For	m 99	0	1								OMB No. 1545-0047
1 01		U	Re	turn of	f Organ	ization Ex	xempt F	rom Inc	ome T	ax	2021
						(a)(1) of the Inte					On on the Backlin
Dep Intei	artment o rnal Reve	of the Treasury nue Service	•	Do not e Go to www	nter social se w.irs.gov/Forr	curity numbers o m990 for instru	on this form as ctions and t	it may be ma the latest in	ide public.	n.	Open to Public Inspection
Α	For th	e 2021 calend	ar year, or tax			/01		, and endir			, 20 2022
В	Check if	applicable:	С							D Employer	identification number
	X Add		LIVING AR							43-19	950379
	Nar		440 BURRO							E Telephone	number
	Initi	ial return	DETROIT, I	MI 4820)2					31384	14765
	Fina	I return/terminated									
		ended return								G Gross rece	ipts \$ 804,316.
	App	olication pending	F Name and addr	ess of princip	^{al officer:} LA	AURA SCAL	ES		• •	a group return fo	
			8701 VERN	OR HWY	DETROI	<u>F, MI 482</u>			H(b) Are all If "No,	subordinates ind attach a list. Se	cluded? Yes No
I	Tax-e	exempt status:	X 501(c)(3)	501(c) (,	(insert no.)	4947(a)(1) oi	r 527			
J	Web		V.LIVINGA	RTSDETR	COIT.ORC	1.1				exemption numb	
ĸ			X Corporation	Trust	Association	Other ►	L	Year of format	ion: 200	2 M State	e of legal domicile: MI
Pa	art I		/								
	1	Briefly describ	e the organiza	tion's miss	sion or mos	t significant a	ctivities: SE	<u>EE SCHE</u>	<u>DULE O</u>		
9											
Jan											
/err	2	Check this bo	/ N if the	orgonizati	on discontin	nued its opera	tiona ar diar	acad of m	oro thon (EQ of its po	
g	2 (3		ing members of								3 12
જ	4		ependent votir								4 12
ties	5	Total number	of individuals e	employed i	n calendar	year 2021 (Pa	art V, line 2a	a)			5 11
Activities & Governance	6		of volunteers (-						6 15
Ş			d business rev								7a 0.
	b [Net unrelated	business taxat	ole income	e from Form	1 990-T, Part I	, line 11				7b 0.
		o			11.					Prior Year	Current Year
Чe			and grants (Pa ce revenue (Pa		•					647,12	
Revenue		-	come (Part VIII							<u>122,72</u> 52	· · · · ·
Re			(Part VIII, colu							JZ	1,110.
			- add lines 8							770,37	
	13 (Grants and sir	nilar amounts	paid (Part	IX, column	(A), lines 1-3	3)			· / ·	
	14	Benefits paid	to or for memb	ers (Part I	IX, column	(A), line 4)					
	15	Salaries, othe	r compensatior	n, employe	e benefits	(Part IX, colur	mn (A), lines	s 5-10)		311,96	9. 425,886.
ses	16a	Professional f	undraising fees	(Part IX,	column (A)), line 11e)					
Expense	b -		ng expenses ((
Щ	17 (es (Part IX, col			· · ·				397,87	2. 303,361.
		•	s. Add lines 13							709,84	
		•	expenses. Sub	•	•					60,53	
r K										ng of Current Y	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)						•	L,432,53	
Ass	21	Total liabilities	(Part X, line 2	26)						135,17	
Net	22	Net assets or	fund balances.	Subtract	line 21 fron	n line 20				L,297,36	0. 1,372,429.
Pa	art II	Signature	Block							-,,	_, ,
				mined this re	turn, including	accompanying sch	edules and state	ements, and to	the best of n	ny knowledge and	d belief, it is true, correct, and
com	plete. De	claration of prepar	er (other than office	r) is based or	n all information	n of which prepare	r has any knowle	edge.		-	
Sig	gn		e of officer							ate	
He	ere		A SCALES						EXEC	UTIVE DI	R.
		51	print name and title							, , , , , , , , , , , , , , , , , , ,	
			eparer's name	- -	Preparer's s	signature		Date		Check	IF PTIN
Pa			. STENGER	•						self-employed	P01289798
Pr	epare		► <u>DERDE</u>			EYFERTH &		I, P.C.		4	
US	e Onl	y Firm's addres	s ► <u>3001 V</u>	VEST BI	G BEAVE	ER, SUITE	700			Firm's EIN ►	

	TROY, MI 48084	Phone no. (248) 649-3	3400
May the IRS	discuss this return with the preparer shown above? See instructions \ldots	X Yes	No
BAA For Pap	erwork Reduction Act Notice, see the separate instructions.	TEEA0101L 09/22/21 Form	990 (2021)

Form	n 990 (2021) LIVING ARTS	43-1950379	Page 2
Par	J J		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	SEE_SCHEDULE_O		
2	Did the organization undertake any significant program services during the year which were not listed on the pri-	or	
	Form 990 or 990-EZ?	🗌 ۱	res X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program serv Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.		
4 a	a (Code:) (Expenses \$ 246,305. including grants of \$) (F	Revenue \$	12,586.)
	OUT-OF-SCHOOL ARTS (OSA) OFFERINGS PROVIDE SEQUENTIAL, STANDARDS AND INSTRUCTION FOR PRE-K TO TEENAGE YOUTH ALONGSIDE YOUTH DEVELO THAT INCREASE LEADERSHIP, SELF-EFFICACY, AND OTHER CAPACITIES THA SCHOOL AND BEYOND. OSA PROGRAMS OPERATE SIX DAYS A WEEK, 37 WEEKS RESOURCE & ENGAGEMENT CENTER AND INCLUDE MORE THAN 60 SUMMER AND AFTER-SCHOOL CLASS OPTIONS IN THE PERFORMING, VISUAL, LITERARY, A TARGETS YOUTH AND FAMILIES IN SOUTHWEST DETROIT AND SERVED NEARLY WHOM WERE YOUTH OF COLOR) AND CAREGIVERS IN 2021-22. MORE THAN 93 RECEIVED FULL OR PARTIAL FORBEARANCE OF ENROLLMENT FEES AND NO OS AWAY DUE TO AN INABILITY TO AFFORD CLASSES.	BASED ARTS DPMENT STRAT AT SUPPORT S A YEAR AT AND MEDIA AF Y 200 YOUTH 1% OF PARTIC	EDUCATION EGIES UCCESS IN THE FORD THE FORD CISS OSA (94% OF CIPANTS
	b (Code:) (Expenses \$ 232,117. including grants of \$) (F	Revenue \$	22,550.)
40	c (Code:) (Expenses \$129,515. including grants of \$) (F IN-SCHOOL ARTS (ISA) ARTIST-IN-RESIDENCE PROGRAMS BRING TEACHING DETROIT AREA SCHOOLS TO ENGAGE STUDENTS IN FINE ARTS AND ARTS-INI THAT BOOSTS ARTS SKILLS AND ACADEMIC ACHIEVEMENT IN CORE CURRICUL ARTS RESIDENCIES DELIVER ARTS INSTRUCTION THAT IMMERSE STUDENTS S SCULPTURE, DANCE, THEATER, CREATIVE WRITING AND POETRY, VOCAL ANI OR DIGITAL MEDIA ARTS-ACTIVITIES THAT ARE NOT AVAILABLE IN ONE-HA SCHOOLS. THE BALANCE OF RESIDENCIES INTEGRATE ARTS LESSONS WITH I ARTS, SOCIAL STUDIES, OR MATH AND SCIENCE TO DIRECTLY SUPPORT ACI IN 2021-22, ISA RESIDENCIES REACHED MORE THAN 600 STUDENTS IN 28 DETROIT PUBLIC AND CHARTER SCHOOLS.	USED INSTRU UM SUBJECTS IN PAINTING, INSTRUMENT ALF OF DETRO ENGLISH LANG ADEMIC PERFO	CTION DRAWING, CAL MUSIC, DIT JUAGE DRMANCE.
4 c	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	e Total program service expenses ► 607,937.		
BAA	TEEA0102L 09/22/21		Form 990 (2021)

 Form 990 (2021)
 LIVING ARTS

 Part IV
 Checklist of Required Schedules

Page 3

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

Form 990 (2021)

Form 990 (2021) LIVING ARTS

Page 4

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
G	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		
C	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
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
		1		l

	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	Х

38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance

ruit i otatements negarang other meg and rux oomphanoe				
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	36		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1 b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	reportable gaming	1c		
BAA TEEA0104L 09/22/21		Form	990 ((2021)

Х

38

	n 990			Page 5
Pai	τV	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
			Yes	No
2	a Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax State- s, filed for the calendar year ending with or within the year covered by this return 2a 11		
			2b X	
-		If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	-	v
			3a	Х
			3 b	
4	a At ar finar	y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a cial account in a foreign country (such as a bank account, securities account, or other financial account)?	1a	Х
		es,' enter the name of the foreign country►		
	See	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
			5 a	Х
	b Did a	iny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	Х
		5	ōc	
6	a Does solic	the organization have annual gross receipts that are normally greater than \$100,000, and did the organization t any contributions that were not tax deductible as charitable contributions?	6 a	Х
	b If 'Ye not t	s,' did the organization include with every solicitation an express statement that such contributions or gifts were ax deductible?	6 b	
7	Orga	nizations that may receive deductible contributions under section 170(c).		
i	a Did t	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7 a	X
			7 b	
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		-
	Form		7 c	Х
			7 e	X
			7 f	X
	g If the	organization received a contribution of qualified intellectual property, did the organization file Form 8899		
			7 g	-
	Form		7 h	
ð		soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring nization have excess business holdings at any time during the year?	3	
9	Spor	isoring organizations maintaining donor advised funds.		
) a	
	b Did t	he sponsoring organization make a distribution to a donor, donor advisor, or related person?) b	
		on 501(c)(7) organizations. Enter:		
		tion fees and capital contributions included on Part VIII, line 12 10a		
	b Gros	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		
11	Sect	on 501(c)(12) organizations. Enter:		
		s income from members or shareholders		
	b Gros	s income from other sources. (Do not net amounts due or paid to other sources nst amounts due or received from them.)		
12	•		2a	
	b	es,' enter the amount of tax-exempt interest received or accrued during the year 12b	- 4	
		on 501(c)(29) qualified nonprofit health insurance issuers.	-	
i			3a	
		: See the instructions for additional information the organization must report on Schedule O.		
	whic	r the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans		
		r the amount of reserves on hand		
			4a	Х
	b	es,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	4b	
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ss parachute payment(s) during the year?	5	Х
16		s,' see the instructions and file Form 4720, Schedule N.	5	X
	lf 'Ye	s,' complete Form 4720, Schedule O.		
17	activ	ion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any ities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? is, ' complete Form 6069.	7	

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	elow, aes d	and	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	-		. X
Sec	ction A. Governing Body and Management			. Λ
000			Yes	No
1;	a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 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 on Schedule O. 1 a 12			
I	b Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		X X
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		Х
I	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	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni		í a a
10.	Did the exception have legal chapters, branches, or offiliates?	10 -	Yes	No X
	 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 	10 a 10 b		~
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10 D	Х	
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.	mu		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE .SCHEDULE . Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	Х	
I	b Other officers or key employees of the organizationSEE . SCHEDULE. O If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X	
16 a	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		X
I	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		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
BAA	JULIE BRUNZELL 440 BURROUGHS STE 141 DETROIT MI 48202 (313) 841-4765 TEEA0106L 09/22/21	Form	990	(2021)

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Form 990 (2021) LIVING ARTS	43-1950379	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation	ted Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
List all of the organization's current officers, directors, trustees (whether individuals or organizati	ions), regardless of amount of	

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)							
(A) Name and title	(B) Average hours	Pos thar is	ition (do n one bo s both a direct	n offic			(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Ney employee	Highest compensated employee Kay employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-21099- (W-21099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) LAURA SCALES	40								
EXECUTIVE DIR.	0	Х	Σ	ζ			44,040.	0.	0.
(2) THEODORE CHRISTY	2								
TREASURER	0	Х	Σ	ζ			0.	0.	0.
(3) CANDACE GRIFFIN	1								
DIRECTOR	0	Х					0.	0.	0.
(4) MATTHEW NAHAN	1								
PRESIDENT	0	Х	Σ	ζ			0.	0.	0.
(5) SUSAN BRICE	1								_
DIRECTOR	0	Х					0.	0.	0.
(6) ANGELA GALAVIZ	1								
DIRECTOR	0	Х					0.	0.	0.
(7) VERONICA MARSICH	1								_
DIRECTOR	0	Х					0.	0.	0.
(8) ULRIKE HILDEBRAND	1								
DIRECTOR	0	Х					0.	0.	0.
(9) JAMES HAYES	1								
DIRECTOR	0	Х					0.	0.	0.
(10) KAYANA SESSOMS	1								
VICE PRESIDENT	0	Х	Σ	(0.	0.	0.
(11) TERRENCE WEST	1								
DIRECTOR	0	Х					0.	0.	0.
(12) MICHELLE CANTOR	1						0	0	0
SECRETARY	0	Х	Σ	<u> </u>			0.	0.	0.
(13)									
(14)				_					
<u></u>									
ВАА	TEEA0	107L	09/22/2	21					Form 990 (2021)

Form 990 (2021) LIVING ARTS

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	rt VII Section A. Officers, Directors, Tru		Ney		-	-	es,	and	a highest Corr		oyees	(conti	nuea)
		(B)			(C	;) sition							
	(A) Name and title	Average hours per week	box,	unle	heck ss pe	more erson	than is both pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ated amo f other	ount
		(list any hours	Indiv or di	Instit	Officer	Key	Highest co employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compe the o	nsation f rganizati	ion
		for related organiza	Individual trustee or director	nstitutional trustee	ğ	Key employee	Highest compensated employee	ler				d related anization	
		- tions below dotted	trust.	31 trus		yee	mper						
		line)	æ	itee			sated						
(15)													
(16)													
(17)													
(10)													
(18)													
(19)			•										
(20)													
(21)													
(22)													
(23)			•										
(24)			-										
(25)													
11	o Subtotal							•	44,040.	0.			0.
	c Total from continuation sheets to Part VII, Section			 		 			0.	0.			0.
_	d Total (add lines 1b and 1c)								44,040.	0.			0.
2	Total number of individuals (including but not limited from the organization \triangleright 0	to those I	isted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable compe	ensatior	ו	
											_	Yes	No
3	Did the organization list any former officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	tor, truste h <i>individu</i>	e, ke <i>al</i>	ey er	nplo	oyee	e, or	high	nest compensated	employee	3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab		mpe	nsa	tion	and	oth	er compensation	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>	satio te Sc	n fro ched	om i lule	any <i>J fo</i>	unre r suc	late ch p	d organization or erson	individual	5		Х
	tion B. Independent Contractors Complete this table for your five highest compension	sated inde	epeno	dent	COL	ntrad	ctors	tha	t received more th	nan \$100,000 of			
	compensation from the organization. Report compen-		the ca	aleno	dar <u>y</u>	year	endi	ng v			((2)	
	(A) Name and business addr	ess							(B) Description o	of services	((Compe	nsatio	n
2	Total number of independent contractors (including b \$100,000 of compensation from the organization		ted to	o tho	se l	istec	l abo	ve)	who received more	than			

Form 990 (2021) LIVING ARTS
Part VIII Statement of Revenue

Page 9

Par	rt VIII Statement of Revenue Check if Schedule O contains a response or note to a	ny line in this Part V	III		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts, Its	1 a Federated campaigns 1a				
Contributions, Gifts, Grants, and Other Similar Amounts	b Membership dues 1 b	_			
b, c An	c Fundraising events 1c	_			
Contributions, Gifts, Grants, and Other Similar Amounts	d Related organizations 1d e Government grants (contributions) 1e 158 367	-			
Sins,	e Government grants (contributions) 1e 158,367 f All other contributions, gifts, grants, and	<u>-</u>			
her	similar amounts not included above 1f 556, 301				
d ot	g Noncash contributions included in lines 1a-1f				
Cor	h Total. Add lines 1a-1f	714,668.			
	Business Code	/14,000.			
Program Service Revenue	2a CONTRACT_SERVICE_INCOME	73,831.	73,831.		
Rei	b <u>STUDENT FEES</u>	11,120.	11,120.		
vice	COMMUNITY PERFORMANCE	1,466.	1,466.		
Sen	d				
am	e				
ogr	f All other program service revenue				
đ	g Total. Add lines 2a-2f	86,417.			
	3 Investment income (including dividends, interest, and other similar amounts).	2,121.			2,121
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)	<u>۲</u>			
	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets other than inventory 7a				
	b Less: cost or other basis and sales expenses 7b				
	c Gain or (loss) 7c	-			
	d Net gain or (loss)	•			
~	8 a Gross income from fundraising events				
Other Revenue	(not including \$				
sve	of contributions reported on line 1c).				
Å,	See Part IV, line 18 8a				
hei	b Less: direct expenses 8b				
б	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities.				
	See Part IV, line 19 9 a b Less: direct expenses 9 b	-			
	c Net income or (loss) from gaming activities	•			
	10a Gross sales of inventory, less returns and allowances 10a				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory	►			
	Business Code				
e l	11a <u>MISCELLANEOUS INCOME</u>	1,110.	908.		202.
Revenue	b				
Se Se	c				
Revenue					
		1,110.			
	12 Total revenue. See instructions	▶ 804,316.	87,325.	0.	2,323.

	Check if Schedule O contains a r				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	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				
5	Compensation of current officers, directors, trustees, and key employees	44,040.	0.	44,040.	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		325,453.	293,780.	0.	31,673
8	Pension plan accruals and contributions	525,455.	255,700.		51,075.
ö	(include section 401(k) and 403(b) employer contributions)	4,419.	3,801.	264.	354.
9	Other employee benefits	25,140.	19,834.	1,460.	3,846.
10	Payroll taxes	26,834.	23,078.	1,609.	2,147.
11	Fees for services (nonemployees):	20,001.	2070701	1,003.	2/11/
	a Management				
	b Legal				
	c Accounting				
	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, column	66.085	16 514	F 0.40	10 500
10	(A), amount, list line 11g expenses on Schedule 0.)	66,375.	46,744.	7,043.	12,588.
	Advertising and promotion	6,290.	4,869.	544.	877.
13		8,015.	6,425.	499.	1,091.
14	Information technology	1,717.	1,364.	110.	243.
15	Royalties.	01 0.00	10.055	1 407	2 701
16		21,263.	16,055.	1,487.	3,721.
17	Travel.	357.	352.	3.	2.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,148.	1,565.	153.	430.
23		13,330.	9,835.	793.	2,702.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
i	PROGRAM CONTRACT LABOR	148,802.	148,476.	156.	170.
	• STUDENT SHOWCASE EXPENSES	14,856.	14,856.		
	c TELEPHONE	6,116.	4,849.	388.	879.
	d PROGRAM SUPPLIES	4,368.	4,368.		
	e All other expenses.	9,724.	7,686.	584.	1,454.
25	Total functional expenses. Add lines 1 through 24e	729,247.	607,937.	59,133.	62,177.
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)	·			

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

BAA

Form 990 (2021) LIVING ARTS

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Part X Balance Sheet

				(A) Beginning of year		(B) End of year	
1	Cash – non-interest-bearing			90,180.	1	88,976.	
2	Savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	1,208,023.	2	1,126,369	
3	Pledges and grants receivable, net		••••••	88,915.	3	180,915	
4	Accounts receivable, net	32,080.	4	37,816			
5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	I contribute	or. or 35%		5		
6	Loans and other receivables from other disqualified p	ersons (as	defined under				
	section 4958(f)(1)), and persons described in section	4958(c)(3)	(B)		6		
7	Notes and loans receivable, net				7		
8	Inventories for sale or use				8		
8 9	Prepaid expenses and deferred charges			10,524.	9	12,139	
10;	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	27,386.				
	b Less: accumulated depreciation		25,472.	2,814.	10 c	1,914	
11	Investments – publicly traded securities				11		
12	Investments - other securities. See Part IV, line 11.				12		
13	Investments - program-related. See Part IV, line 11.				13		
14	Intangible assets.				14		
15	Other assets. See Part IV, line 11				15		
16	Total assets. Add lines 1 through 15 (must equal line	33)		1,432,536.	16	1,448,129	
17	Accounts payable and accrued expenses		28,039.	17	48,119		
18	Grants payable				18		
19	Deferred revenue	Deferred revenue					
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Complete Part				21		
21 22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe		22				
23					23		
24	Unsecured notes and loans payable to unrelated third	•			24		
25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		107,137.	25	27,581	
26	Total liabilities. Add lines 17 through 25			135,176.	26	75,700	
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e► X					
27	Net assets without donor restrictions			970,524.	27	1,062,232	
28	Net assets with donor restrictions			326,836.	28	310,197	
27 28 29 30 31 32 33	Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here ►		,			
29	Capital stock or trust principal, or current funds				29		
30	Paid-in or capital surplus, or land, building, or equipm				30		
31	Retained earnings, endowment, accumulated income				31		
1				1 007 000	32	1,372,429	
32	Total net assets or fund balances			1,297,360.	32	1.31/ 4/9	

Forn	1 990	(2021)	LIVING ARTS 43-1	950379)	Pa	age 12
Pa	t XI	Reco	nciliation of Net Assets				
		Check	if Schedule O contains a response or note to any line in this Part XI				
1	Tota	al revenue	e (must equal Part VIII, column (A), line 12)	1	8	04,3	316.
2	Tota	al expens	es (must equal Part IX, column (A), line 25)	2	7	29,2	247.
3			expenses. Subtract line 2 from line 1	3		75,0)69.
4	Net	assets or	fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,2	97,3	360.
5	Net	unrealize	d gains (losses) on investments	5			
6	Don	ated serv	rices and use of facilities	6			
7			xpenses	7			
8			adjustments	8			
9	Othe	er change	es in net assets or fund balances (explain on Schedule O)	9			0.
10			fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	1,3	72,4	429.
Pa	t XII	Finar	icial Statements and Reporting				
		Check	if Schedule O contains a response or note to any line in this Part XII				
						Yes	No
1	Acco	ounting n	nethod used to prepare the Form 990: Cash X Accrual Other				
		e organiz Schedule	ation changed its method of accounting from a prior year or checked 'Other,' explain O.				
2 a	W er	e the org	anization's financial statements compiled or reviewed by an independent accountant?		2a		Х
		arate bas	k a box below to indicate whether the financial statements for the year were compiled or reviewed is, consolidated basis, or both: te basis Consolidated basis Both consolidated and separate basis	d on a			
ł	Wer	e the ora	anization's financial statements audited by an independent accountant?		2 b	Х	
	lf 'Y	es,' chec s, consol	k a box below to indicate whether the financial statements for the year were audited on a separat idated basis, or both: te basis Consolidated basis Both consolidated and separate basis				
C	lf 'Ye revie	es' to line ew, or co	2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, mpilation of its financial statements and selection of an independent accountant?		2 c	Х	
	on S	Schedule					
38			a federal award, was the organization required to undergo an audit or audits as set forth in the Single I OMB Circular A-133?		3 a		Х
ŀ			e organization undergo the required audit or audits? If the organization did not undergo the required audit olain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			TEEA0112L 09/22/21		Form	99 0	(2021)

SCHEDULE A (Form 990)

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	
2021	

Open to Public Inspection

Name	ame of the organization Employer identification number										
LIV	IN	G ARTS					43-19503	79			
		Reason for Public Cha						ctions.			
The o	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3											
4											
		name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1	γαγν).				
7	Х		eceives a substantial p					ublic described			
8	Γ	A community trust described		AV(1) (Complete Part	1.5						
9		An agricultural research organi or university or a non-land-gra university:									
10		An organization that normall from activities related to its investment income and unre June 30, 1975. See section	lated business taxable	e income (less section	oort from ns; and 511 tax)	(2) no r from b	outions, membership fe more than 33-1/3% of usinesses acquired by	ees, and gross receipts its support from gross the organization after			
11		An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	n 509(a)(4).				
12		An organization organized at or more publicly supported o lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) c	ir sectio	n 509(a)(2). See section 509(a)(3). Check the box on			
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sup	ported o	, rganizat	ion(s), typically by givin	a the supported			
b		Type II. A supporting organiz management of the supporting must complete Part IV, Sect	ation supervised or c	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	v having control or ition(s). You			
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizat	ion operated in connection	n with, ai A. D. an	nd functi d E.	onally integrated with, its	supported			
d		Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting org	anization operated in cor must satisfy a distribu	nection	with its :	supported organization(t and an attentiveness	s) that is not s requirement (see			
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	he IRS	that it is	s а Туре I, Туре II, Туј	pe III functionally			
f	E	nter the number of supported	organizations								
		rovide the following informatio	n about the supported	d organization(s).							
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No	-				
(A)											
(B)											
(C)											
(D)											
(E)	-										
Total											

Sche	dule A (Form 990) 2021	LIVING A	RTS			43-1950379) Page 2				
Par	t II Support Schedule for						(vi)				
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
<u> </u>	8 1 3		ateu below, piease	complete Part III	.)						
Sec	tion A. Public Support	Γ	[]				<u> </u>				
begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	824,309.	1,426,077.	471,441.	653,484.	714,668.	4,089,979.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
4	Total. Add lines 1 through 3	824,309.	1,426,077.	471,441.	653,484.	714,668.	4,089,979.				
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)					/ / 0 0 0 0	1,613,280.				
6	Public support. Subtract line 5 from line 4						2,476,699.				
Sec	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	824,309.	1,426,077.	471,441.	653,484.	714,668.	4,089,979.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	351.	3,356.	4,848.	524.	2,121.	11,200.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	3,594.	3,440.	1,379.		1,110.	9,523.				
11	Total support. Add lines 7 through 10						4,110,702.				
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	899,526.				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	►□				
Sec	tion C. Computation of Pul	blic Support P	ercentage				<u></u>				
14	Public support percentage for 20)21 (line 6, colum	n (f), divided by lir	ne 11, column (f)))	14	60.25%				
15	Public support percentage from	2020 Schedule A,	Part II, line 14			15	60.34%				
16a	33-1/3% support test-2021. If t and stop here. The organization	he organization d qualifies as a pul	id not check the bo blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box ·····► X				
b	b 33-1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization►										
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	test, check this b	box and stop here	Explain in Part	VI how				
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organizati	test, check this b on qualifies as a	box and stop here publicly supporte	•. Explain in Part \ d organization	VI how the				
18	Private foundation. If the organized	zation did not che	eck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►				
BAA						Schedule	A (Form 990) 2021				

Page 3

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			,			
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1		1		-
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511						
c	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is f organization, check this box and	stop here		third, fourth, or t	ifth tax year as a	section 501(c)(3) ► []
Sec	tion C. Computation of Put						
15	Public support percentage for 20	-	••••••		•		8
16	Public support percentage from 2					16	00
	tion D. Computation of Invo						
17	Investment income percentage for						<u>%</u>
18	Investment income percentage fr						ond line 17
	33-1/3% support tests -2021. If t is not more than 33-1/3%, check 23 1/2% support tests - 2020. If the support tests - 2020 if the support test - 2020 if the	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	on ►
	33-1/3% support tests — 2020. If the line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	alifies as a public	ly supported org	anization 🕨
20	Private foundation. If the organiz	ation did not che			check this box and		
BAA			TEEA0403L	08/31/21		Schedul	e A (Form 990) 2021

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A, D, and E. If you checked box 12d, 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 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 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 on 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 on 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 line 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

		10 1000010		0
Part IV	Supporting Organizations (continued)		_	
			Yes	No
11 Has t	he organization accepted a gift or contribution from any of the following persons?			
a A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c l	pelow.		
the g	overning body of a supported organization?	11	a	
b A fan	nily member of a person described on line 11a above?	11	5	
c A 35%	controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11	c	
				L

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2021

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If 'No,' describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

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2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the 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 (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? *If 'Yes' or 'No,' 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.

2a

2b

3a

No

Yes

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Yes

1

2

No

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati		50379 Fage
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain ir	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

BAA

Schedule A (Form 990) 2021

Sch	edule A (Form 990) 2021 LIVING ARTS				0379 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organization	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations	5,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	8	
	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
-	Excess distributions carryover, if any, to 2021				
	a From 2016				
	• From 2017				
-	From 2018				
	From 2019				
	e From 2020				
-	f Total of lines 3a through 3e				
	g Applied to underdistributions of prior years				
	n Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
-	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
i	a Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
i	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

BAA

Schedule A (Form 990) 2021

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2021	 2020		2019		2018		2017
MERCHANDISE SALES MISCELLANEOUS INCOME TOTAL	\$ \$	16. <u>1,094.</u> 1,110.	\$ 0.	\$ \$	<u>1,379.</u> 1,379.	\$ \$	<u>3,440.</u> 3,440.	\$ \$	910. <u>2,684.</u> 3,594.

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021

Open to Public Inspection Employer identification number

Department of Internal Reven		
Name of the o	rganization	
LIVING	ARTS	

				43-19	50379	
Par	t Organizations Maintaining Dono	r Advised Funds or Other S	imilar Funds	or Accounts.		
	Complete if the organization answ	wered 'Yes' on Form 990, Pa	art IV, line 6.			
		(a) Donor advised fund	s	(b) Funds and	other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year).					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the asse organization's exclusive legal cont	ets held in donor rol?	advised funds	Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or t	for any other pure	oose conferring	Yes	No
Des					103	No
Par	t II Conservation Easements. Complete if the organization answ	warad 'Yas' on Form 990 P	art IV/ line 7			
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (for example		1 57	f a historically im	nortant land a	area
	Protection of natural habitat			f a certified histor	•	area
	Preservation of open space	L				
2	Complete lines 2a through 2d if the organization h last day of the tax year.	neld a qualified conservation contribut	ion in the form of a	a conservation eas	ement on the	
	·····			Held at the	e End of the T	Tax Year
a	Total number of conservation easements			2a		
ł	Total acreage restricted by conservation easer	ments		2 b		
c	Number of conservation easements on a certification	fied historic structure included in (a	a)	2 c		
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and n	ot on a historic	2 d		
3	Number of conservation easements modified, trar tax year ►	sferred, released, extinguished, or te	rminated by the or	ganization during t	he	
4	Number of states where property subject to conse	rvation easement is located ►				
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, in	spection, handlin	g of violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, i				luring the year	
7	Amount of expenses incurred in monitoring, inspe ►\$	ecting, handling of violations, and enfo	orcing conservatior	n easements during	g the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of section	i 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its to the organization's financial state	revenue and exp ments that descr	pense statement a ibes the organiza	and balance s tion's accoun	sheet, and ting for
Par	t III Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, Pa	asures, or Otł art IV, line 8.	ner Similar As	sets.	
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	Id for public exhibition, education,	or research in fur	nent and balance therance of public	sheet works o c service, pro	of art, vide in
ł	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	or public exhibition, education, or rese	earch in furtheranc	e of public service,	, provide the	rt,
	(i) Revenue included on Form 990, Part VIII,					
-	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, h amounts required to be reported under FASB	ASC 958 relating to these items:				
	Revenue included on Form 990, Part VIII, line					
	Assets included in Form 990, Part X					
BAA	For Paperwork Reduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 08/30	0/21 Sche	dule D (Form	990) 2021

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BAA	For Paperwork Reduction	Act Notice,	see the l	nstructions	for Form	990

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LIVIN Part III Organizations Mainta		ctions	of Art Histo	orica	Treasures or	Othe	43-1950 r Similar Ass		ontinu	Page 2
	•				· · · ·					
3 Using the organization's acquisition items (check all that apply):	, accession, ai	na otner r	ecords, check a	iny of t	the following that m	ake sigi	nificant use of its	collectio	n	
a Public exhibition					change program					
b Scholarly research			e Other							
 c Preservation for future gener 4 Provide a description of the organiz 		ons and e	explain how they	/ furth	er the organization's	sevemr	t nurnose in			
Part XIII.										
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or nan to be mai	receive of ntained a	donations of ar as part of the c	t, hist organiz	orical treasures, o zation's collection?	r other	similar assets	Yes	Г	No
Part IV Escrow and Custodia	l Arrangen	ients. (Complete if t	the o	rganization ans			rm 99	0, Par	t IV,
line 9, or reported an	amount on	Form 9	990, Part X,	line	21.					
1 a Is the organization an agent, trus	stee, custodia	n or othe	er intermediary	for co	ontributions or othe	er asse	ts not included	Yes	Г	No
on Form 990, Part X? b If 'Yes,' explain the arrangement							· · · · · · · · · · · · · · · · [Tes	L	NO
				ing tai				Amoun	t	
c Beginning balance						1	с			
d Additions during the year						1	d			
e Distributions during the year						1	e			
f Ending balance						1	f			
2 a Did the organization include an a	mount on For	rm 990, F	Part X, line 21,	for es	scrow or custodial	accour	t liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII. (Check he	re if the explan	nation	has been provide	d on Pa	art XIII		· · · · · L	
								1.0		
Part V Endowment Funds. C									F	
1 a Beginning of year balance	(a) Current	year	(b) Prior yea	r	(c) Two years back	(0) Three years back	(e)	Four year	S DACK
b Contributions										
-										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities										
and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentage		nt year e		ne 1g,	column (a)) held a	as:				
a Board designated or quasi-endowm b Permanent endowment ►	ent 🕨 🦞		010							
	<u> </u>									
c Term endowment ► The percentages on lines 2a, 2b, a	nd 2c should a	aual 100º	6							
		•								
3 a Are there endowment funds not in t organization by:	he possession	of the or	ganization that a	are hel	ld and administered	for the]	Yes	No
(i) Unrelated organizations								3a(i)		
(ii) Related organizations								3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ated organizat	ions liste	ed as required	on Sc	hedule R?			3b		
4 Describe in Part XIII the intended	d uses of the	organiza	tion's endowme	ent fur	nds.					
Part VI Land, Buildings, and										
Complete if the organi	zation ans	wered '	Yes' on Fori	m 99	0, Part IV, line	11a.	See Form 99	0, Par	t X, lii	ne 10.
Description of property		(a) Cost (inv	or other basis estment)	(b)	Cost or other basis (other)	(c) A de	Accumulated preciation	(d)	Book va	alue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment					27,386.		25,472.		1	,914.
e Other										01 -
Total. Add lines 1a through 1e. (Colum BAA	ırı (a) must ed	juai Forn	n 990, Part X,	coium	п (В), IIne IUC.)				1 orm 990	<u>,914.</u>
							Julieu	ר) ע סוו	01111 220	<i>ין ב</i> טבו

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LIVING ARTS			43-1950379	Page 3
Part VII Investments – Other Securities. Complete if the organization answered	d 'Yes' on Form 99	N/A 0, Part IV, line 11b. S	See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market va	lue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(D) (E)				
(F)				
(G)				
(H)				
(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	•			
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 0, Part IV, line 11c. S	ee Form 990, Part X	, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►	•			
Part IX Other Assets. Complete if the organization answered	N/A	A Do Dort IV line 11d S	Can Farma 000 Dart V	line 1E
	escription	o, Fait IV, line Tiu. S	(b) Book	
(1)			(2) 20011	10.00
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		►	
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990 Part IV line 1	110 or 11f See Form 990 P	art V line 25	
	ription of liability		(b) Book	value
(1) Federal income taxes				
⁽²⁾ ACCRUED WAGES			2	27,581.
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				7,581.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for tax positions under FASB ASC 740. Check here if the text of the footnote ha				

BAA

Schedule D (Form 990) 2021 LIVING ARTS 4	3-1950379	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	835,448.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	. 2e	31,132.
3 Subtract line 2e from line 1.	. 3	804,316.
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		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	804,316.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Return.	
1 Total expenses and losses per audited financial statements	. 1	760,379.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		,
a Donated services and use of facilities		
b Prior year adjustments	-	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	31,132.
3 Subtract line 2e from line 1	. 3	729,247.
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	729,247.
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.

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
2021
Open to Public Inspection

Employer identification number 43-1950379

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

LIVING ARTS IGNITES CREATIVITY IN THE LIVES OF DETROIT YOUTH THROUGH THE PERFORMING, VISUAL, AND MEDIA ARTS. THROUGH LONG-TERM ARTIST RESIDENCIES IN CLASSROOMS ACROSS METRO-DETROIT AND HIGH QUALITY OUT-OF-SCHOOL OFFERINGS IN SOUTHWEST DETROIT, LIVING ARTS' INCREASES YOUTH ACADEMIC ACHIEVEMENT, DEVELOPS LEADERSHIP AND ARTISTIC SKILLS, AND STRENGTHENS SCHOOLS AND COMMUNITIES.

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 2,000 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 IGNITES CREATIVITY IN THE LIVES OF DETROIT YOUTH THROUGH THE PERFORMING, VISUAL, AND MEDIA ARTS. THROUGH LONG-TERM ARTIST RESIDENCIES IN CLASSROOMS ACROSS METRO-DETROIT AND HIGH QUALITY OUT-OF-SCHOOL OFFERINGS IN SOUTHWEST DETROIT, LIVING ARTS' INCREASES YOUTH ACADEMIC ACHIEVEMENT, DEVELOPS LEADERSHIP AND ARTISTIC SKILLS, AND STRENGTHENS SCHOOLS AND COMMUNITIES.

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 2,000 DETROIT AREA RESIDENTS ANNUALLY, INCLUDING CHILDREN (FROM 3 MONTHS TO 18 YEARS OLD), FAMILIES, AND EDUCATORS.

Schedule O (Form 990) 2021	Pa
Name of the organization	Employer identification number
LIVING ARTS	43-1950379

FORM 990, PART III, LINE 4B - 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 WAYS THAT ARE FUN, LIVELY, AND ENCOURAGE BONDING. IN THE MOST RECENTLY COMPLETED PROGRAM YEAR, DWT REACHED MORE THAN 360 YOUNG CHILDREN, 50 CAREGIVERS/PARENTS, AND 125 EARLY CHILDHOOD EDUCATORS IN DETROIT AND METRO DETROIT.

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

A COPY OF THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND SUBSEQUENTLY 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 PRESIDENT, SECRETARY, AND TREASURER) AND RECOMMENDED TO THE FULL BOARD FOR VOTE AND ADOPTION. THE SALARY RANGE IS INFORMED BY COMPARABILITY DATA FROM THE MICHIGAN NONPROFIT ASSOCIATION SALARY BENCHMARKING REPORT.

STAFF COMPENSATION IS REVIEWED AND SET ANNUALLY BY THE EXECUTIVE DIRECTOR. THE SALARY RANGE IS INFORMED BY COMPARABILITY DATA FROM THE MICHIGAN NONPROFIT ASSOCIATION SALARY 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 MICHIGAN NONPROFIT ASSOCIATION SALARY 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 MICHIGAN NONPROFIT ASSOCIATION SALARY BENCHMARKING REPORT.

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.