2018

Department of the Treasury

SCANNED MAR I 9 2019

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

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

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

Open to Public Inspection

Δ	For the	2018 calen	dar year, or tax year beginning $1/01$, 2018 and ending	7/31		, 2018
$\frac{}{B}$	Check if an		C , 2016 and ending		olover iden	tification number
		ess change			,)-2239	
	\vdash	•	The Woodlands Waterway Arts Council, Inc P.O. Box 8184		phone num	
	\vdash	e change	The Woodlands, TX 77387			
	H-1	l return	Inc Modification in 1755	(2	<u>.81) Z</u>	92-0082
	\mathbf{H}	eturn/terminated				^
	Amen	nded return			ss receipts	- 1 1
	Applic	cation pending	Dep Spiess	a) is this a group re		H''' H'''
			P.O. Box 8184 The Woodlands, TX 77387	(b) Are all subordina If 'No,' attach a l	iist (see ins	ed [†] Yes No structions)
<u>_</u>		empt status	X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527			
<u>J</u>	Websi			c) Group exemption		
K		organization	X Corporation Trust Association Other ► L Year of formation	2004	State of	legal domicile TX
Pa	irt 1	Summar	y			
			be the organization's mission or most significant activities To promote			
ė			orming and visual arts as authorized by the Tex	as Non-Pr	<u>oiit</u> '	Corporations
Activities & Governance	A	<u>ct</u>				
/err	2 CH	heck this bo	ox I if the organization discontinued its operations or disposed of more	than 25% of i	ts net as	
g	_		oting members of the governing body (Part VI, line 1a)	, than 25 % or .	3	16
∘ಶ			dependent voting members of the governing body (Part VI, line 1b)		4	15
ties	5 To	otal number	of individuals employed in calendar year 2017 (Part V, line 2a)		5	1
<u>`</u> .			of volunteers (estimate if necessary)		6	452
Ą	l		ed business revenue from Part VIII, column (C), line 12		7a	0.
_	b Ne	et unrelated	business taxable income from Form 990-, thre 34 RECEIVED	7 5. 4	7b	0.
	. ر	ontributions		Prior Ye		Current Year
ē			and grants (Part VIII, line 1h)	320	,709.	159,014. 222,383.
en			ncome (Part VIII, inte 29) JAN 0 4 2019	1 407	,134. ,414.	450.
Revenue			vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3, 4, and 11e) JAN 0 4 2019 COLUMN (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	 	,414.	430.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	809	,257.	381,847.
			imilar amounts paid (Part IX, column (A), times 13)		,700.	30,317.
	1		to or for members (Part IX, column (A), line 4)			
	15 Sa	alaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	69	,471.	28,704.
Expenses	16a Pr	rofessional	fundraising fees (Part IX, column (A), line 11e)			
Jen S			sing expenses (Part IX, column (D), line 25) ► 63,508.			
Ä			es (Part IX, column (A), lines 11a-11d, 11f-24e)	7.4.4	0 C C	540,379.
	l	=	es Add lines 13-17 (must equal Part IX, column (A), line 25)		, 855.	599,400.
	l	-	s expenses Subtract line 18 from line 12		,026. ,769.	-217,553.
¥ 8		evenue less	s expenses Subtract line to from the 12	Beginning of Cur		End of Year
lances	20 To	otal assets	(Part X, line 16)		,751.	240,205.
Ass	21 To		s (Part X, line 26)		, 992.	80,999.
Net Ass Fund Ba	22 Ne		fund balances Subtract line 21 from line 20		,759.	159,206.
		Signatur		370	, 133.	139,200.
				hest of my knowled	doe and hel	lief it is true correct, and
com	plete Decla	aration of prepa	eclare that I have exampled this return, including accompanying schedules and statements, and to the irer (other than officer is based on all information of which preparer has any knowledge	best of my mismet	/ /	
					12/2	21/18
Sig	ın	Signatu	re of officer	Date		7 7 0
He	re	Hea	ther Dickens	Treasurer	•	
			print name and title			
		Print/Type p	oreparer's name Preparer's signeture Date	Check	uf	PTIN
Pa	id	Lis	sa N. Jacobs (1) Walk Hollow 1224	// Self-emp	loyed	P00548979
	eparer	Firm's name	BRIGGS & VESELKA CO			
	e Only	Firm's addre		Firm's E	ın ► 7	4-1769118
	-		THE WOODLANDS, TX 77380	Phone n		1) 362-9732
May	the IRS	discuss th	is return with the preparer shown above? (see instructions)	•		X Yes No
BA	A For Pa	aperwork R	eduction Act Notice, see the separate instructions.	0113L 08/08/17	-	Form 990 (2017)

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

Form	1990 (2017) The Woodlands Waterway Arts Council, Inc	20-22399	<u>84</u>	Page 2
Par	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission			
	To promote and educate people about the performing and visual ar	<u>ts as auth</u>	orized h	<u> </u>
	the Texas Non-Profit Corporations Act.			
				- - -
2	Did the organization undertake any significant program services during the year which were not listed on the pi	ior \Box	,	
	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O		. 🗔	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program so if 'Yes,' describe these changes on Schedule O	arvices?	Yes X	No
4	Describe the organization's program service accomplishments for each of its three largest program ser Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	vices, as measur ns to others, the	ed by exper total expen	nses ses,
	(Code) (Expenses \$ 391,208. including grants of \$ 23,000.)	Revenue \$	222,8	73.)
	00.1.1.1.0			
	zee zcuednie o			
41	(Code) (Expenses \$ 54,689. including grants of \$) (Revenue \$)
	BAM-Because Art Matters is how we give back to the community wha		de with	the
	festival or raised through donations. We have approximately eight			
	economically disadvantaged schools that we provide financial sti			hev
	may purchase art supplies for their classrooms. We also bring a			
	with field trips to the Houston Grand Opera, Ballet, Fincher Art			
	Children's Museum. We serve over 31,000 At-Risk students. We h			"Dar
	the Drummer", or bring a master artist or teacher to those with			
	circumstances such as seniors, the disabled, juveniles in detent			
	women, and children in the Children's Hospital. We award \$21,00			
	categories of art and \$4,000 to two teachers, annually. We maint			
		arii ciie sp	orridir.	<u>ar</u> L
	gallery in The Woodlands Mall.			
	(Code) (Eventual & 20 CTO including grants of \$	Pavanue ¢		``
4 0		Revenue \$	-11-3 -1	<u> </u>
	We have underwriters that pay \$15,000 to support an art bench the			
	The Woodlands Waterway. We currently have 14 benches installed w			
	installed as part of Phase 3 in 2018, which were associated with			<u> 1r</u> _
	expenses include costs to recruit and select 3 artists for each			
	given a stipend of \$300 each and \$8000 is given to the artist the			
	build the bench. The Woodlands Township pays for the installation	on_and_we_c	<u>onvey </u>	-
	ownership to them. These beautiful benches enhance the waterway	and offer	<u>a place</u>	_to
	stop and reflect on the beauty of the area.			
				- -
4 0	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 475,575.			
BAA	TEEA0102L 12/05/17		Form 990	(2017)

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Yes No

AA	TEEA0103L 08/08/17	Form	990 ((2017)
	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
	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		<u> </u>
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
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		<u> </u>
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
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		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If 'Yes,' complete Schedule E	13		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		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
	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		
е	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
d	I 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		<u>х</u>
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
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	Λ	
а	or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI	11 a		
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX,			
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		<u></u> 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
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
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
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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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
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
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	,	х	

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			V	M-
20a	. Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	Yes	No X
Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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	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
ı	a 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)			
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
l	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	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		Х
ı	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
RΔΔ		Form	990 ((2017)

	1990 (2017) The Woodlands Waterway Arts Council, The		94		aye.
Pai	Statements Regarding Other IRS Filings and Tax Compliance				_
	Check if Schedule O contains a response or note to any line in this Part V			V	
_	False the annulus reported in Rev. 2 of Form 1006. False O. if not applicable	1-1		Yes	No a salasa
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 28	-1 80,3880		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		4		64 W
(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	50
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	2 a			
ı	alf at least one is reported on line 2a, did the organization file all required federal employmen		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	structions)			¥##
3 8	$_{ m a}$ Did the organization have unrelated business gross income of \$1,000 or more during the yea	دی	3 a		Х
ı	b If 'Yes,' has it filed a Form 990 T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
4 8	a At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4 a		Х
ı	a If 'Yes,' enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR)			
	f a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		Х
	$oldsymbol{ iny D}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	artly for goods and	7 a		X
ı	o 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 w Form 8282?	vas required to file	7 c		Х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	200 A		
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		Х
Ģ	g If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form 8899	7 g		
ŀ	$_{ m I}$ 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 organization have excess business holdings at any time during the year?	by the sponsoring	8		#GK
9	Sponsoring organizations maintaining donor advised funds.			***	
á	Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
ŧ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	son?	9 b		
10	Section 501(c)(7) organizations. Enter		蒸蒸	XX	
ā	Initiation fees and capital contributions included on Part VIII, line 12	10a			
ŧ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	<u> </u>			****
á	Gross income from members or shareholders.	11 a			
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b			
12 <i>a</i>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12 a		
ŀ	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 	1		
ā	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	e O	***		
ŀ	Enter the amount of reserves the organization is required to maintain by the states in	an. l			
	which the organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			- V
	Did the organization receive any payments for indoor tanning services during the tax year?	Salada O	14a		Х
ŧ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	ocneaule U	14b	1 1	

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

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

X

Sec	tion A. Governing Body and Management						
				_	\	es	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a		16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad						
	authority to an executive committee or similar committee, explain in Schedule O					×	
t	Enter the number of voting members included in line 1a, above, who are independent	1 b		15		(,) (,) (,)	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?	hip wi	th any other		2		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	rct supervision		-	\dashv	<u> </u>
•	of officers, directors, or trustees, or key employees to a management company or other pers	son?	or super vision		3		X .
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		Х
5	Did the organization become aware during the year of a significant diversion of the organiza	tion's	assets?		5	$\neg \uparrow$	X
6	Did the organization have members or stockholders?				6	Х	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint	t one or more		7 a		x
t	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mber	s,		7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following	durınç	the year by				
a	The governing body?				8 a	X	•
t	Each committee with authority to act on behalf of the governing body?				8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be	reached at the		9		Х
Sec	tion B. Policies (This Section B requests information about policies not req	uire	d by the Inter	nal Re	evenue	e Co	de.)
			·		`	res	No
10 a	Did the organization have local chapters, branches, or affiliates?				10 a		X
t	olf 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	and bra	inches to ensure their	r	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?			11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	o s	ee Schedul	e 0			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13				12 a	Х	
t	where officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could	give rise		12 b	Х	
C	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Schedule O how this was done See Schedule Q	Yes,' c	describe in		12 c	х	
	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and de						
a	The organization's CEO, Executive Director, or top management official				15 a		X
t	Other officers or key employees of the organization				15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)				218	88.49	
16 a	i Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?	r arrai	ngement with a		16 a	2 1	X
	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	ate its to saf	eguard the		16 b	(U.). (2).	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply				s only) a	availa	able
			plain in Schedule				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest potential public during the tax year See Schedule O			nts availa	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's bo			>	000	<u></u>	
	Better Bookkeepers 19221 I-45 South Suite 300 The Woodla	nds	TX 77385 (832)	<u> 299-</u>		12

Form 990 (20	, 110 NOOMENING NEODENLY 111 01 TOURISEL, 111	20-2239984	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
, с	heck if Schedule O contains a response or note to any line in this Part VII		Γ					

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

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

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

				(C))					
(A) Name and Title	(B) Average hours per	than	Position (do not han one box, u is both an off director/tr			inless person ficer and a rustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(1) Amy Lecocq	3								_	_
Director	0	X	L.			 		0.	0.	0.
(2) John Feuerstein	3	,,								
Director	0	X	H		_			0.	0.	0.
(3) Sue Burke Harrington Director	3	X						0.	0.	0.
(4) Robert Horton	3	^			-	\vdash		0.	<u> </u>	<u> </u>
Director	1-5-	X						0.	0.	0.
(5) Kim Lacayo	3	<u> </u>								<u></u>
Director	10	X						0.	0.	0.
(6) Jerry MacDonald	3									
Director	0] x						0.	0.	0.
(7) Ann Snyder	3									
Director	0	X	\bigsqcup					0.	0.	0.
(8) Deb Spiess	20_									
President	0	X	Ш	Х		\sqcup		0.	0.	0.
(9) Theresa Terrell	3							_		
Director	0	X						0.	0.	0.
(10) Mary Anne Whitney	3	ļ							•	•
Director	0	X	\vdash			\vdash	_	0.	0.	0.
(11) Nick Wolda	3	,,					i	_	0	0
Director	3	X				\vdash		0.	0.	0.
(12) Alex Bunch		J				1		0.	0.	0
Director	3	Х	\vdash			\vdash		0.	U.	0.
(13) Dragos Tapu Director		x						0.	0.	0.
(14) Maria Holmes	20	<u> </u>	\vdash			$\vdash \vdash$				<u> </u>
Vice President	- 	1		Х				0.	0.	0.
BAA	TEEAO	107L	08/08							Form 990 (2017)

South sandari make	(B)	T		((<u>:</u>	<u> </u>				
(A) Name and title	Average hours per	box	, unle	Pos check	sition more	e than is bot tor/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Fcrmer	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(15) Susan Vreeland-Wendt Secretary	_ <u>20</u> _			х				0.	0	. 0.
(16) Heather Dickens	_ 20 _									
Treasurer (17)	0			X.				0.	0	. 0.
(18)					-					
(19)							-		-	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)					1				15	
1 b Sub-total c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						> > >	0. 0. 0.	0	. 0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable con	
3 Did the organization list any former officer, direction line 1a? <i>If 'Yes,' complete Schedule J for suc</i>			key	err	nplo	yee,	or h	nighest compensa	ted employee	Yes No 3 X
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co: 50,00	mpe 007	ensa If 'Y	tion 'es,	and con	oth <i>iple</i>	ner compensation ete Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' <i>comple</i>	satio te Sc	n fre	om . Iule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	epen	dent	t cor	ntra	ctors	tha	at received more the	nan \$100,000 of	
compensation from the organization Report compen	sation for	the ca	alen	dar <u>y</u>	year	endi	ng v	with or within the or (B)	ganization's tax yea	(C) Compensation
Name and business add	ess							Description of	or services	Compensation
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ted to	tho	se I	ste	abo	ve)	who received more	than	
BAA		TEFAO	ากลเ	08/0	18/17					Form 990 (2017)

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				erway Arts Co	ouncil, Inc		20-2239984	Page 9
Par	<u>tį VI</u>	Statement of Rev Check if Schedule O		ance or note to an	w line in this Part V	7111	•	
		Check if Schedule O	contains a resp	odise of note to an	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Program Service Revenue Contributions, Gifts, Grants	b c d e f g h	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, esimilar amounts not included Noncash contributions included Total. Add lines 1a-1f Woodlands Art Art Dash Development	grants, and above 1f	11,940. 147,074. Business Code 711300 711300 711300	159,014. 180,716. 33,825. 7,842.	180,716. 33,825. 7,842.		512-514
Program Se	g	All other program serving Total. Add lines 2a-2f			222,383.			3534 A
	3 4 5	Investment income (incother similar amounts). Income from investmer Royalties	J	•	450.			450.
	b	Gross rents Less rental expenses Rental income or (loss) Net rental income or (lo	(i) Real	(ii) Personal		immed the state of		
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(II) Other				
	d	Gain or (loss) Net gain or (loss)						570 SP 1900 SS 100 SS 1
Other Revenue	b	Gross income from fund (not including \$ of contributions reported See Part IV, line 18. Less direct expenses. Net income or (loss) from the contribution of the contri	d on line 1c)	á b		The state of the s	The state of the s	1358-5" 5 " 1505-9" 5 4085 N. 2550 S. 250 S. 250 S. 25
	9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities			1990	gan galana galangan (P-1)			
	b	Gross sales of inventor and allowances Less cost of goods sol. Net income or (loss) fro	d om sales of inve	a b entory ► Business Code				
	11 a				*Seance von Same & Same		,	SALAR STATE OF THE SALAR STATE O
	b c d	All other revenue						

e Total. Add lines 11a-11d

12 Total revenue. See instructions

381,847

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Fundráising Program service expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments See Part IV. line 21 7,317 7,317 Grants and other assistance to domestic individuals See Part IV, line 22 23,000 23,000 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 0. 0 0 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0. n 736 27. Other salaries and wages 27,736 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 968 968 10 11 Fees for services (non-employees) a Management 4,260 42,033 100,866 54,573 **b** Legal 1,500 14,720 c Accounting 16,220 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 87,671 24.289 Advertising and promotion 116,516 4,556 12 232 13 Office expenses 232 Information technology 14 Royalties 15 1,572 1,572 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 911 911 514 ,514 23 Insurance Other expenses Itemize expenses not 24 covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 117,940 117,940 a Festival Operations 43,507 43,507 b Performing Arts 32,492 32,492 c Art Dash Party 29,678 d Art Bench Expenses 29,678 e All other expenses See Sch. O 74,931 49,193 9.730 16,008. 599,400 475,575 60,317 63,508. 25 Total functional expenses Add lines 1 through 24e 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)

Pleages and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Complete Part II of Schedule L Note: The second of School (III), persons described in section 4958((I)8), and contributing employees and sponsoring organizations of section 501((I)9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L Note: Sand loans receivable, net Prepare exercises and loans receivable, net Note: The second described in section 4958((I)8), and contributing employees and positions of section 501((I)9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L Note: The second described in section 4958((I)8) and contributing employees and positions of section 501((I)9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L Note: The second described in second terms of the second second second terms of the second second second terms of the second seco	150	II-LEX	Datatice Street	1				
1		_ •	Check if Schedule O contains a response or note to	o any I	ine in this Part X		1	
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4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(1)1), persons described in section 4958(1)(3)(6), and contributing employees and sponsoring organizations of section 501(c)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepared expenses and deterred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 11 Investments — publicly traded securities 12 Investments— other securities See Part IV, line 11 13 Investments— program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 2, 992. 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Excord or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and torrier officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities in clinical of an interior officers, directors, trustees, and other liabilities of incliculated on interior o		2	Savings and temporary cash investments				2	
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trustees, key employees, and highest compensated employees Complete Part II of Schedule I of Schedul		_		-44			***	
Section 4958(0(1)), persons described in section 4958(0(3)(6), and contributing employers and sponsoring organizations of section 501c(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 7		5	trustees, key employees, and highest compensated e	mploye	ees Complete		5	
8 Inventories for sale or use 8		6	section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c)	and contributing untary employees'		6		
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – publicly traded securities 14 Investments – program-related See Part IV, line 11 15 Investments – program-related See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Lansa and other payables to current and former officers, directors, trustees, key employees, inghest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24) Complete Part IV of Schedule D 25 Total liabilities not included on lines 17-24) Complete Part IV of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Taylor of Schedule D 31 Taylor of Schedule D 32 Retained earnings, endowment, accumulated income, or other funds 3	ţ	7	Notes and loans receivable, net				7	
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11 Investments — publicly traded securities 11 12 Investments — other securities See Part IV, line 11 12 13 Investments — other securities See Part IV, line 11 13 Investments — other securities See Part IV, line 11 13 Investments — program-related See Part IV, line 11 15 Integration Integrat		10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,803.			
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13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 15 15		11	Investments - publicly traded securities				11	
14 Intangible assets 14 15 15 15 15 15 15 15		12	Investments - other securities See Part IV, line 11			12		
15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 -24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted ines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 376,759, 33 159,206		13	Investments - program-related See Part IV, line 11		13			
16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital slock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 32 159,206		14	Intangible assets		14			
17		15	Other assets See Part IV, line 11		15			
18 Grants payable 18 Deferred revenue 19 60		16	Total assets. Add lines 1 through 15 (must equal line	34)		449,751.	16	240,205.
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 376,759, 33 159,206		17	Accounts payable and accrued expenses	72,992.	17	80,939.		
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Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Torganizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets 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 Tead-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances		19	Deferred revenue				1	60.
Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets 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 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 23 24 25 27 28 80,999 72,992. 26 80,999 72,992. 26 80,999 72,992. 26 80,999		20	•					
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33 Total net assets or fund balances 376, 759. 33 159, 206	AS					376,759.	32	159,206.
24 Total habilities and not assets/fund balances	<u>5</u>		_				33	159,206.
34 Total liabilities and fiet assets/fund balances [449,751.] 34 [240,205	z	34	Total liabilities and net assets/fund balances			449,751.	34	240,205.

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Form **990** (2017)

Forr	n 990 (2017) The Woodlands Waterway Arts Council, Inc 20	-2239984	Pa	age 12
Pa	rt XI⊗ Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			\Box
_1	Total revenue (must equal Part VIII, column (A), line 12)	1	381,8	347.
2	Total expenses (must equal Part IX, column (A), line 25)	2	599,4	100.
3	Revenue less expenses Subtract line 2 from line 1	3	-217,5	553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	376,7	159.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	159,2	206.
Pa	rt XII测 Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
2.	in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
2	•			- A
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	wed on a		
1	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	rate		
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	ıt,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	(001=
BAA			Form 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-F7

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

OMB No. 1545 0047 Open to Public

Inspection?

Department of the Treasury Employer identification number Name of the organization 20-2239984 The Woodlands Waterway Arts Council, Inc Parti 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state 5 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 |X| 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) 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. 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 (III) Type of organization (described on lines 1 10 above (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2017 The Woodlands Waterway Arts Council, Inc 20-2239984

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

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

Sec	tion A. Public Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(1) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	Indiar year (or fiscal year ming in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total filts, grants, contributions, and membership fees received (Do not incided any vinusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on the balf organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 and exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities bans, rents, royalities, and income from similar sources. Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
11	Total support. Add lines 7 through 10			2/			
12	Gross receipts from related activ	vities, etc. (see in:	structions)	/		12	2
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)	<u> </u>
				/		- 1 -	<u> </u>
			• • • • • • • • • • • • • • • • • • • •	ne 11, column (t))		} -	
	33-1/3% support test-2017. If t	he organization d	/ id not check the b	ox on line 13, and	d line 14 is 33-1/3		
b	33-1/3% support test-2016. If the	ne organization di	d not check a box	on line 13 or 16a	, and line 15 is 3	3-1/3% or more	e, check this box
1 7 a	or more, and if the organization	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in P	art VI how `
	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and circumstance test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in P ed organizatior	art VI how the
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			<u>_</u>
BAA			/		Sch	nedule A (Form	990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 The Woodlands Waterway Arts Council, Inc 20-2239984 Page | Partilli | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning 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')	236,632.	268,755.	243,851.	321,422.	159,464.	1,230,124.
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					222,383.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	518,785.	452,908.	522,856.	486,422.	222,363.	2,203,354.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	755,417.	721,663. 0.	766,707. 0.	807,844.	381,847.	3,433,478.
Ь	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						0.
	•	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b. Public support. (Subtract line 7c from line 6)	0.	0.	0.	0.	0.	0. 3,433,478.
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	755,417.	721,663.	766,707.	807,844.	381,847.	3,433,478.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	760.	537.	327.	1,414.	450.	3,488.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		505	007		450	0.
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	760.	537.	327.	1,414.	450.	3,488.
-	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).						0.
	Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990	756,177.	722,200.	767,034.	809,258.	382,297.	3,436,966.
	organization, check this box and tion C. Computation of Pu	stop here					" ▶ ∐
	Public support percentage for 20			ie 13. column (fi)		15	99.90 %
	Public support percentage from			.5 15, 5016/11/1 (1))		16	99.93 %
	tion D. Computation of Inv			<u> </u>			
17	Investment income percentage f				mn (fl)	17	0.10 %
	Investment income percentage f				(77	18	0.10 %
	33-1/3% support tests—2017. If is not more than 33-1/3%, check	the organization d	id not check the t	oox on line 14, an	d line 15 is more is a publicly supp	than 33-1/3%, an	d line 17
	33-1/3% support tests—2016. If the line 18 is not more than 33-1/3%	the organization d 6, check this box a	id not check a board stop here. The	x on line 14 or lin e organization qu	e 19a, and line 10 alifies as a public	5 is more than 33 ly supported orga	-1/3%, and
20	Private foundation. If the organi	zation did not che	ck a box on line 1	4, 19a, or 19b, c	neck 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)? If 'Yes, answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	redule A (Form 990 or 990-EZ) 2017 The Woodlands Waterway Arts Council, Inc 20-223998	4	F	age 5
<u>Ŗa</u>	THIV Supporting Organizations (continued)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	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			A1-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
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			
			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			
		SSASS SASS	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		
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	ction 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).			
	The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
1	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstruc	tions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
i	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			
١	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	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		

Sche	dule A (Form 990 or 990-EZ) 2017 The Woodlands Waterway Arts Cou	ınci.	l, Inc <u>20-22</u>	39984 Page 6
Ŗãĩ	tww Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
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	t on N	Nov 20, 1970 (explain in list complete Sections A	Part VI) See through E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	,	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short lax your or assets held for part of year)		promite operative operative annually colored	A Mariant Planning From the Thomas of the Control o
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	4047 N X 198 9	<u> </u>
4	Enter greater of line 2 or line 3	4		\$
5	Income tax imposed in prior year	5		**
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		880 000 000 000 000 000 000 000 000 000
7	Check here if the current year is the organization's first as a non-functionally inte	egrate	d Type III supporting or	ganızatıon

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Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 The Woodlands Waterw			39984 Page 7
	Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	tions (continued)	
<u>Sec</u>	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	19	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported 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	on is responsive (provide o	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			
. a				
b	From 2013		2	
С	From 2014			
d	From 2015			
е	From 2016			
1	f Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2017 from Section D, line 7 \$			
	Applied to underdistributions of prior years		2000	
	Applied to 2017 distributable amount			Marie
_	Remainder Subtract lines 4a and 4b from 4	STATUM NOTE BOUNES, A COMO SACESSACION A CAMBRIC IN ACT.		
	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			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

e Excess from 2017

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017

The Woodlands Waterway Arts Council, Inc 20-2239984

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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.)

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

Open to Public Inspection

Employer identification number Name of the organization The Woodlands Waterway Arts Council, Inc 20-2239984 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? lYes No Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a a Total number of conservation easements b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear • Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ►\$ (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ► \$ a Revenue included on Form 990, Part VIII, line 1 **►** \$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2017 The	Woodlands	Waterw	ay Arts	Cou	ncil,	Inc	20-223	9984	Page 2
Part III Organizations Mainta	ining Colle	ctions of	Art, Histo	orical	Treas	ures, or (Other Similar Ass	ets (conti	nued)
3 Using the organization's acquisition items (check all that apply)	n, accession, a	nd other rec	ords, check a	any of th	ne follow	ing that are	a significant use of its	collection	
a Public exhibition			d Loan	or excl	nange p	rograms			
b Scholarly research			e Other						
c Preservation for future gene	rations		_						
4 Provide a description of the organi. Part XIII	zation's collecti	ons and exp	fain how they	y furthe	r the org	anization's	exempt purpose in		
5 During the year, did the organizato be sold to raise funds rather to	ation solicit or than to be mai	receive dor intained as	nations of ar part of the c	rt, histo organiz	orical tre ation's c	asures, or collection?	other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	al Arrangen amount on	rents. Co Form 990	mplete if t 0, Part X,	the or line 2	ganıza 21.	ition ansv	wered 'Yes' on Fo	rm 990, P	art IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodia	n or other i	ntermediary	for co	ntributio	ns or other	assets not included	Yes	∏No
b If 'Yes,' explain the arrangemen	t in Part XIII a	ind complet	e the follow	ing tab	le				
								Amount	
c Beginning balance							1 c		
d Additions during the year							1 d		
e Distributions during the year							1 e		
f Ending balance	_						1 f		
2 a Did the organization include an								Yes	⊢ No
b If 'Yes,' explain the arrangemen	t in Part XIII	Check here	if the explai	nation	has bee	n provided	on Part XIII		
Part V Endowment Funds.	Complete if	the organ	uzation ar	swer	ed 'Ye	s' on Fori	m 990 Part IV Ju	ne 10	
Ture Fernandinent Funds.	(a) Current		(b) Prior yea			years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance	(u) ourron	,,,,,	(2)		(4)	, , , , , , , , , , , , , , , , , , , ,	(2) 11	(0,100)	
b Contributions								†	
c Net investment earnings, gains, and losses									
d Grants or scholarships	 							+	
Other expenditures for facilities and programs							-		
f Administrative expenses								1	
g End of year balance					-			†	
2 Provide the estimated percentage	e of the curre	nt year end	balance (lir	ne 1g, (column	(a)) held as	5		
a Board designated or quasi-endown	nent ►		8						
b Permanent endowment	%		_						
c Temporarily restricted endowme	nt ►	%							
The percentages on lines 2a, 2b, a	and 2c should e	qual 100%							
3 a Are there endowment funds not in	the possession	of the organ	nization that a	are held	d and adi	ministered f	or the	Yes	l Ma
organization by (i) unrelated organizations.								3a(i)	No
(ii) related organizations								3a(ii)	
b If 'Yes' on line 3a(ii), are the rel	ated organizat	ione lieted	ac required	on Sch	edule P	2		3b	
4 Describe in Part XIII the intende	_							30	
Part VI Land, Buildings, and		_	13 CHGOWING	CIII IUII		•			
Complete if the organ			s' on For	m 990). Part	IV. line 1	1a. See Form 99	0. Part X.	line 10.
Description of property								(d) Book	<u>.</u>
		(a) Cost or (invest		B _D	Cost or asıs (otl	ner)	(c) Accumulated depreciation	(a) Book	value
1 a Land									
b Buildings			,						
c Leasehold improvements									
d Equipment					7	,803.	4,969.		2,834.
e Other	!								
Total. Add lines 1a through 1e (Colum	nn (d) must ed	qual Form 9	90, Part X,	column	(B), lın	e 10c)	<u> </u>		2,834.
BAA							Sched	ule D (Form 9	90) 2017

Schedule D (Form 990) 2017 The Woodlands Water	erway Arts Coun	cil, Inc	20-2239984 P	age 3
Rart VII Investments - Other Securities.		N/A		
Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11b.	See Form 990, Part X, line	e 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	on Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(l)				
Total (Column (b) must equal Form 990, Part X, column (B) line 12)				
Rart VIII Investments - Program Related.		N/A		
Complete if the organization answered				
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market va	lue
(1)				
(2)				
(3)				
(4)			anana.	
(5)				
(6)				
(7)			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
(10)		CORPORA CONTRACTOR PROGRAMMENT CONTRACTOR CO	eccepter/100e/100e/100e/100e/100e/100e/100e/10	(Q.X00000±94#
Total (Column (b) must equal Form 990, Part X, column (B) line 13				(\$100 P.Z.)
PartiX Other Assets. Complete if the organization answered	N/A 1 'Yes' on Form 990). Part IV. line 11d S	See Form 990, Part X, line	e 15.
	scription	, ,	(b) Book value	
(1)	•			
(1) (2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9) (10)	P) (mo 15)			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15)		>	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.		le or 11f See Form 990 I		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 11	le or 11f. See Form 990, I		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (line) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability		le or 11f. See Form 990, I		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (line) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (line) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability	orm 990, Part IV, line 11	le or 11f. See Form 990, I	Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (left) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (left) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3)	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (l) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (l) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (l) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (l) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (l) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 11		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (l) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	orm 990, Part IV, line 1		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (left) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	orm 990, Part IV, line 1		Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (l) Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(b) Book value	The second secon	Part X, line 25	

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Schedule D (Form 990) 2017 The Woodlands Waterway Arts Co	uncil, Inc _	20-2239984 Pa	age 4
Rart XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	e per Return. N/A	
. Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	\	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Sta		ses per Return. N/A	
Complete if the organization answered 'Yes' on Form 9			
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	.		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	40.	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18)	5	
Part XIII Supplemental Information.			

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

Schedule **D** (Form 990) 2017

% ⊠ (h) Purpose of grant or assistance Schedule | (Form 990) (2017) Open to Public OMB No 1545-0047 2017 Employer identification number Yes Rart. It Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 20-2239984 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. TEEA3901L 08/10/17 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 (e) Amount of non cash assistance ► Go to www.irs gov/Form990 for the latest information (d) Amount of cash grant Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 7,317 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Inc (c) IRC section (if applicable) The Woodlands Waterway Arts Council, BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table. Part & General Information on Grants and Assistance 76-0276606 (**p**) EIN (1) Woodlands Center for the Perf 1 (a) Name and address of organization or government The Woodlands, TX 77380 __ 2005 Lake Robbins Dr į i i 1 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE | (Form 990) ١ 8 ଚ ତ୍ୱ \mathbf{e}_{i} |⊛¦ €¦ ତ

Page 2

Schedule I (Form 990) (2017) The Woodlands Waterway Arts Council, Inc 20-2239984

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 diminished if additional space is needed.

can be duplicated it additional space is needed.	pace is needed.				•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BAM: Awards/Scholarship	1	2,000.			
2 BAM: Awards/Scholarship	18	21,000.			
m					
4					
ເຄ					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	ide the information	ר required in Part I,	line 2; Part III, co	lumn (b); and any othe	r additional information

Part IV - Additional Supplemental Information

Procedures for monitoring the use of the Grant Funds Scholarships are awarded to

An high school juniors and seniors based on various categories of visual art.

independent jury grades each entry in each art category.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Woodlands Waterway Arts Council, Inc

Employer identification number

20-2239984

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b Part I

1	(a) Name of discussions	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected
(1)	(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

►\$ **►**\$

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo fror organ	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) Ap by bo comm	proved ard or uttee?	(ı) Wr agreer	ritten ment?
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)		-										
(4)												
(5)												
(6)			_									
(7)												
(8)												
(9)												
(10)												
Total					► \$	<u> </u>						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2017

v

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Woodlands Center for the	Board Member	31,333.	Security Services		Х
(2)					
(3)					
(4)					
(5)					
(6)		-			
(7)					
(8)					
(9)					
(10)					

Part V. Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

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.

to provide any additional information.

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.

Employer identification number 20-2239984

OMB No. 1545 0047

alnspection &

The Woodlands Waterway Arts Council, Inc

Form 990, Part III, Line 4a - Program Service Accomplishments

The Woodlands Waterway Art Festival is our main activity and how our organization began. It is an annual 2 day celebration of the arts held along The Woodlands Waterway and Town Green Park in the spring. It has attendance of over 14,000 patrons and features approximately 210 international, national and regional artists and fine craftsmen that are selected by a jury and sell their work. We also have musical performances on 2 stages with Grammy winning and local musicians, 1 stage with culinary art demonstrations and 1 stage with community performing artists with many ethnic musicians and dancers. There is an area called Artopoly that represents our student scholarship winners' work and an opportunity to buy student work for \$5 to facilitate the beginning of art appreciation and a community art project. There are hands on children art activities. Our revenue is derived from artist applications, booth rentals, admission revenues and our kick-off party called the Art Dash. Children 12 and under are admitted free. We also have a market where we sell customized items such as t-shirts and caps. We have approximately 500 volunteers that help with the festival. Our expenses include labor to manage and staff the event, set up the gates, tables, chairs, stages, tents, electric, and signage. have advertising, operations, performing arts, graphic arts, and printing expenses amongst others.

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

The Treasurer shall review each tax return and advise the Executive Committee of any issues of which the Executive Committee should be aware regarding a tax return prior to the filing of a tax return. The Executive Committee will duly resolve same prior to the filing of a tax return.

Name of the organization Employe	r identification number
The Woodlands Waterway Arts Council, Inc 20-22	239984

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

Enforcement of Conflicts Policy. The officers, directors or trustees, and key employees must complete and sign a Statement of Disclosure and Certificate of Compliance each year.

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

Governing Documents Disclosure. At the present time the organization responds to specific requests.

Form 990, Part IX, Line 24e Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management <u>& General</u>	Fundraising
Artist Expenses		11,977.	11,977.		
Board Expenses		15.		15.	
Charity Partners		751.	751.		
Credit Card Fees		4,628.		4,628.	
Development Event Expense		16,008.		·	16,008.
Drop Box		1,387.		1,387.	,
Dues & Subscriptions		3,050.		3,050.	
Food Booths		3,732.	3,732.	-,	
Licenses and Permits		650.	٠,٠٠٠.	650.	
Market		3,238.	3,238.		
Outreach Programming		18,875.	18,875.		
Scholarship Admin Expense		964.	964.		
Sponsors Tents/Booths		3,912.	3,912.		
Volunteer		5,744.	5,744.		
AOTHICECT	Total		\$ 49,193.	\$ 9.730.	\$ 16,008.
	IULAI	<u> </u>	49,193.	9,730.	10,000.