	For	<b>990</b>									OMB No. 1545-0047
	FUI					Organization 527, or 4947(a)(1) of the					2018
Depa Inter	artment nal Rev	of the Treasury enue Service				nter social security numb v.irs.gov/Form990 for inst					Open to Public Inspection
Α	For t	he 2018 calen	dar					and ending		,	2019
В	Check	if applicable:	С						D Employ	/er identif	ication number
	A	ddress change	Γ	VING A	RTS				43-	19503	379
	Na	ame change			NOR HWY				E Telepho	one numb	er
	In	itial return	DE	TROIT,	MI 4820	9			(31	3) 84	1-4765
	Fir	nal return/terminated									
	A	mended return							<b>G</b> Gross r	eceipts \$	1,687,486.
	A	oplication pending	F	Name and ad	dress of principa	<sup>al officer:</sup> ALISSA NOV	OSELICK	I	H(a) Is this a group retur	n for subc	ordinates? Yes X No
			870	)1 W. VE	RNOR HWY S	TE. 301 DETROIT,	MI 48209		H(b) Are all subordinates If "No," attach a list	included	? Yes No
I	Tax-	exempt status:	Х	501(c)(3)	501(c) (	) < (insert no.)	4947(a)(1) or	527		. (000	
J	We	bsite:► ₩₩	W.]	LIVINGA	ARTSDETR	OIT.ORG			H(c) Group exemption n	umber 🕨	
Κ		n of organization:	Х	Corporation	Trust	Association Other	L`	Year of formatio	on: 2002 M s	State of le	gal domicile: MI
Pa	rt I	Summar	у								
	1	Briefly descri	be tl	he organiz	zation's missi	ion or most significa	nt activities: <u>SE</u>	<u>E SCHED</u>	ULE_O		
e											
Governance											
ver	2	Check this bo		if the	organizatio	n discontinued its op	erations or disp	losed of mo	re than 25% of its	not acc	
ĝ						rning body (Part VI,				3	17
∞ð	4					s of the governing bo				4	17
Activities &	5					n calendar year 2018				5	57
Ë.	6					necessary)				6	50
Ä						Part VIII, column (C)				7a	0.
	b	Net unrelated	Dus	siness taxa	able income	from Form 990-T, lir	e 38			7b	0.
	8	Contributions	and	l arante (E	Part \/III line	1h)			Prior Year	200	Current Year
ne	9	Program serv	ice	revenue (F	Part VIII, IIIe	e 2g)			824,3		<u>1,426,076.</u> 254,614.
Revenue	10					A), lines 3, 4, and 7d		V		351.	3,356.
Be	11					nes 5, 6d, 8c, 9c, 10				594.	3,440.
	12	Total revenue	e — a	add lines 8	8 through 11	(must equal Part VI	I, column (A), li	ne 12)			1,687,486.
	13	Grants and s	imila	ar amounts	s paid (Part I	IX, column (A), lines	1-3)				
	14	Benefits paid	to c	or for mem	nbers (Part I)	X, column (A), line 4	)				
6	15	Salaries, othe	er co	ompensati	on, employee	e benefits (Part IX, c	olumn (A), lines	5-10)	366,2	254.	394,666.
ses	16a	Professional	fund	Iraising fee	es (Part IX, d	column (A), line 11e)					
Expense	b	Total fundrais	sing	expenses	(Part IX, col	lumn (D), line 25) ►	7	73,457.			
ũ	17	Other expense	ses (	Part IX, co	olumn (A), lii	nes 11a-11d, 11f-24e			530,3	312.	506,606.
	18					equal Part IX, colum					901,272.
	19	Revenue less	s exp	benses. Si	ubtract line 1	8 from line 12					786,214.
γ									Beginning of Currer		End of Year
Net Assets or Fund Balances	20									982.	1,621,045.
t As d B	21	Total liabilitie	s (P	Part X, line	; 26)				50,2	275.	47,124.
Rei	22	Net assets or	fun	d balance	s. Subtract li	ine 21 from line 20			787,7	707.	1,573,921.
Pa	rt II	Signatur	e B	lock							
Unde com	er penal plete. D	ties of perjury, I de eclaration of prepa	eclare arer (c	that I have e other than offi	xamined this retuicer) is based on	urn, including accompanying all information of which pre	schedules and states parer has any knowle	ments, and to the design of th	he best of my knowledge	and belie	f, it is true, correct, and
_											
Sig	jn	Signatu							Date		
He	re			NOVOS					EXECUTIVE	DIR.	
				name and tit	.ie				T	1 1-	
		Print/Type p				Preparer's signature		Date	Check		PTIN
Pa				STENGE					self-employ	ed ]	201289798
Pre	epare	1		► <u>DERDE</u>			& SALUCCI	, P.C.			
US	e On	Firm's addre	ess			G BEAVER, SUI	TE 700		Firm's EIN		
				TROY,	, MI 4808	84-3108			Phone no.	(248	) 649-3400

 
 TROY, MI 48084-3108
 Ph

 May the IRS discuss this return with the preparer shown above? (see instructions)......
 Ph
 X Yes No Form 990 (2018)

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

Form	n 990 (2018)	LIVING ARTS	43-1950379	Page <b>2</b>
Par		ement of Program Service Accomplishments		
		if Schedule O contains a response or note to any line in this Part III	<u> </u>	Χ
1	-	be the organization's mission:		
	SEE SCHEI	DOTE 0		
2	Did the organiz	zation undertake any significant program services during the year which were	e not listed on the prior	
		990-EZ?	····· Y	es 🛛 No
	,	ibe these new services on Schedule O.		—
3	0	nization cease conducting, or make significant changes in how it conduc ribe these changes on Schedule O.	ts, any program services? Y	′es <u>X</u> No
4	Section 501(c	organization's program service accomplishments for each of its three la c)(3) and 501(c)(4) organizations are required to report the amount of g if any, for each program service reported.	argest program services, as measured prants and allocations to others, the total	by expenses. al expenses,
4 a	(Code:	) (Expenses \$ 370,117. including grants of \$	) (Revenue \$	995,506.)
	SEE_SCHEL	<u></u>		
4 t	(Code:	) (Expenses \$ 276,062. including grants of \$		Ithe prior         Ithe prior      I
		CHOOL ARTS (OSA) OFFERINGS PROVIDE SEQUENTIA		
		RUCTION FOR PRE-K TO TEENAGE YOUTH ALONGSIDE		
		ND BEYOND. OSA PROGRAMS OPERATE SIX DAYS A W		
		UDE MORE THAN 60 SUMMER AND AFTER-SCHOOL CLAS		
		LITERARY, AND MEDIA ARTS. OSA TARGETS YOUTH A		
		ED NEARLY 300 YOUTH (94% OF WHOM WERE YOUTH (		
		MORE THAN 90% OF PARTICIPANTS RECEIVED FULL		
	ENROLLME	NT FEES AND NO OSA STUDENT WAS TURNED AWAY D	UE TO AN INABILITY TO AF	FORD
	<u>CLASSES.</u>			
4	: (Code:	) (Expenses \$ 114,526. including grants of \$	) (Revenue S	71 170 )
- (	· · · · · · · · · · · · · · · · · · ·	L ARTS (ISA) ARTIST-IN-RESIDENCE PROGRAMS BR		
		AREA SCHOOLS TO ENGAGE STUDENTS IN FINE ARTS		
		STS ARTS SKILLS AND ACADEMIC ACHIEVEMENT IN (		
		IDENCIES DELIVER ARTS INSTRUCTION THAT IMMERS		
		E, DANCE, THEATER, CREATIVE WRITING AND POET		
		AL MEDIA ARTS-ACTIVITIES THAT ARE NOT AVAILA		
		THE BALANCE OF RESIDENCIES INTEGRATE ARTS L		
		CIAL STUDIES, OR MATH AND SCIENCE TO DIRECTLY		
		19, ISA RESIDENCIES REACHED MORE THAN 2,200 S	STUDENTS IN 65 CLASSROOM	<u>S_IN_NINE</u>
	DETROIT	PUBLIC AND CHARTER SCHOOLS.		
40	(Expenses	m services (Describe in Schedule O.) SEE SCHEDULE C \$ 15,508. including grants of \$		96.)
4 e	e Total program	n service expenses > 776,213.		
BAA		TEEA0102L 08/03/18	F	orm <b>990</b> (2018)

 Form 990 (2018)
 LIVING ARTS

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ł	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	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
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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

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Form 990 (2018)

 Form 990 (2018)
 LIVING ARTS

 Part IV
 Checklist of Required Schedules (continued)

Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 a	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
I	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		
(	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
I	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? <i>If 'Yes,' complete Schedule L, Part II.</i>	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):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	20C	Х	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
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? <i>If 'Yes,' complete Schedule R, Part L</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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 58		162	UNI
	Denter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
<b>D</b> 4 4	(gambling) winnings to prize winners?	1 c		0010
BAA	TLEAU104L 00/03/10	rorm	990 (	∠UI8)

	m 990 (2018) LIVING ARTS 43-19	50379	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
<b>n</b> -	• Enter the number of employees reported on Form W/2. Transmitted of Ware and Tay State			
28	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 2a	57		
k	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i>			
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
Ł	b If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
68	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n <b>6a</b>		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
L	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
č	a Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?	7a		Х
ŀ	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
	<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.5		
	Form 8282?	7c		Х
c	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
c	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
-	as required?	7g		
ł	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7h		
0	organization have excess business holdings at any time during the year?			
•		•••••		
	<b>Sponsoring organizations maintaining donor advised funds.</b> <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	0.5		
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12 10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders 11 a			
ł	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12-	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	<b>a</b> is the organization licensed to issue gualified health plans in more than one state?	13a		
ć		158		
	Note. See the instructions for additional information the organization must report on Schedule O.			
t	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.			Λ
		10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	low, aes i	and n	for
	Schedule O. See instructions.	-		
_	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Se	ction A. Governing Body and Management		Vee	
1	a Enter the number of voting members of the governing body at the end of the tax year 1a 17		Yes	No
1	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.			
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4				
	since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		x
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,	, "		
	stockholders, or persons other than the governing body?	7 b		Х
8	the following:			
	a The governing body?	8 a	X	<u> </u>
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu		1 - É
10	- Did the experimetion have least shorters, branches, as officiates?	10 -	Yes	No X
	<ul> <li>a Did the organization have local chapters, branches, or affiliates?</li> <li>b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their</li> </ul>	10 a		A
	operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	10 -	v	
	<ul> <li>a Did the organization have a written conflict of interest policy? If 'No,' go to line 13</li> <li>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise</li> </ul>	12a	Х	
	<ul> <li>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in</li> </ul>	12b	Х	
	Schedule O how this was done SEE SCHEDULE . Q	12 c	Х	
13	5	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management officialSEE .SCHEDULE.0	15 a	Х	
	<b>b</b> Other officers or key employees of the organizationSEE .SCHEDULE .O	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Se	ction C. Disclosure	DOI		<u> </u>
<u> </u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50	1(c)(3	)s on	lv)
	available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website         X       Upon request         Other (explain in Schedule O)	. (0)(0	)0 011	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year. SEE SCHEDULE O	ole to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_		
	ALISSA NOVOSELICK 8701 W VERNOR HWY STE 301 DETROIT MI 48209 (313) 841-476	5		

Form 990 (2018) LIVING ARTS

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Form 990 (2018) LIVING ARTS Part VII Compensation of Officers, Director Independent Contractors	ors, Tru	stee	es, I	Key	' Er	nplo	ye	es, Highest C	43-19503 ompensated En	· · ·
Check if Schedule O contains a response	or note to	anv	line	in tl	his l	Part ∖	/11			
Section A. Officers, Directors, Trustees, Ke		_								· · · · · · · · · · · · · · · · · · ·
<b>1a</b> Complete this table for all persons required to be listed organization's tax year.	<u> </u>	-				<u> </u>		-		
• List all of the organization's <b>current</b> officers, direcompensation. Enter -0- in columns (D), (E), and (F) in							ual	s or organization	s), regardless of an	nount of
<ul> <li>List all of the organization's current key employed</li> </ul>										
<ul> <li>List the organization's five current highest comp who received reportable compensation (Box 5 of Form organization and any related organizations.</li> </ul>										
• List all of the organization's <b>former</b> officers, key of reportable compensation from the organization and any					est c	ompe	ensa	ated employees v	vho received more t	han \$100,000
• List all of the organization's former directors or truster organization, more than \$10,000 of reportable compen-										
List persons in the following order: individual trustees employees; and former such persons.	or directo	rs; ir	nstitu	ution	nal ti	rustee	es;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any related	ed organiz	ation	com	npen	sate	d any	си	rrent officer, direct	or, or trustee.	
				(C)						
(A) Name and Title	(B) Average hours	thar	n one s both	box,	unles fficer	eck mor s perso and a ee)	re on	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			Ö			ited				
(1) JIMMY CRAWFORD DIRECTOR	<u>1</u>	Х						0.	0.	0.
(2) CANDACE GRIFFIN	1									<u> </u>
DIRECTOR	0	Х						0.	0.	0.
(3) MATTHEW NAHAN	1									
DIRECTOR	0	X						0.	0.	0.

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DIRECTOR	0	27			1 1	1
(11) ANNE OSMER	3					
SECRETARY	0	Х		Х		1
(12) RALPH VALDEZ	3					
VICE PRESIDENT	0	Х		Х		1
(13) RENEE KENT	1					
DIRECTOR	0	Х				1
(14) MONIQUE HARRIS	1					
DIRECTOR	0	Х				
BAA	TEEA0	07L	08/0	3/18		

(4) SUSAN BRICE

DIRECTOR

PRESIDENT

DIRECTOR

DIRECTOR

DIRECTOR

TREASURER

DIRECTOR

(6) ANGELA GALAVIZ

(7) MICHELLE HARRELL

(8) VERONICA MARSICH

(9) LESLEY MCCARTHY

(10) ULRIKE HILDEBRAND

(5) MIKE BROWN

Form 990 (2018)

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Par	t VII Section A. Officers, Directors, Tru	istees, l	Key	Em	ıplo	bye	es, a	ano	d Highest Com	pensated Em	ployees	5 (conti	nued)
		(B)			(0	•							
	(A) Name and title	Average hours per week	box offic	, unle	ess pe	erson	e than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of ot	her
		(list any hours for	Individual t or director	Institu	Officer	Key e	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	pensatio rom the janizatio	n
		related organiza	Individual trustee or director	nstitutional trustee	ଦ	Key employee	ist co oyee	ler				d related anizatior	
		- tions below dotted	trust	al frus		yee	mper						
		line)	ě	itee			sated						
(15)	KAYANA SESSOMS	1											
<u>(13)</u>	DIRECTOR	0	Х						0.	0			0.
(16)	TERRENCE_WEST	1									-		
<u> </u>	DIRECTOR	0	Х						0.	0			0.
(17)	MICHELLE CANTOR	$-\frac{1}{0}$	X						0.	0			0.
(18)	ALISSA NOVOSELICK	40	Λ						0.	0	•		0.
<u>~ _′</u> _	EXECUTIVE DIR.	0	•		Х				85,275.	0			0.
(19)													
(20)											_		
(20)													
(21)													
(22)													
(23)													
<u> </u>													
(24)													
(25)													
(25)													
	Sub-total							►	85,275.	0	•		0.
	Total from continuation sheets to Part VII, Section							•	0.	0			0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited							► vod	85,275.	0 of reportable par		<b>n</b>	0.
Z	from the organization $\blacktriangleright$ 0	to those i	Isteu	abov	ve) v	WHO	recer	veu		o or reportable cor	ipensatio	11	
	0											Yes	No
3	Did the organization list any former officer, direct												
	on line 1a? If 'Yes,' complete Schedule J for such										3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le co 50,00	mpe 00?	ensa <i>If 'Y</i>	ition <i>Yes.</i>	and ' <i>com</i>	oth Iple	er compensation te Schedule J for	from			
	such individual										4		Х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen ,' <i>comple</i>	isatio <i>te Sc</i>	on fro chea	om i lule	any <i>J fo</i>	unre r suc	late	ed organization or	individual	5		Х
Sec	tion B. Independent Contractors	•											
1	Complete this table for your five highest compensation from the organization. Report compen-										ar.		
	(A) Name and business addr					<i>,</i>		5	(B)		( Compe	C)	
	Name and business addr	ress							Description of	of services	Compe	ensatio	n
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tha	ose l	isteo	a abo	ve)	who received more	than			
	, ,	0											

# Form 990 (2018) LIVING ARTS Part VIII Statement of Revenue

Page 9

	<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
1 a   Federated campaigns				
b Membership dues 1b				
c Fundraising events 1 c				
d Related organizations 1d e Government grants (contributions) 1e 41 050				
11/030.				
f All other contributions, gifts, grants, and similar amounts not included above 1f 1 385 026				
similar amounts not included above 1f 1,385,026. g Noncash contributions included in lines 1a-1f: \$ 38,037.				
h Total. Add lines 1a-1f►	1,426,076.			
Business Code	1/120/0701			
2a <u>CONTRACT_SERVICE_INCOME</u>	214,231.	214,231.		
b <u>TICKET SALES</u>	19,225.	19,225.		
C STUDENT FEES	16,968.	16,968.		
d COMMUNITY_PERFORMANCE	4,190.	4,190.		
f All other program service revenue				
g Total. Add lines 2a-2f	054 614			
	254,614.			
3 Investment income (including dividends, interest and other similar amounts)►	3,356.			3, 3
4 Income from investment of tax-exempt bond proceeds	0,0001			0,0
5 Royalties				
(i) Real (ii) Personal				
6 a Gross rents	-			
b Less: rental expenses				
c Rental income or (loss) d Net rental income or (loss)				
(i) Sequirities (ii) Other				
7 a Gross amount from sales of assets other than inventory				
<b>b</b> Less: cost or other basis and sales expenses				
c Gain or (loss)				
d Net gain or (loss)►				
8 a Gross income from fundraising events (not including \$				
of contributions reported on line 1c).				
See Part IV, line 18 <b>a</b>				
<b>b</b> Less: direct expenses <b>b</b>				
c Net income or (loss) from fundraising events►				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 <b>a</b>				
<b>b</b> Less: direct expenses <b>b</b>				
c Net income or (loss) from gaming activities►				
10a Gross sales of inventory, less returns and allowancesa				
<b>b</b> Less: cost of goods sold <b>b</b>				
c Net income or (loss) from sales of inventory►				
Miscellaneous Revenue Business Code	0.446			
11a <u>MISCELLANEOUS INCOME</u>	3,440.			3,44
b				
d All other revenue				
e Total. Add lines 11a-11d	2 440			
	<u>3,440.</u> 1,687,486.	254,614.	0.	6,79

Sec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re				v
				(C)	
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	85,275.	85,275.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	260,773.	213,502.	26,640.	20,631.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,252.		4,252.	
9	Other employee benefits	16,418.	13,901.	1,122.	1,395.
10	Payroll taxes	27,948.	22,392.	3,498.	2,058.
11	Fees for services (non-employees):	Т		Т	
	a Management				
	b Legal				
	Accounting	13,450.	13,450.		
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17 f Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, <u>column</u>				
	(A) amount, list line 11g expenses on Schedule 0. $SCH$ . $Q$	106,123.	59,037.	7,331.	39,755.
	Advertising and promotion	9,320.	8,354.	295.	671.
13	Office expenses	11,290.	10,156.	454.	680.
14	Information technology	1,406.	1,274.		132.
15	Royalties	42 200	41 0.00	076	1 272
16 17	Occupancy	43,309.	41,060.	876. 738.	1,373.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	8,935.	7,986.	/38.	211.
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	0.054	0		
22	Depreciation, depletion, and amortization	3,254.	2,762.	288.	204.
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	14,121.	11,953.	989.	1,179.
ć	PROGRAM CONTRACT_LABOR	209,994.	209,943.		51.
	PROGRAM SUPPLIES	25,373.	25,348.	13.	12.
(	HOSPITALITY	23,397.	20,646.	981.	1,770.
C	BEQUIPMENT_REPAIRS	9,766.	9,110.		656.
	e All other expenses	26,868.	20,064.	4,125.	2,679.
25	Total functional expenses. Add lines 1 through 24e	901,272.	776,213.	51,602.	73,457.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

BAA

 Form 990 (2018)
 LIVING ARTS

 Part IX
 Statement of Functional Expenses

## Form 990 (2018) LIVING ARTS

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X ..... (A) (B) Beginning of year End of year 1 84,285. 1 Cash - non-interest-bearing. 138,809 Savings and temporary cash investments..... 190,295 2 2 678,241. 3 3 Pledges and grants receivable, net. 784,900. 352,674 4 Accounts receivable, net ..... 147,053. 4 63,825. Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L ..... 6 7 7 Notes and loans receivable, net..... Assets Inventories for sale or use..... 8 8 9 Prepaid expenses and deferred charges..... 6,138. 9 7,487. **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10 a 26,289. 10 c **b** Less: accumulated depreciation..... 10b 23,982. 3,013. 2,307. Investments – publicly traded securities. 11 11 **12** Investments – other securities. See Part IV, line 11..... 12 Investments – program-related. See Part IV, line 11..... 13 13 14 14 Intangible assets. 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 837,982. 16 1,621,045 17 Accounts payable and accrued expenses ..... 34,826. 17 30,370 18 Grants payable ..... 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... 22 23 Secured mortgages and notes payable to unrelated third parties ..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 15,449 25 16,754. Total liabilities. Add lines 17 through 25..... 26 50,275 26 47,124. X and complete Organizations that follow SFAS 117 (ASC 958), check here ► Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 27 341,400. 569,530. Temporarily restricted net assets..... 28 446,307 28 1,004,391. Fund Permanently restricted net assets..... 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 6 Capital stock or trust principal, or current funds..... 30 30 ø Net Asse Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 Total net assets or fund balances..... 787,707. 33 1,573,921 Total liabilities and net assets/fund balances. 34 34 837,982 1,621,045. TEEA01111 08/03/18 BAA Form 990 (2018)

Form	990	(2018)	LIVING	ARTS 43-	1950379		Pa	ge <b>12</b>
Par	t XI	Reco	onciliatior	n of Net Assets				
		Check	if Schedule	e O contains a response or note to any line in this Part XI				
1	Total	revenue	e (must equ	ual Part VIII, column (A), line 12)	1	1,68	87,4	186.
2	Total	expens	es (must e	qual Part IX, column (A), line 25)	2	90	01,2	272.
3			•	. Subtract line 2 from line 1	3	78	86,2	214.
4	Net a	assets or	r fund balar	nces at beginning of year (must equal Part X, line 33, column (A))	4	78	87,7	07.
5			5 (	osses) on investments	5			
6				se of facilities	6			
7			•		7			
8		•	•	S	8			
9		-		ssets or fund balances (explain in Schedule O)	9			0.
10				es at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1,5	73,9	921.
Par	t XII	Finan	icial Stat	tements and Reporting				
		Check	if Schedule	e O contains a response or note to any line in this Part XII				. X
							Yes	No
1	Acco	unting m	nethod used	d to prepare the Form 990: Cash X Accrual Other				
		e organiz chedule (		ged its method of accounting from a prior year or checked 'Other,' explain				
2 a	Were	the org	janization's	financial statements compiled or reviewed by an independent accountant?		2 a		Х
		rate bas		low to indicate whether the financial statements for the year were compiled or review dated basis, or both: Consolidated basis Both consolidated and separate basis	ed on a			
b	Were	e the org	janization's	financial statements audited by an independent accountant?		2 b	Х	
		s, consol	k a box bel lidated basi ate basis	low to indicate whether the financial statements for the year were audited on a separation is, or both:	ate			
c	lf 'Ye revie	s' to line w, or co	2a or 2b, do 2 a or 2b, do	loes the organization have a committee that assumes responsibility for oversight of the audit of its financial statements and selection of an independent accountant?	, 	2 c		Х
3 a	in So As a	chedule ( result of	O. a federal av	aged either its oversight process or selection process during the tax year, explain SEE SCHEDULE O ward, was the organization required to undergo an audit or audits as set forth in the Single		2-		v
				ular A-133?		3 a		X
Ł				ion undergo the required audit or audits? If the organization did not undergo the required aud n Schedule O and describe any steps taken to undergo such audits		3 b		
BAA				TEEA0112L 08/03/18		Form	<b>990</b> (	(2018)

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-EZ.

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

OMB No. 1545-0047

Open to	Public
Inspe	

Name of the organization	
Department of the Treasury Internal Revenue Service	'

Total

Name o	f the organization					Employer identifica	ation number
	ING ARTS					43-195037	
	Reason for Public Cha	arity Status (All o	roanizations must o	omnle	te this		-
	rganization is not a private found						
1	A church, convention of church				-	,	
2	A school described in section			•		. <b>/)</b> .	
3	A hospital or a cooperative l		•		,	(Milli)	
4							ntor the bosnital's
4							
5							
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 gov	ernment or governme	ental unit described in <b>s</b>	ection 1	<b>70(b)(</b> 1)	(A)(∨).	
7	X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial ( (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	l.)			
9	An agricultural research organ	ization described in se	ction 170(b)(1)(A)(ix) oper	ated in c	oniunctio	on with a land-grant colle	eae
•	or university or a non-land-gra						
	university:						
10	An organization that normally	receives: (1) more than	33-1/3% of its support fr	om contr	ibutions	membership fees, and	aross receipts
	from activities related to its	exempt functions—su	bject to certain exception	ons, and	(2) no	more than 33-1/3% of i	ts support from gross
	investment income and unre June 30, 1975. See section	lated business taxab	le income (less section Part III.)	511 tax)	from b	usinesses acquired by	the organization after
11	An organization organized a			etv. See	section	n 509(a)(4).	
12	An organization organized a	·	5	2			it the nurnoses of one
	or more publicly supported of	organizations describe	ad in <b>section 509(a)(1)</b> c	r certin	n 509/a	(2) See section 509(a)	(3). Check the box in
	lines 12a through 12d that d	escribes the type of s	upporting organization	and com	iplete lii	nes 12e. 12f. and 12g.	
а	<b>Type I.</b> A supporting organization(s) the power to re	ion operated, supervise equiarly appoint or elec	ed, or controlled by its sup t a majority of the director	ported o rs or frus	rganizat	ion(s), typically by giving the supporting organization	the supported
	complete Part IV, Sections	A and B.				and capper ang er gamzaa	
b	Type II. A supporting organiz	zation supervised or o	controlled in connection	with its	support	ed organization(s), by	having control or
	management of the supporting must complete Part IV, Sect	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	ion(s). <b>You</b>
с			tion operated in connection	n with or	nd functi	apally integrated with its	currented
Ŭ	Type III functionally integrated organization(s) (see instruct	ions). <b>You must com</b>	plete Part IV, Sections	<b>A, D, an</b>	d E.		supporteu
d	Type III non-functionally integ	rated. A supporting or	panization operated in cor	nnection	with its s	supported organization(s)	) that is not
	functionally integrated. The instructions). You must com	organization generally	y must satisfy a distribu	tion requ	uiremen	t and an attentiveness	requirement (see
е	Check this box if the organiz	•	,	he IRS	that it is	: a Type I Type II Typ	e III functionally
	integrated, or Type III non-fu	unctionally integrated	supporting organization	ı.		51 / 51 / 51	,
	Enter the number of supported						
g	Provide the following information		d organization(s).				
(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) la organizat		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			above (see instructions))	in your g docur	overning		
·				Yes	No		
<i></i>							
(A)							
(B)							
$\langle \mathbf{C} \rangle$							
(C)							
(D)							
(F)							
<u>(E)</u>							
						1	1

Sec	tion A. Public Support		ted below, please	complete i art m	.)		
	ndar year (or fiscal year	<b>(a)</b> 2014	<b>(b)</b> 2015	(a) 2016	(d) 2017	<b>(a)</b> 2018	
begi	nning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	<b>(f)</b> Total
I	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	794,700.	598,928.	707,078.	824,309.	1,426,077.	4,351,092.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3	794,700.	598,928.	707,078.	824,309.	1,426,077.	4,351,092.
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)						1,789,829.
6	Public support. Subtract line 5 from line 4						2,561,263.
Sec	tion B. Total Support						1,001,1001
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	794,700.	598,928.	707,078.	824,309.	1,426,077.	4,351,092.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	81.	267.	305.	351.	3,356.	4,360.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C	36.4			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	3,169.	4,709.	2,285.	3,594.	3,440.	17,197.
11	Total support. Add lines 7 through 10						4,372,649.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				0.
	First five years. If the Form 990 is organization, check this box and	stop here					▶□
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2						58.57 %
	<b>33-1/3% support test–2018.</b> If the and <b>stop here.</b> The organization	he organization di	d not check the b	ox on line 13, and	d line 14 is 33-1/3	3% or more, check	73.68 % this box X
b	<b>33-1/3% support test–2017.</b> If th and <b>stop here.</b> The organization	ie organization did	I not check a box	on line 13 or 16a	, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	<b>re.</b> Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' f	nd-circumstances test. The organiza	s' test, check this ition qualifies as a	box and <b>stop he</b> a publicly support	re. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions ►

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

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	1					
	dar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	<b>(f)</b> Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		U				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						<u>.</u>
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(	<sup>3)</sup> ►
	tion C. Computation of Pu			na 12. activity (2	、 、		٥
	Public support percentage for 20	•					00 0
-	Public support percentage from					16	010
	tion D. Computation of Inv				(0)		
17	Investment income percentage f						00
18	Investment income percentage f						00
	<b>33-1/3% support tests—2018.</b> If is not more than 33-1/3%, check	<pre>&lt; this box and stop</pre>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	1 🕨
	<b>33-1/3% support tests</b> — <b>2017.</b> If f line 18 is not more than 33-1/3%	6, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported organ	nization 🕨
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	▶

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

## Section A. All Supporting Organizations

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

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		Yes	No
11 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>b</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		
Section B. Type I Supporting Organizations			

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

#### Section C. Type II Supporting Organizations

			res	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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

## Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 () appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
		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? <i>If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played</i>			
	in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

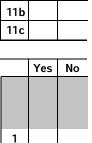
- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below. а
  - The organization is the parent of each of its supported organizations. Complete line 3 below.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

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

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

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2



1 X / N /

Yes

2a

2b

3a

3h

No

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instructions. All other Type III non-functionally integrated supporting organizatio		(A) Prior Year	(B) Current Year
Section A – Adjusted Net Income		(A) Phor fear	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
<b>3</b> 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		
Section 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 tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater 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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally inte	earated	Type III supporting or	nanization

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

Schedule A (Form 990 or 990-EZ) 2018

	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	IS,		
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	e details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
ł	• From 2014			
	: From 2015			
C	From 2016			
	From 2017			
	f Total of lines 3a through e			
ç	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	i Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	• Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
	Excess from 2015			
C	Excess from 2016			
C	Excess from 2017			
	Excess from 2018			

e Excess from 2018.....

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Schedule A (Form 990 or 990-EZ) 2018

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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.) Part VI

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2018	 2017	 2016		2015		2014
INSURANCE CLAIM REIMBUR	SEMEN	IT			ć	1,992.	ć	3,169.
MERCHANDISE SALES MISCELLANEOUS INCOME	\$	3,440.	\$ 910. 2,684.	\$ 2,055. 230.	Ş	2,717.	Ş	5,109.
TOTAL	\$	3,440.	\$ 3,594.	\$ 2,285.	\$	4,709.	\$	3,169.



SCHEDULE D       Supplemental Financial Statements         Form 990) <ul> <li>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.</li> <li>Attach to Form 990.</li> </ul> <ul> <li>Attach to Form 990.</li> </ul>						
Department of the Treasury nternal Revenue Service	► Go to www.irs.	.gov/Form990 for instructio	ns and the latest in		Open to Pub Inspection	
Name of the organization				Emp	loyer identification number	
LIVING A	RTS			12	-1950379	
Part I Organizat	tions Maintaining Dono	or Advised Funds or O	ther Similar Fu			
Complete	if the organization answ	wered 'Yes' on Form 9	90, Part IV, line	6.	105.	
		(a) Donor advise	ed funds	(b) Funds	and other accounts	
1 Total number at e	end of year					
2 Aggregate value of con	ntributions to (during year)					
<b>3</b> Aggregate value of gra	ants from (during year)					
4 Aggregate value	at end of year					
5 Did the organizat are the organizat	ion inform all donors and dor ion's property, subject to the	nor advisors in writing that t organization's exclusive leg	he assets held in de jal control?	onor advised fund	s <b>Yes 1</b>	
for charitable pur	ion inform all grantees, dono poses and not for the benefit vate benefit?	t of the donor or donor advis	sor, or for any other	purpose conferri		
	tion Easements.	wered 'Yes' on Form 9	90, Part IV, line	7.		
1 Purpose(s) of cor	nservation easements held by	y the organization (check all	I that apply).			
Preservation	of land for public use (e.g., r	recreation or education)	Preservation of	of a historically im	portant land area	
Protection of	natural habitat		Preservation (	of a certified histo	ric structure	
Preservation	of open space					
2 Complete lines 2a last day of the ta:	through 2d if the organization h x year.	neld a qualified conservation c	contribution in the for	m of a conservatior	n easement on the	

			Held at the End of the Tax Year
i	Total number of conservation easements	2a	
I	Total acreage restricted by conservation easements	2b	
	Number of conservation easements on a certified historic structure included in (a)	2 c	
0	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2 d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the otax year ►	organiz	ration during the
4	Number of states where property subject to conservation easement is located ►		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handli and enforcement of the conservation easements it holds?	ng of	violations, <b>YesNo</b>
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations \$	on eas	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	n 170	(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expenses include, if applicable, the text of the footnote to the organization's financial statements that desc conservation easements.	staterr ribes	ent, and balance sheet, and the organization's accounting for
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	her	Similar Assets.
1:	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in furth in Part XIII, the text of the footnote to its financial statements that describes these items.	state erance	ment and balance sheet works of of public service, provide,
I	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue sta	temer	t and balance sheet works of art,

BAA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L 10/10/18	Schedule D (Form 990) 2018
	<b>b</b> Assets included in Form 990, Part X		►\$
ä	a Revenue included on Form 990, Part VIII, line 1.		►\$
2	If the organization received or held works of art, historical treasures, or other similar as amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	ets for financial gain, pro	ovide the following
	(ii) Assets included in Form 990, Part X		►\$
	(i) Revenue included on Form 990, Part VIII, line 1		►\$
	following amounts relating to these items:		nic service, provide the

Schedule D (Form 990) 2018 LIVI				43-195	<u> </u>
Part III Organizations Mainta	ining Colleo	ctions of Art, Hist	orical Treasures, or	r Other Similar Ass	ets (continued)
<b>3</b> Using the organization's acquisition items (check all that apply):	i, accession, an	d other records, check a	any of the following that a	re a significant use of its o	collection
<b>a</b> Public exhibition		d Loan	or exchange programs		
<b>b</b> Scholarly research		e Other			
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz</li> </ul>		ons and explain how the	y further the organization'	's exempt purpose in	
<ul><li>Part XIII.</li><li>During the year, did the organiza to be sold to raise funds rather to</li></ul>	ition solicit or i	receive donations of a	rt, historical treasures, c	or other similar assets	— — — — — — — — — — — — — — — — — — —
Part IV Escrow and Custodia line 9, or reported an	amount on	Form 990, Part X,	line 21.	iswered tes offro	m 990, Part IV,
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	n or other intermediary	for contributions or oth	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement					
					Amount
c Beginning balance					
<b>d</b> Additions during the year <b>e</b> Distributions during the year					
f Ending balance					
<b>2 a</b> Did the organization include an a					Yes No
<b>b</b> If 'Yes,' explain the arrangement					
<b>-</b> · · · · , · · · · · · · · · · · · · ·					
Part V Endowment Funds. C	omplete if t	he organization ar	nswered 'Yes' on Fo	orm 990, Part IV, Iir	ne 10.
	(a) Current y	vear (b) Prior yea	ar (c) Two years back	k (d) Three years back	(e) Four years back
<b>1 a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities and programs		6			
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentag		t year end balance (li	ne 1g, column (a)) held	as:	
<b>a</b> Board designated or quasi-endowm		00			
<b>b</b> Permanent endowment	010	0			
c Temporarily restricted endowmen		<u>ک</u>			
The percentages on lines 2a, 2b, a	nd 2c should ec	jual 100%.			
<b>3a</b> Are there endowment funds not in t	he possession	of the organization that	are held and administered	d for the	Yes No
organization by: (i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b
4 Describe in Part XIII the intended					
Part VI Land, Buildings, and	Equipment.				
Complete if the organ	ization ansv	vered 'Yes' on For	m 990, Part IV, line	e 11a. See Form 99	0, Part X, line 10.
Description of property	(	<b>(a)</b> Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land					
<b>b</b> Buildings					
c Leasehold improvements	-				
<b>d</b> Equipment			26,289.	23,982.	2,307.
e Other					
Total. Add lines 1a through 1e. (Colum	nn (d) must eq	ual Form 990, Part X,	column (B), line 10c.).		2,307.
BAA				Sched	ule D (Form 990) 2018

Schedule D (Form 990) 2018	LIVING	ARTS
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Part VII		Other Securities.		N/A	
( ) > >				), Part IV, line 11b. See Form	i
		ory (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
. ,					
• • •	/-held equity interest	S			
(3) Other					
(A)					
(B)					
<u>(C)</u>					
(D)					
<u>(E)</u>					
(F)					
(G)					
(H)					
(l) 					
		0, Part X, column (B) line 12.) ►		11/2	
Part VIII	Complete if the	Program Related.	Yes' on Form 990	N/A ), Part IV, line 11c. See Form	990 Part X line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or e	
(1)	(.,				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				4	
	nn (b) must equal Form 99	0, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets.		N/A		
	Complete if the			), Part IV, line 11d. See Form	
(1)		(a) De	scription		(b) Book value
(1)			•		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		Form 990, Part X, column (l	B) line 15.)		
Part X	Other Liabilitie	S.	arma 000 Dart IV lina 1	1. or 11f Coo Form 000 Dort V line	05
		ion of liability	(b) Book value	1e or 11f. See Form 990, Part X, line	20.
(1) Fede	ral income taxes				
	RUED WAGES		16,75		
(3)	NOLD WAGES		10,75	· · · ·	
(4)					
(5)				_	
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Colun		00, Part X, column (B) line 25.)			
				nancial statements that reports the organizatio	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018 LIVING ARTS	43-1950379	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 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 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
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 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 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 M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

►	Complete if the organizations answered 'Ye	es'	on Form 990,	Part IV, lines	29 or	30.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization
ITVINC ARTS

Employer identification number
43-1950379

	JANIS	
Part I	Types of Property	

			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Met noncasl	<b>(d</b> hod of d ר contrib	letermir	iing mounts
1	Art – Wo	rks of art							
2	Art – His	orical treasures							
3	Art – Fra	ctional interests							
4	Books an	d publications							
5	Clothing a	and household goods							
6	Cars and	other vehicles							
7	Boats and	I planes							
8	Intellectu	al property							
9		– Publicly traded							
10		– Closely held stock							
11		– Partnership, LLC, or trust interests							
12		– Miscellaneous							
13		conservation contribution –							
14		conservation contribution – Other							
15		te – Residential							
16		te – Commercial							
17		te – Other.	-						
18		25							
19		ntory							
20		d medical supplies							
21		/							
22		artifacts							
23		specimens	-						
24		ical artifacts							
25		( <u>EQUIPMENT</u> )		1	4,903.	FMV			
26	Other ►	(RENT & SECURITY )		1	27,284.				
27	Other ►	(SERVICES )		1	5,650.				
28		(MARKETING )		1	200.				
29		Forms 8283 received by the organizatio							
25		on completed Form 8283, Part IV, Do				29			
						I		Yes	No
20-	During the	week did the experimetion receive by an	atribution only n	veneral in Deut I	Lines 1 through 20 that				
30a		year, did the organization receive by co old for at least three years from the da							
		ot purposes for the entire holding period					30 a		Х
b	lf 'Yes,' d	escribe the arrangement in Part II.							
31								Х	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a						32 a		Х
b	b If 'Yes,' describe in Part II.								
33	If the organized describe	anization didn't report an amount in co n Part II.	olumn (c) for a	a type of property for w	hich column (a) is chec	ked,			
		week Deduction Act Nation and the							0) 2010

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

Schedule M (Form 990) 2018

43-1950379 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

# COPY

Department of the Treasury Internal Revenue Service

Name of the organization

LIVING ARTS

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

OMB No. 1545-0047
2018
Open to Public Inspection

Employer identification number 43-1950379

## FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

ALL THREE CORE PROGRAMS--DETROIT WOLF TRAP, IN-SCHOOL ARTS, AND OUT-OF-SCHOOL ARTS--ARE DELIVERED BY A HIGHLY SKILLED AND EXPERIENCED COHORT OF 40+ PROFESSIONAL TEACHING ARTISTS. TOGETHER, LIVING ARTS' OFFERINGS REACH MORE THAN 3,000 DETROIT AREA RESIDENTS ANNUALLY, INCLUDING CHILDREN (FROM 3 MONTHS TO 18 YEARS OLD), FAMILIES, AND EDUCATORS.

## FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

LIVING ARTS ENGAGES DETROIT YOUTH, TEACHERS, AND FAMILIES IN TRANSFORMATIVE EXPERIENCES IN THE PERFORMING, VISUAL, LITERARY, AND MEDIA ARTS. THROUGH LONG-TERM ARTIST RESIDENCIES IN CLASSROOMS ACROSS METRO-DETROIT AND ROBUST OUT-OF-SCHOOL OFFERINGS IN SOUTHWEST DETROIT, LIVING ARTS' INCREASES YOUTH ACADEMIC ACHIEVEMENT, DEVELOPS LEADERSHIP AND ARTISTIC SKILLS, AND STRENGTHENS SCHOOLS AND COMMUNITIES.

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

DETROIT WOLF TRAP (DWT) DELIVERS PRE-K PERFORMING ARTS BASED RESIDENCIES IN HEAD START CLASSROOMS THAT HAVE BEEN PROVEN TO BOOST KINDERGARTEN READINESS AND HELP TEACHERS ACQUIRE ARTS-LEARNING INSTRUCTIONAL STRATEGIES. IN ADDITION TO THE PROFESSIONAL MENTORSHIP AND COACHING EDUCATORS RECEIVE THROUGH THEIR RESIDENCIES; THEY (AND OTHER TEACHERS IN THEIR CENTERS) ARE SUPPORTED WITH PROFESSIONAL DEVELOPMENT WORKSHOPS. HEAD START FAMILY MEMBERS ARE CONNECTED TO THEIR CHILDREN'S CLASSROOM EXPERIENCES THROUGH FAMILY WORKSHOPS THAT COACH THEM IN WAYS THEY CAN SUPPORT THEIR CHILDREN'S DEVELOPMENT AT HOME. IN ADDITION, DWT SPANISH/ENGLISH BILINGUAL FAMILY INVOLVEMENT PROGRAMS AT THE FORD RESOURCE AND ENGAGEMENT CENTER (FREC) ENGAGE PARENTS, CAREGIVERS, AND YOUNG CHILDREN TOGETHER IN FUN PERFORMING ARTS-BASED ACTIVITIES THAT HELP INFANTS AND YOUNG CHILDREN ACQUIRE THE SOCIAL-EMOTIONAL AND EMERGENT LITERACY SKILLS THEY WILL NEED TO SUCCEED IN SCHOOL--IN

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM YEAR, DWT REACHED MORE THAN 600 YOUNG CHILDREN, 200 CAREGIVERS/PARENTS, AND 80 EARLY CHILDHOOD EDUCATORS IN DETROIT, DEARBORN AND DEARBORN HEIGHTS.

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

LIVING ARTS' TEATRO CHICO PERFORMANCE SERVICES PROVIDES OSA STUDENTS WITH OPPORTUNITIES TO PERFORM FOR SOUTHWEST AND METRO DETROIT AUDIENCES ALONGSIDE PROFESSIONAL DANCERS, MUSICIANS, MEDIA AND OTHER ARTISTS. THE SERIES 2016-17 SEASON AT THE FORD RESOURCE AND ENGAGEMENT CENTER FEATURED: DIA DE LOS MUERTOS; NUESTRA HISTORIAS, OUR HISTORIES; ALL PEOPLE, ALL ART; AND [OTHER] AMERICANS. THE SERIES WAS ATTENDED BY 650 COMMUNITY MEMBERS.

## FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. THE FINANCE COMMITTEE THEN FORWARDS THE FORM 990 TO THE GOVERNING BODY FOR APPROVAL. ALL BOARD MEMBERS WILL RECEIVE A COPY OF THE FORM 990 IN THEIR EMAIL PRIOR TO THE FOLLOWING BOARD MEETING FOR REVIEW AND AN IN-PERSON VOTE AND ADOPTION PER LIVING ARTS BY-LAWS AT THE FOLLOWING BOARD MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS LIVING ARTS BY-LAWS REQUIRE OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES TO DISCLOSE CONFLICTS AS THEY ARISE. THE POLICY IS SHARED AT NEW BOARD MEMBER ORIENTATION, AS PART OF THEIR LARGER BOARD MANUAL (THAT INCLUDES FORM 990 AND THE PRIOR YEAR AUDIT).

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT OFFICERS AND DIRECTORS ARE NOT COMPENSATED PER LIVNG ARTS BY-LAWS.

THE EXECUTIVE DIRECTORS' COMPENSATION IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE LIVING ARTS BOARD OF DIRECTORS (COMPRISED OF PRESIDENT, VICE FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON PRESIDENT, SECRETARY, AND TREASURER) AND RECOMMENDED TO THE FULL BOARD FOR VOTE AND ADOPTION. THE SALARY RANGE IS INFORMED BY COMPARABILITY DATA FROM THE NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION BENCHMARKING REPORT.

TOP MANAGEMENT COMPENSATION IS REVIEWED AND SET ANNUALLY BY THE EXECUTIVE DIRECTOR. THE SALARY RANGE IS INFORMED BY COMPARABILITY DATA FROM THE NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION BENCHMARKING REPORT.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES AT PRESENT TIME THE ORGANIZATION DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES (BASED ON IRS DEFINITION). SHOULD THAT CHANGE IN THE FUTURE, THE PROCESS FOR DETERMINING COMPENSATION OF LIVING ARTS' OTHER KEY EMPLOYEES, INCLUDING ARTS INSTRUCTORS, WAS INFORMED BY COMPARABILITY DATA FROM THE NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION BENCHMARKING REPORT.

THE PROCESS FOR DETERMINING COMPENSATION OF LIVING ARTS' DIRECTOR OF PROGRAMS, DIRECTOR OF ADMINISTRATION, PROGRAM MANAGERS AND OFFICER MANAGER INCLUDED A REVIEW AND APPROVAL BY THE INTERNAL CAPACITY COMMITTEE OF THE BOARD AND WAS INFORMED BY COMPARABILITY DATA FROM THE CONSULTING FIRM, COBBLESTONE SOLUTIONS, AND THE NATIONAL GUILD FOR COMMUNITY ARTS EDUCATION BENCHMARKING SUVERY DATA.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE LIVING ARTS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

	3	
Name of the organization	Employer identification number	
LIVING ARTS	43-1950379	

## FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
BANK SERVICE CHARGE		2,632.	1,370.	169.	1,093.
CONTRACT SERVICES		63,605.	24,717.	2,878.	36,010.
DUES AND SUBSCRIPTIONS		4,779.	3,897.	551.	331.
FEES, LICENSES AND PERMITS		302.	202.	10.	90.
PROFESSIONAL SERVICES		34,805.	28,851.	3,723.	2,231.
	TOTAL \$	106,123.	\$ 59,037.	\$ 7,331.	\$ 39,755.

## FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE FINANCE COMMITTEE OVERSEES THE AUDIT PROCESS AND THE RESULTING FINANCIAL STATEMENTS. THE FINANCE COMMITTEE APPROVES THE DRAFT FINANCIAL STATEMENTS FOR BOARD APPROVAL, AND THEN THE WHOLE BOARD OF DIRECTORS REVIEWS THE DRAFT STATEMENTS, AND APPROVES THE FINAL AUDIT AND FORM 990.

