Form 990

Department of the Treasury

Internal Revenue Service

, Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

A F	or the	e 1999 cal	endar ye	ear, OR tax year period beginning	, 1999, a	and end	ling		
Вс	neck (f	:	Please	C				D Employe	r identification number
☐ ci	nange (of address	use IRS label or					95-441	17815
☐ in	tial ret	lurn	print or	LEWIS CARROLL ACADEM	Y OF THE ARTS	3		E Telepho	ne number
\equiv	natretu		type. See	5345 WILHELMINA AVE.	_	_			
= -		d return	Specific	WOODLAND HILLS, CA 9	1367			E Check	▶ ☐ If exemption
· (re	quired	i aiso for porting)	instruc- tions.					1 Oncor	application is pending
	•		tion ▶ 0	Exempt under section 501(c) (3) (insert number) OF	<u> </u>	section 4947(a)	1) nonevem	nt charitable trust
		_		mpt organizations and 4947(a)(1) nonexe	•				
				led for affiliates?					s," enter four-digit group
				per of affiliates for which this return is filed:			mption number (
				n filed by an organization covered by a			ounting method:		
(0)				· · · · · · · · · · · · · · · · · · ·	⊠ Yes 🛚 No		Other (specify)		
КC				organization's gross receipts are normally					with the IRS:
				90 Package in the mail, it should file a retu					
				used by organizations with gross receipts !					
				Expenses, and Changes in Net					
				s, grants, and similar amounts received:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	l		_	port		1a	12,7	⁷ 35	
	l			pport					
		-	-	ributions (grants)		\vdash		—	
	l			a through 1c) (attach schedule of contribu					
	_	•		12,735 noncash \$	-	e. St	atement.	1 1d	12,735
3	2			evenue including government fees and co					678,292
3	3	_		and assessments	· ·			1	· · · · · · · · · · · · · · · · · · ·
J	4		-	s and temporary cash investments					95
_	5			erest from securities					
	6a			***************************************			31,4	**********	
}				1Ses			5,4		
_				or (loss) (subtract line 6b from line 6a)				6c	25,969
) Ë	l			income (describe ▶) 7	
REVENUE					(A) Securities		(B) Other	-	
្តិ	8a	Gross an	ount fro	m sale of assets other than inventory		8a			•
? =	b	Less: cos	t or othe	r basis and sales expenses		8b		- 1	
6				ach schedule)		8c			
	d	Net gain	or (loss)	(combine line 8c, columns (A) and (B))				8d	
	9	Special e	ven ts an	d activities (attach schedule)	•				
	a	Gross rev	/enue (n	of including \$ of c	ontributions				
		reported	on line 1	a) HECEIVED	 •	9a			
	þ	Less: dire	ect exper	nses other than fundraising expenses		9b			
	С	Net incor	ne or (lo:	ss) from special events (subtract line 9b/fc	ím Ilne 9a)			9c	
	10a	Gross sa	les of inv	rentory, less returns and allowalicas) j				li
	b	Less: cos	t of good	ds sold	<i>[</i> [10b			
	С	Gross pre	ofit or (lo	ds sold	e) (subtract line 10b from	line 10a	ı)	10c	
	11	Onlei 167	enna (no	on Part VII, IIIIB 103)					=
	12	Total rev	enue (a	dd lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, ar	<u>nd 11) </u>		<u> </u>	12	717,091
E	13	_		(from line 44, column (B))					619,674
EXPERSES	14	Manager	nent and	general (from line 44, column (C))				14	72,449
E N	15	Fundraisi	ng (from	line 44, column (D))	• • • • • • • • • • • • • • • • • • • •			15	
S E	16			ites (attach schedule)					
	17			add lines 16 and 44, column (A))					692,123
A	18			for the year (subtract line 17 from line 12).					24,968
ASSET	19	Net asse	s or fund	d balances at beginning of year (from line 7	73, column (A))			19	47,782
Ϋ́Ē	20	Other cha	anges in	net assets or fund balances (attach explan	alion)			20	
S	21	Net asse	s or fund	d balances at end of year (combine lines 18	9, 19, and 20)			21	72,750

KFA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

e Other program services (attach schedule)

Form 990 (1999) LEWIS CARROLL ACADEMY OF THE ARTS 95-4417815 Page 2 Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 50 (c)(3) and (4) organizations and Functional Expenses section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.) Do not include amounts reported on (B) Program (C) Management (A) Total (D) Fundraising line 6b, 8b, 9b, 10b, or 16 of Part I. services and general Grants and allocations (att. sch.) 22 (cash \$ Specific assistance to Individuals (att. sch.) 23 24 24 5,270 35,585 30,315 25 Compensation of officers, directors, etc..... 25 262,874 27,747 290,621 26 Other salaries and wages..... 26 Pension plan contributions..... 27 27 Other employee benefits 28 28 27,959 22,647 Payroll taxes..... 5,312 29 30 2,550 2,550 31 31 525 525 32 157,678 149,216 8,462 33 Supplies....... 4,493 449 4,044 Telephone 34 10,969 10,969 35 Postage and shipping 35 Occupancy..... 42,208 37,987 4,221 36 37 Equipment rental and maintenance 5,346 5,346 Printing and publications 38 39 Conferences, conventions, and meetings..... 40 40 41 Interest....... $\overline{4,755}$ 4,755 Depreciation, depletion, etc. (attach schedule)..... 42 42 109,434 106,085 3,349 Other expenses (itemize): a Statement 43a 43b 43c 43d 43e Total functional expenses (add lines 22 thru 43) Organizations 692,123 619,674 72,449 44 completing columns (B)-(D), carry these totals to lines 13 - 15. . Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign If "Yes," enter (I) the aggregate amount of these joint costs \$ ______; (II) the amount allocated to Program services \$ (III) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22.) What is the organization's primary exempt purpose? ► See Statement **Program Service** Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients (Required for 501(c)(3) served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and and (4) orgs. and 4947(a)(1) trusts; but optional for others.) 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a See Statement 3. 0) 619,674 (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$

> (Grants and allocations \$ (Grants and allocations \$

Page 3

Part IV Balance Sheets (See Specific Instructions on page 22.)

-	lote:	Where required, attached schedules and amounts within the descr for end-of-year amounts only.			(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing			32,566	45	44,753
	46	Savings and temporary cash investments			2,343	46	1,224
]			Ţ			
	47 a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48 a	Pledges receivable	48a				
		Less; allowance for doubtful accounts				48c	
	49	Grants receivable				49	
		Receivables from officers, directors, trustees, and key employees (a				50	
Α		Other notes and loans receivable (attach schedule)		3,650			_
ASSET		Less: allowance for doubtful accounts			2,709	51c	3,650
Ē	ı	Inventories for sale or use			2,105	52	3,030
						53	
S	53	Prepaid expenses and deferred charges				 [-	
	54	Investments - securities (attach schedule)	• • • • •			54	
	55 a	Investments - land, buildings, and equipment:	l 1				
	ļ	basis					
	,	Less: accumulated depreciation (attach schedule)				55C	_
		Investments – other (attach schedule)				56	
		Land, buildings, and equipment: basis	-	26,285			
	b	Less: accumulated depreciation (attach schedule) $Stmt4$	57b	12,530	12,671	57c	13,755
	58	Other assets (describe ►See Statement 5)	23,000	58	23,000
	59	Total assets (add lines 45 through 58) (must equal line 74)			73,289	59	86,382
	60	Accounts payable and accrued expenses			73,203	60	007502
Ļ		·				61	
Ĭ	61	Grants payable Deferred revenue		F	<u></u>	 	
B	62	•				62	
1	63	Loans from officers, directors, trustees, and key employees (attach		· ·		63	
ī		Tax-exempt bond liabilities (attach schedule)			12 105	64a	12 100
Ţ		Mortgages and other notes payable (attach schedule)	es	racementb.	13,125	64b	13,125
Ė	65	Other Nabilities (describe ► See Statement 7			12,382	65	507
S	66	Total Ilabilities (add lines 60 through 65)			25,507	66	13,632
		anizations that follow SFAS 117, check here > \(\Boxed{\Delta}\) and complete			23,307		23,032
N E T	Uigi	and lines 73 and 74.	illies o	7 till dagit da			
Ā	67	Unrestricted				67	
ASSETS	68	Temporarily restricted		L		68	
Ę	69	Permanently restricted		<u>-</u>		69	
		anizations that do not follow SFAS 117, check here 🕨 🖾 and c					
O R	o g	through 74.	omplot	o inico 70			
F	70	Capital stock, trust principal, or current funds				70	
F U N D	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other fund		-	47,782	72	72,750
A	73	Total net assets or fund balances (add lines 67 through 69 OR lin		F			
Ä		column (A) must equal line 19 and column (B) must equal line 21).			47,782	73	72,750
BALANCES							-
Ś	74	Total liabilities and net assets/fund balances (add lines 66 and 7	3)		<u>7</u> 3,289	74	86,382

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

a Total revenue, gains, and other support per audited financial statements. b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (2) Donated services and use of facilities \$ (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants \$ (4) Other (specify): \$ Add amounts on lines (1) through (4) b c Line a minus line b c d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 20, Form 990 \$ Add amounts on lines (1) and (2) b d e Total revenue per line 12, Form 990 (a) Other (specify): \$ Add amounts on lines (1) and (2) b d e Total revenue per line 12, Form 990 (mine c) puls line d) b e Total revenue on line 17, Form 990 (mine c) puls line d) b e Total revenue on line 17, Form 990 (mine c) puls line d) b e Total revenue on line 17, Form 990 (mine c) puls line d) b e Total revenue on line 17, Form 990 (mine c) puls line d) b e (A) Name and address (B) Tille and average hours per veek devoted to position (fine paid, enter -e.) a dererge demonration and contents to employee baneft liphans and address (B) Tille and average hours per veek devoted to position (fine paid, enter -e.) a dererge demonration and contents to employee baneft liphans and address	692,12
b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Recoveries of prior year grants \$ (4) Other (specify): C Line a minus line b C 717, 091 d Amounts included on line 12, Form 990 but not on line 6b, Form 990 \$ (1) Investment expenses not included on line 12, Form 990 but not on line 6b, Form 990 \$ Add amounts on lines (1) and (2)	692,12
(1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (2) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Recoveries of prior year grants \$ (4) Other (specify): (4) Other (specify): (5) Add amounts on lines (1) through (4) > b (6) C Line a minus line b > c (7) Amounts included on line 12, Form 990 but not on line a: (7) Investment expenses not included on line 12, Form 990 \$ (8) Investment expenses not included on line 6b, Form 990 \$ (9) Other (specify): (1) Investment expenses not included on line 6b, Form 990 \$ (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): (3) Losses reported on line 20, Form 990 \$ (4) Other (specify): (5) Add amounts on lines (1) through (4) > b (6) Amounts included on line 17, Form 990 but not on line a: (7) Investment expenses not included on line 6b, Form 990 \$ (8) Other (specify): (9) Other (specify): (1) Investment expenses not line (1) and (2) > d (1) Investment expenses not line (2) > d (2) Other (specify): (3) Losses reported on line 20, Form 990 \$ (4) Other (specify): (5) Other (specify): (6) Compansation (C) Compansation (C	
(2) Prior year adjustments and use of facilities . \$ (3) Recoveries of prior year grants \$ (4) Other (specify): S Add amounts on lines (1) through (4)	
(3) Recoveries of prior year grants \$ (4) Other (specify): S Add amounts on lines (1) through (4) b C Line a minus line b c 717,091 d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 12, Form 990 \$ (2) Other (specify): S Add amounts on lines (1) and (2) b Add amounts on lines (1) and (2) b E Total revenue per line 12, Form 990 (line c plus line d) b (A) Name and address Form 990 \$ (3) Losses reported on line 20, Form 990 \$ Add amounts on lines (1) through (4) b Add amounts on lines (1) through (4) b Add amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): S Add amounts on lines (1) and (2) b Add amounts on lines (1) and (2) b E Total revenue per line 12, Form 990 (line c plus line d) b E Total expenses per line 17, Form 990 (line c plus line d) b E Total expenses per line 17, Form 990 (line c plus line d) b E Total expenses per line 17, Form 990 (line c plus line d) b E Total expenses per line 17, Form 990 (line c plus line d) b E Total expenses per line 17, Form 990 (line c plus line d) b E Total expenses per line 17, Form 990 (line c plus line d) b E Total expenses per line 17, Form 990 (line c plus line d) b E Total expenses per line 10, Compensated; see Specific Instructions on page 24.)	
Add amounts on lines (1) through (4) b c Total revenue per lines (1) and (2) c Total revenue per lines (2) Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.) Add amounts on lines (1) and (2) c Total expenses per line 17, Form 990 c	
Add amounts on lines (1) through (4) b c Line a minus line b c 717,091 d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): \$ Add amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): \$ Add amounts on lines (1) and (2) b d Add amounts on lines (1) and (2) b d E Total revenue per line 12, Form 990 (line c plus line d) b e (A) Name and address (B) Title and average hours per (C) Compensation (D) Contributions to employee benefit plans employee themployee themployee employee themployee themployee themployee themployee the	
Add amounts on lines (1) through (4). C Line a minus line b. Add amounts on line a: (1) Investment expenses not included on line a: (1) Investment expenses not included on line do. (2) Other (specify): C D d d amounts on line a: (1) Investment expenses not included on line do. (2) Other (specify): Add amoun	
c Line a minus line b	
d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): \$ Add amounts on lines (1) and (2)	
not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): \$ Add amounts on lines (1) and (2) b d e Total revenue per line 12, Form 990 (line c plus line d) b e Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.) (B) Title and average hours per (C) Compensation (C) Compensation employee benefit plans employee plans employee benefit plans employee benefit plans employee plans employee benefit plans employee plans emplo	692,12
not included on line 6b, Form 990 \$ (2) Other (specify): Add amounts on lines (1) and (2)	692,12
(2) Other (specify): \$ Add amounts on lines (1) and (2) b d e Total revenue per line 12, Form 990 (line c plus line d) b e Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.) (B) Title and average hours per (C) Compensation (D) Contributions to employee benefit plans	692,12
Add amounts on lines (1) and (2) b d .	692,12
e Total revenue per line 12, Form 990 (line c plus line d)	692,12
e Total revenue per line 12, Form 990 (line c plus line d)	692,12
(line c plus line d) e 717,091 (line c plus line d) e Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.) (B) Title and average hours per (C) Compensation (D) Contributions to employee benefit plans	692,12
see Specific Instructions on page 24.) (A) Name and address (B) Title and average hours per (C) Compensation (D) Contributions to employee benefit plans	
(A) Name and address (B) Title and average hours per (C) Compensation (D) Contributions to employee benefit plans	
(A) Name and address	(E) Expense
a distribution and a distributio	account and other allowances
H. KILLOUGH TEACHER, TREAS	
842 ALANDELE 40 LA, CA 30,315 0	
K. NEWMAN PRESIDENT	
5901 HANNA 40	
WOODLAND HILLS, CA 5,270 0	1
S. SOREF SECRETARY	
4225 JACARANDA 12	
BURBANK, CA 0 0	
L. MARSH 19817 HAYNES BOARD MEMBER 6	
WOODLAND HILLS, CA 0 0	
B. SLEVIN BOARD MEMBER	
7441 KYLE ST 6	
WOODLAND HILLS, CA 0 0	i
	
75 Dld any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?	

Page **5**

Pa	other Information (See Specific Instructions on page 25.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
h	If "Yes," enter the name of the organization $\blacktriangleright N/A$			
~	and check whether it is \(\Boxed{\omega}\) exempt \(\mathbf{OR}\) nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the Instructions for line 81 . 81a 0			
	Did the organization file Form 1120-POL for this year?	81b	*****	Гx
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	oza]^
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	-
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		-х
	• • • • • • • • • • • • • • • • • • • •			
ט	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N	Ά
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		Ά
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a walver for proxy tax owed for the prior year.			<u> </u>
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N,	A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N	/A
86	501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 12			
b	Gross receipts, Included on line 12, for public use of club facilities			
87	501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross Income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax Imposed on the organization during the year under: section 4911▶ 0 : section 4912 ▶ 0 : section 4955 ▶ 0			
	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	Enter: Amount of tax in 89c, above, reimbursed by the organization.			0
	List the states with which a copy of this return is filed CALIFORNIA		-	0.0
	Number of employees employed in the pay period that includes March 12, 1999 (See Instructions.)		222	20
91	The books are in care of ► AS ADDRESSED Telephone no. ► 818 – 888	- 32	. 4. 4	
	Located at ► ZIP + 4 ►	NT .	/ 7\ ►	л
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here	/	.A P	Ы
	and enter the amount of tax-exempt merest received of accruded during the tax year			

Par	t VII	Analysis of Income-Producing	Activities (Se	ee Specific Instructions	on page 29.)		
Enter	gross	amounts unless otherwise Indicated.	Unrelated (A)	business income (B)	Excluded b	y section 512, 513, or 514 (D)	(E) Related or exempt
		m service revenue:	Business code	Amount	Exclusion co	de Amount	function income
a (OPEI	RATION OF SCHOOL		<u> </u>			678,292
b		<u> </u>	<u> </u>				
C	_						
ď							
e			•				
f I	Medica	are/Medicaid payments					
g F	Fees a	nd contracts from government agencles					
94	Membe	ership dues and assessments				<u></u>	
95 J	Interes	t on savings & temporary cash investments			1	4 95	
96 E	Divider	nds and interest from securities]		
97 1	Net rer	ntal income or (loss) from real estate:					
а	debt-fi	nanced property					
b r	not dei	ot-financed property			1	6 25,969	
98 1	Net rer	ntal income or (loss) from personal property					
99 (Other i	nvestment Income					
100 (Gain/id	ess from sales of assets other than inventory					
101	Net inc	ome or (loss) from special events		· -			
102 (Gross ;	profit or (loss) from sales of inventory		<u> </u>			
103 (Other r	evenue: a					
b							
c							
ď							
e ¯							1
104	Subtot	al (add (columns (B), (D), and (E))				26,064	678,292
105 1	Total (add line 104, columns (B), (D), and (E))		*****			704,356
Note:	(Line	105 plus line 1d, Part I, should equal the am	ount on line 12,	Part I.)		 .	· · · · · ·
		Relationship of Activities to the			Purposes (See Specific Instructions or	n page 30.)
	No.	Explain how each activity for which income					
		organization's exempt purposes (other than	by providing fu	nds for such purposes)) <u>`</u>	· · · · · · · · · · · · · · · · · · ·	
93a		Supports exempt purpos	se per 50	01 (c) (3) a	and per	170 (b) (1) (<i>I</i>	A)
		(ii), revenue from ope	eration o	of school.	The ope	ration of the	
		school is the reason	for the e	exempt statu	ıs. See	Part III of	
		this return.					
			•			.	<u> </u>
			-				
Par	t ix	Information Regarding Taxable	Subsidiaries	and Disregarded	l Entities (S	ee Specific Instruction on	page 30)
<u> </u>		Name, address, and employer identification	Percentage o	Mature		Total	End-of-year
	•	number of corporation or partnership	ownership Interest	business a		Income	assets
$\overline{N/A}$			-	%			<u> </u>
			, ,	%			
_			/ (%			
			,	%		<u></u>	
		Under penalties of perjury, I declare that I have	ave examined th	is return, including acc	companying sch	edules and statements, an	d to the best of my
Plea	se	knowledge and belief, it is true, corfect, and	i complete. Decl	aration of preparer (oth	er than officer)	is based on all information	of which preparer
Sign	1	has any knowledge. (Important: See Gene	ral Instruction U,	on page 14.)	·		
Here		NHT V/1841/1/1/	<u> </u>		I	President	
	- 1	Signature of officer		Date		Type or print name and title.	
-	1	Preparer's		Date /	7.	Check II Preparer's SS	SN or PTIN
D-7 *		signature	27	17/1	1/4000	self- employed ▶	
Paid Prepa	rer¹e	Gregory G	. Fev		_,	EIN	
Use C		Firm's name (or		#B		-117	
		yours If self-employed) 2668 HONO. And address Montrose,		· / _#12		ZIP+4 ▶ 91020	
		l Liouterope,	CF1		1 .	-11: +4 P JIVAV	

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

Supplementary Information - (See separate instructions.) ▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ. 1999

Name of the organization					Employer Identific	ation number
LEWIS CARROLL ACADEMY OF THE	E ARTS				95-441	L7815
Compensation of the Five High (See page 1 of the Instructions. List each	est Paid Employees Oth one. If there are none, enter "No	er Tha	an Officers,	Direct	ors, and Tru	stees
(a) Name and address of each employee pald more than \$50,000	(b) Title and average hours per week devoted to position	(c)	Compensation	employ	ontribulions to se benefit plans & ad compensation	(e) Expense account and other allowances
NONE						
	•		0		0	0
			•			-
	<u> </u>				ı	
						·
Total number of other employees paid over \$50,000 .	·					
Compensation of the Five High (See page 1 of the instructions. List each	est Paid Independent Coone (whether individuals or firms	ontrac s.) If ther	tors for Prote are none, ente	l essio i r "None,	nal Services	
(a) Name and address of each independent contra	ictor paid more than \$50,000		(b) T ₃	/pa of serv	vice	(c) Compensation
				_		
NONE						0
				_		
						•
·						
Total number of others receiving over \$50,000 for professional services	▶	0				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

	Hotel Too may aso allo		ens for converting incini	110 4001 441 10 1110 04511	THE HIGG OF GOODERN	.	
	ndar year scal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total	
r	tifts, grants, and contributions eceived. (Do not include unusual rants. See line 28.)	N/A					
	lembership fees received						
17 G	ross receipts from admissions, lerchandise sold or services performed, r furnishing of tacilities in any activity hat is not a business unrelated to the rganization's charitable, etc., purpose				ì		
a ro Ir b	ross income from interest, dividends, mounts received from payments on ecurities (section 512(a)(5)), rents, syallies, and unrefated business taxable toome (less section 511 taxes) from usinesses acquired by the organization fter June 30, 1975						
	et income from unrelated business ctivities not included in line 18		<u> </u>				
o p	ax revenues levied for the rganization's benefit and either ald to it or expended on its behalf						
to W	he value of services or facilities furnished the organization by a governmental unit lithout charge. Do not include the value f services or facilities generally furnished the public without charge						
ir	Other Income. Attach a sch. Do not clude gain or (loss) from sale of apital assets						
23 T	otal of lines 15 through 22						
24 L	ine 23 minus line 17						
	inter 1% of line 23						
	organizations described on lines 1		2% of amount in column	(a) line 24	N/A ►	26a	
	Attach a list (which is not open to (other than a government unit or the amount shown in line 26a. En	public inspection) show publicly supported organ ter the sum of all these o	ing the name of and am nization) whose total gifts excess amounts	ount contributed by ea s for 1995 through 1998	ch person 3 exceeded	26b	
C	Total support for section 509(a)(1) test: Enter line 24, colu	mn (e)			26c	
d	Add: Amounts from column (e) fo	er lines: 18	19				
	.,	22				26d	<u></u>
е	Public support (line 26c minus lin					26e	
f	Public support percentage (line	•				26f	%
27	Organizations described on line list to show the name of, and total N/A	e 12: a For amounts il amounts received in ea	Included in lines 15, 16, ach year from, each "disc	and 17 that were receiqualified person." Enter	ved from a "disquali the sum of such an	fied person," attach a nounts for each year:	
	(1998)	(1997)	(1996)	(1995)		
b	For any amount included in line each year, that was more than the 5 through 11, as well as individuenter the sum of all these different	e larger of (1) the amous als.) After computing the	nt on line 25 for the year o difference between the	or (2) \$5,000. (Include	in the list organizati	ons described in lines	3
	(1998)	(1997)	(1996)	(1995)		
C	Add: Amounts from column (e) fo	r lines: 15	16 21	·		27c	
d		and	line 27b total		.	27d	
e	Public support (line 27c total mine	us line 27d total)	***********		 	27e	
				. l l			(*************************************
f	Total support for section 509(a)(2	!) test; Enter amount on I	ine 23, column (e)	▶ 271			
t	Total support for section 509(a)(2 Public support percentage (line	t) test: Enter amount on I 27e (numerator) divide	ınə 23, column (ə) ed by line 27f (denomin	▶ <u> 271 </u> ator))		27g	%
t g h	Total support for section 509(a)(2 Public support percentage (line Investment Income percentage	27e (numerator) divide	ed by line 27f (denomin	ator))			%

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.) N/A

Part V

Private School Questionnaire (See page 4 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	х	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	X	
	If "Yes," please describe; if "No," please explain. (If you need more space, allach a separate statement.) Statement of non-discrimination policy is used in advertising and	31	1 11	
	in brochures given to all who inquire about the school.			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	1
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		X	\vdash
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a	<u>.</u>	X
b	Admissions policies?	33b		Х
С	Employment of faculty or administrative staff?	33c		Х
	Scholarships or other financial assistance?	33d		Х
	Educational policies?	33e		X
f	Use of facilities?	33f		Х
g	Athletic programs?	33g		Х
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial ald or assistance from a governmental agency?	34a		Х
b	Has the organization's right to such aid ever been revoked or suspended?	34b	********	X
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75–50, 1975–2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	х	

Sch	edule A (Form 990) 1999 LEWIS CA	ARROLL ACADEM	IY OF THE ART	'S		95	<u> </u>	117815 Page 5
	(To be completed ONL)	litures by Electing Y by an eligible organizat	tion that filed Form 5768)	See page 6 of the ins	tructions.)			N/A
	eck here ▶ a □ if the organization eck here ▶ b □ if you checked "a							
OII	Limits	on Lobbying Expe	enditures	·	Affillate	a) id grou tals	p	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influe	ence public opinion (gras	sroots lobbying)		16			
	Total lobbying expenditures to influe	-			37			_
38	***				19			
39 40	Total exempt purpose expenditures				10			
	Lobbying nontaxable amount. Enter	•						
	If the amount on line 40 is -		lobbying nontaxable an	nount Is -				
	Not over \$500,000			5 KXX				
	Over \$500,000 but not over \$1,000,0	•			1			
	Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,00	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	i1		*******	
	Over \$17,000,000	•		> 1 998.				
42	Grassroots nontaxable amount (ente	= -		1000	12	<u>8 (3861/31).</u>	<u> Sikhadi ya </u>	
	Subtract line 42 from line 36. Enter -	•			13			
44	Subtract line 41 from line 38. Enter -	-0– if line 41 is more than	ı line 38	A	14			
	Caution: If there is an amount on e	uither line 43 or line 44. Vo	ou must file Form 4720					
_	· · · · · · · · · · · · · · · · · · ·		<u> </u>	0 - 4 504//	- \		<u> </u>	
	(Some organiza	ations that made a section	raging Period Undo n 501(h) election do not l or lines 45 through 50 or	nave to complete all	of the five colu	mns be	low.	
			Lobbying Expend	itures During 4-Yea	ar Averaging P	erlod		
	Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997		d) 996		(e) Total
45	Lobbying nontaxable amount							
46 —	Lobbying ceiling amount (150% of line 45(e))							
<u>47</u>	Total lobbying expenditures			·				
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount							
	(150% of line 48(e))		T		1		<u> </u>	
50	Grassroots lobbying expenditures .						,	
_	and VER Lobbying Activity	by Nonelecting Puorganizations that did not	ublic Charities	e oage 8 of the instr	uctions.)			N/A
	ring the year, did the organization atte	ampt to influence national	I, state or local legislation	 	-	Yes	No	Amount
	uence public opinion on a legislative		=					
	Volunteers							
	Media advertisements		=			$\overline{}$		
	Mailings to members, legislators, or t					_		
	Publications, or published or broadca	ast statements						
f	Grants to other organizations for lobb						<u> </u>	· · · · · · · · · · · · · · · · · · ·
g	Direct contact with legislators, their st	-					<u> </u>	-
	Rallies, demonstrations, seminars, co Total lobbying expenditures (add line		•			ACCRECATION AND ADDRESS OF		
1	Lord lonnying exhaudirases (agg illie	so umougn II)				18881.881.88	<u> 2000000</u>	<u>L</u> .
	If "Yes" to any of the above, also atta	ch a statement giving a c	letailed description of the	lobbying activities.				

Schedule .	A (Form 890) 1999 LEWIS	S CARROLL ACA	DEMY OF THE ARTS	95	-441 <u>7815</u> Pag	ıge
Part \		legarding Transfers nizations (See page 8 o		nd Relationships With Noncha	aritable	
of t	he Code (other than sect	tion 501(c)(3) organization:	s) or in section 527, relating to p	any other organization described in seconditical organizations?	· · ·	
	-	_	itable exempt organization of:		Yes	No
٠.		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •		a(ii)	
	er transactions: Sales or exchanges of a	assets with a noncharitable	exempt organization		b(i)	2
(11)	Purchases of assets from	m a noncharitable exempt	organization		b(II)	7
(iv)	Relmbursement arrange	ements			b(iv)	7
						7
(vi)	Performance of services	s or membership or fundra	ising solicitations		b(vi)	7
c Sha	aring of facilities, equipme	ent, mailing lists, other ass	ets, or paid employees		с	- 2
of t	he goods, other assets, o	or services given by the rep	porting organization. If the organ	b) should always show the fair market v nization received less than fair market v , other assets, or services received.	/alue value	
(a) Line no.	(b) Amount involved	Name of noncharit	(c) table exempt organization	(d) Description of transfers, transactions,	, and sharing arrangeme	nts
N/A						
	ļ <u>.</u>					_
	-					
		•		<u> </u>		
				<u> </u>		_
	<u> </u>			<u> </u>		
			·	<u> </u>	 .	_
	· -					
				 		
			·			
-	-			<u> </u>		
	<u> </u>	<u></u>			. <u> </u>	
	<u> </u>					
of ti	ne organization directly or the Code (other than sectives," complete the followi	tion 501(c)(3)) or in section	or related to, one or more tax-ex	lempt organizations described in sectio	n 501(c) ▶ ☐ Yes	N
	(a)	_ •	(b) ·	(c)		_
	Name of organ	nization	Type of organization	Description of rel	alionship	
N/A	<u> </u>		•			
			· ·			
		- -				
						•
		 -				
	<u> </u>					
-		··				
					-	
			 			_

99	Federal Statements	Page '
. · LEW	S CARROLL ACADEMY OF THE ARTS	95-441781
Statement 1 Form 990, Part I, Line 1d Contributions, Gifts, and Grants	Not Open To Public Inspection	
No single contributor	gave \$5,000 or more during the year.	
	·	
·		
·		
r		
	• .	

95–44178 (D)
, (D)
(D)
Fundraising
•
0
•

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Asset			Basis	Accum. Deprec.	Book Value
Machinery and equipment	Total	\$ \$	26,285 26,285	12,530 12,530	13,755 13,755

Statement 5	
Form 990, Part IV, Line 5	8
Other Assets	

·	Ending
DEPOSITS Total	\$ 23,000 \$ 23,000

99	Federal Statements	Page
•	LEWIS CARROLL ACADEMY OF THE ARTS	95–44178
Statement 6 Form 990, Part IV, Line 64b Mortgages and Other Notes Pa	ayable	
Other Notes Payable		Balance Due
Lender's Name: Date of Note: Repayment Terms: Security Provided: Purpose of Loan: Original Amount: Balance Due:	M. LEWIS 5/01/93 None None Payoff Zwan note 8,000	\$ 5,000
Lender's Name: Date of Note: Repayment Terms: Security Provided: Purpose of Loan: Original Amount:	B. Welch 10/01/96 None None Payoff Zwan note 10,000	
Balance Due:	To	$\begin{array}{c c} 8,125\\ \hline $&13,125\\ \hline $&13,125\\ \end{array}$
Statement 7 Form 990, Part IV, Line 65 Other Liabilities		
		Ending
TAXES	Tot	\$ 507 al \$ 507
		· .