U_P_Art_Studio____ Richmond, TX 77469 Houston, TX 77270 _ 1101 Milford St_ P.O. Box 980983_ _PO_Box_70798____ Houston, TX 77008 Houston, TX 77087 Houston, TX 77006 __4502_McKinney_St__ Houston, TX 77098 _316_E_Cullen___ Houston, TX 77024 Houston, TX 77007 Houston, TX 77023 Houston, TX 77025 _ Public_Poetry__ Name of the organization

Schedule I Cont (Form 990) 2017

TEEA4001L 08/10/17

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

Schedule I Cont (Form 990) 2017 11 General support Seneral support City initiative General support (h) Purpose of grant or assistance ₽ Neighborhood Neighborhood Neighborhood Art project Art project Continuation Page 10 Visit My Visıt My Vısıt My Employer identification number Partill Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance valuation (book, FMV, appraisal, other) (f) Method of (e) Amount of non-cash assistance (d) Amount of cash grant 75,000 75,000 10,000 75,000 10,000 10,000 10,325 10,000 10,000 75,000 TEEA4001L 08/10/17 (c) IRC section (if applicable) 68-0628982 501 (c) (3) 76-0380602|501 (c) (3) 76-0658661 501 (c) (3) 47-3990099 501 (c) (3) 46-1807447 501 (c) (3) 23-7310597|501 (c) (3) 74-6057576 501 (c) (3) 46-3670357 501 (c) (3) 76-0353339 501 (c) (3) 80-0782869 501 (c) (3) How Latin Amer Phil Orchestra __826_Halewood_Drive______ Acres Homes_MSC Com_Adv_Cmte_ (a) Name and address of organization or government 530 N Elder Grove Dr. - Foundat - For Black Heritage 2505 Washington Ave Ste 400 Culture of Health Advancing 2401 Fountain View Ste #200 _ Center_for African Amer_MH_ Houston Chapter, SPEBSQSA Houston Arts Alliance _ 3211 Harrisburg Blvd __ _16370 Angel_Island_Ln_ _ 3816 Caroline Street_ _India_Culture_Center_ 7324 Southwest Frwy _6719_W_Montgomery_Rd _ Avenue_Com Dev_Corp_ East End Foundation Shabach Enterprise Pearland, TX 77584 Houston , TX 77007 8888 W Belfort St Houston, TX 77062 Houston, TX 77074 Houston, TX 77003 Houston, TX 77053 Houston, TX 77004 Houston, TX 77494 Houston, TX 77031 Houston, TX 77091 Name of the organization

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

of 11 City instlative General support (h) Purpose of grant or assistance Neighborhood Art project Continuation Page 11 Visit My Employer identification number Part II. | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) 74-1946756 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 10,000 10,000 58, 193 75,000 (c) IRC section (if applicable) 27-4653511 501 (c) (3) 74-2195558 501 (c) (3) 81-5035115 501 (c) (3) 76-0516601|501(c) (3) (b) EIN __Ihird Ward Community Fund Mgt (a) Name and address of organization or government __100_Jackson_Street_#130B__ - 415 Autum Ridge Dr. - - - -- P.O. Box. 230309 -----Houston Arts Alliance _ Orange_Show_Foundation __Mack_Performing_Arts__ Sugarland, TX 77479 Houston, TX 77223 PO BOX 541081____ Houston, TX 77254 Houston, TX 77002 _ Rec_Room_Arts___ Name of the organization

Schedule I Cont (Form 990) 2017

TEEA4001L 08/10/17

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.

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public linspection

Houston Arts Alliance

Employer identification number

74-1946756

Form 990, Part III, Line 1 - Organization Mission

Houston Arts Alliance (HAA) is a local arts and culture organization whose principle work is to implement the City of Houston's vision, values, and goals for its arts grantmaking and civic art investments. HAA's work is conducted through contracts with the City of Houston, overseen by the Mayor's Office of Cultural Affairs. HAA also executes privately funded special projects to meet the needs of the arts community and that energize neighborhoods. In short, HAA helps artists and arts nonprofits be bold, productive, and strong.

Form 990, Part III, Line 4d - Other Program Services Description

The Capacity Building Initiatives Department provides year-round relevant programming that assists arts organizations through partnerships in being effective stewards of their resources. These programs are facilitated by strategic partners to provide professional development and coaching in key capacity building functions - Change Capital, Financial Viability, Board Leadership, Staffing and Administration, Organizations Continuity, Flexibility, and Fundraising and Development.

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

The Executive Committee is authorized and empowered to exercise, on behalf of the Board of Directors when it is not convened, all of the powers of the Board of Directors in the management of the business and affairs of the Corporation and to take any and all action that may be taken by the Board of Directors, provided, however, that the Executive Committee shall not have the power to (a) amend the Articles of Incorporation as amended; (b) adopt a plan of merger or of consolidation with another corporation; (c) authorize the sale, lease, exchange, or mortgage of all or substantially all of the Corporation's property and assets; (d) authorize

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

Corporation's assets; (g) amend, alter or repeal the bylaws or adopt new bylaws for the Corporation; (h) elect, appoint or remove a Director or officer of the Corporation or (i)approve any transaction to which the Corporation is a party and that involves a potential conflict of interest as defined by the bylaws.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

In May 2017 the Bylaws of the organization were amendeded to change the organization's fiscal year-end from June 30 to a calendar year ending December 31.

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

The 990 is prepared by outside accountants in conjunction with their audit work and reviewed by the President & CEO and CFO. A copy is sent to the governing body prior to filing with the IRS.

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

Each year the President & CEO's office requires Directors to complete a conflict of interest statement.

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

Comparable data and contemporaneous substantiation are used in the deliberations and decision in regard to determining compensation. The HR committee is responsible for the review and approval of compensation for the President & CEO.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Comparable data and contemporaneous substantiation are used in the deliberations and decision in regard to determining compensation.

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

Information is available upon request.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Houston Arts Alliance	74-1946756

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Grant reversions

 \$
 10,000.

 \$
 10,000.