

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527 or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning 7/01, 2000, and ending 6/30, 2001

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C LIVING ARTS & SCIENCE CENTER, INC 362 N MARTIN LUTHER KING BLVD LEXINGTON, KY 40508. D Employer identification number 61-0675663. E Telephone number 859-252-5222. F Check if application pending.

G Organization type (check only one) 501(c)(3) (insert no) 527 OR 4947(a)(1). Note H and I are not applicable to section 527 orgs. H(a) Is this a group return filed for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Enter 4-digit group exemption no (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

J Accounting method Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with columns for line numbers (1-21) and amounts. Includes sub-columns for (A) Securities and (B) Other. Total revenue is 353,193. Total expenses is 350,655. Net assets at end of year is 769,967.

SCANNED MAR 07 2002

Handwritten notes and stamps: 'RECEIVED' stamp, 'EXEMPT' stamp, and other markings.

Handwritten numbers: 614 and 14.

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (att. sch ) (cash \$ _____ non cash \$ _____ )	22				
23	Specific assistance to individuals (att. sch )	23				
24	Benefits paid to or for members (att. sch )	24				
25	Compensation of officers, directors, etc	25	39,680			
26	Other salaries and wages	26	229,990	56,517	173,473	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	15,935	3,876	12,059	
30	Professional fundraising fees	30				
31	Accounting fees	31	3,575		3,575	
32	Legal fees	32				
33	Supplies	33	13,565	8,495	5,070	
34	Telephone	34	1,394		1,394	
35	Postage and shipping	35	4,285	4,285		
36	Occupancy	36	8,128		8,128	
37	Equipment rental and maintenance	37	14,749		14,749	
38	Printing and publications	38	9,156	6,159	2,997	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	26,734		26,734	
43	Other expenses (itemize) a <u>Statement 4</u>	43a	23,144	14,531	8,613	
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e _____	43e				
44	<b>Total functional expenses</b> (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15	44	390,335	93,863	256,792	0

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

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 23)

What is the organization's primary exempt purpose? <u>See Statement 5</u>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	<u>PROVIDED ART AND SCIENCE CLASSES AS WELL AS COMMUNITY OUTREACH ACTIVITIES</u>  (Grants and allocations \$ _____ )	93,863
b	_____  (Grants and allocations \$ _____ )	
c	_____  (Grants and allocations \$ _____ )	
d	_____  (Grants and allocations \$ _____ )	
e	Other program services (attach schedule) (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		93,863

**Part IV Balance Sheets (See Specific Instructions on page 23)**

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
				Beginning of year		End of year	
ASSETS	45	Cash - non-interest-bearing		2,163	45	2,595	
	46	Savings and temporary cash investments		55,317	46	74,523	
	47a	Accounts receivable	47a 3,998				
		b Less allowance for doubtful accounts	47b	5,502	47c	3,998	
	48a	Pledges receivable	48a		48c		
		b Less allowance for doubtful accounts	48b				
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach sch)			50		
	51a	Other notes and loans receivable (attach schedule)	51a		51c		
		b Less allowance for doubtful accounts	51b				
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments - securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments - land, buildings, and equipment basis	55a				
		b Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments - other (attach schedule)		60,199	56	60,646		
57a	Land, buildings, and equipment basis	57a 966,899					
	b Less accumulated depreciation (attach schedule) Stmt 6	57b 334,841	654,386	57c	632,058		
58	Other assets (describe ▶ _____ )			58			
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		777,567	59	773,820		
LIABILITIES	60	Accounts payable and accrued expenses		3,759	60	1,908	
	61	Grants payable			61		
	62	Deferred revenue		1,195	62	1,945	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
		b Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe ▶ _____ )			65		
66	<b>Total liabilities</b> (add lines 60 through 65)		4,954	66	3,853		
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted			67		
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds		76,587	70	91,376	
	71	Paid-in or capital surplus, or land, building, and equipment fund		654,386	71	632,058	
	72	Retained earnings, endowment, accumulated income, or other funds		41,640	72	46,533	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		772,613	73	769,967		
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		777,567	74	773,820		

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.



<b>Part VI</b>	<b>Other Information</b> (See Specific Instructions on page 26)	N/A	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			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a	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?			X
	b If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
	b Did the organization file Form 1120-POL for this year?	81b		X
82a	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)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations	85a	N/A	
	a Were substantially all dues nondeductible by members?	85b	N/A	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
	c Dues, assessments, and similar amounts from members	85c	N/A	
	d Section 162(e) lobbying and political expenditures	85d	N/A	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
	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			
	a Initiation fees and capital contributions included on line 12	86a	N/A	
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter			
	a Gross income from members or shareholders	87a	N/A	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 30.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0</span>			
	d Enter Amount of tax in 89c, above, reimbursed by the organization <span style="float:right">▶ 0</span>			
90a	List the states with which a copy of this return is filed <u>None</u>			
	b Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b	0	
91	The books are in care of <u>CORPORATE EMPLOYEES</u> Telephone no <u>▶ 859-252-5222</u> Located at <u>CORPORATE ADDRESS</u> ZIP code <u>▶ 40508</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year <u>▶ 92</u>			N/A ▶ <input type="checkbox"/> N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a See Statement 7					82,102
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					8,860
95 Interest on savings & temporary cash investments			14	4,507	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					-254
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					39,415
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,507	130,123
105 Total (add line 104, columns (B), (D), and (E))					134,630

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Statement 8

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

page 14  
 Date 12/15/02  
 Type or print name and title

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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

**2000**

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**

Name of the organization

Employer identification number

LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶		0		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		0

**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**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

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	214,593	228,913	262,554	187,537	893,597
<b>16</b> Membership fees received	8,175	8,455	7,555	10,620	34,805
<b>17</b> Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	141,068	129,975	70,016	116,617	457,676
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,482	4,402	3,286	1,996	13,166
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets. See St. 9.	3,591	6,754	2,663	42,019	55,027
<b>23</b> Total of lines 15 through 22	370,909	378,499	346,074	358,789	1,454,271
<b>24</b> Line 23 minus line 17	229,841	248,524	276,058	242,172	996,595
<b>25</b> Enter 1% of line 23	3,709	3,785	3,461	3,588	

<b>26 Organizations described on lines 10 or 11</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	19,932
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).		<b>26c</b>	996,595
<b>d</b> Add: Amounts from column (e) for lines 18 <u>13,166</u> 19 <u>          </u>		<b>26d</b>	68,193
22 <u>55,027</u> 26b <u>          </u>		<b>26e</b>	928,402
<b>e</b> Public support (line 26c minus line 26d total)		<b>26f</b>	93.16%
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

<b>27 Organizations described on line 12</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A	(1999) <u>          </u> (1998) <u>          </u> (1997) <u>          </u> (1996) <u>          </u>	
<b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.	(1999) <u>          </u> (1998) <u>          </u> (1997) <u>          </u> (1996) <u>          </u>		
<b>c</b> Add: Amounts from column (e) for lines 15 <u>          </u> 16 <u>          </u>		<b>27c</b>	
17 <u>          </u> 20 <u>          </u> 21 <u>          </u>		<b>27d</b>	
<b>d</b> Add: Line 27a total <u>          </u> and line 27b total <u>          </u>		<b>27e</b>	
<b>e</b> Public support (line 27c total minus line 27d total)			
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	%

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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 5 of the instructions.)

**Part V Private School Questionnaire** (See page 5 of the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 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?
- 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?
- 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?  
 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )

	Yes	No
29		
30		
31		

- 32 Does the organization maintain the following
  - a Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d Copies of all material used by the organization or on its behalf to solicit contributions?

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
32a		
32b		
32c		
32d		

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?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )

- 34a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?  
 If you answered "Yes" to either 34a or b, please explain using an attached statement

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34a		
34b		

- 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		
----	--	--





Schedule B  
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury  
Internal Revenue Service

Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization

LIVING ARTS & SCIENCE CENTER, INC.

Employer identification number

61-0675663

Organization type (check one) - Section  501(c)( 3 ) ◀ (enter number),  527 or  
 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Employer identification number

LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 75,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 16,600	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ 6,500	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

**Part II** Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____
---	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

LIVING ARTS & SCIENCE CENTER, INC

61-0675663

**Part III** Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions)

▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and zip code	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

## LIVING ARTS &amp; SCIENCE CENTER, INC.

61-0675663

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Cost or other basis	254		
Gain (Loss)		\$	-254
Total Gain (Loss)		\$	<u>-254</u>

**Statement 2**  
**Form 990, Part I, Line 10**  
**Gross Profit (Loss) from Sales of Inventory**

Items Sold	Amount
FUND RAISING .....	\$ 48,242
Gross sales	\$ 48,242
Less returns & allowances	\$ 0
Net sales	\$ 48,242
Less Cost of goods sold	\$ 8,827
Gross profit from sales of inventory	<u>\$ 39,415</u>

**Statement 3**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

NET UNREALIZED LOSSES ON ENDOWMENT ..	\$ -5,184
Total	<u>\$ -5,184</u>

**Statement 4**  
**Form 990, Part II, Line 43**  
**Other Expenses**

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	\$ 5,823	5,071	752	
ART EXHIBITION	2,888	2,888		
AUDIO VISUAL	133	133		
ENDOWMENT FEES	308		308	
INSURANCE	4,163		4,163	
OTHER	5,690	2,300	3,390	
SCIENCE EXHIBITION	3,806	3,806		
URBAN ECOLOGY	333	333		
Total	<u>\$ 23,144</u>	<u>14,531</u>	<u>8,613</u>	<u>0</u>

LIVING ARTS &amp; SCIENCE CENTER, INC.

61-0675663

**Statement 5**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

TO PROVIDE CREATIVE AND UNIQUE OPPORTUNITIES FOR EXPLORATION AND EDUCATION  
 IN THE ARTS AND SCIENCES

**Statement 6**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Asset	Basis	Accum. Deprec	Book Value
Furniture and fixtures	\$ 127,839	89,025	38,814
Buildings	694,060	245,816	448,244
Land	145,000		145,000
Total	<u>\$ 966,899</u>	<u>334,841</u>	<u>632,058</u>

**Statement 7**  
**Form 990, Part VII, Line 93**  
**Program Service Revenue**

Program Service Revenue	(A) Bus Code	(B) Amount	(C) Excl. Code	(D) Amount	(E) Related/Exempt Funct. Income
COMM ON ART SALES		\$ 0		\$ 0	\$ 2,279
CONTRACT PROGRAMS		0		0	15,877
MISC SALES		0		0	3,234
SCIENCE TOURS		0		0	1,510
TUITION FOR CLASSES		0		0	59,127
WORKSHOP TUITION		0		0	75
Total		<u>\$ 0</u>		<u>\$ 0</u>	<u>\$ 82,102</u>

**Statement 8**  
**Form 990, Part VIII**  
**Relationship of Activities to the Accomplishment of Exempt Purposes**

Line #	Explanation of Activities
93A	PROVIDED ART & SCIENCE EDUCATIONAL CLASSES & PROGRAMS
94	ADMINISTRATION OF MEMBER SERVICES (NEWSLETTERS, SPECIAL EVENTS, & REDUCED CLASS COSTS)
99	GAINS ON INVESTMENTS
102	INCOME PRODUCED FROM FUND RAISING ACTIVITIES
100	REALIZED LOSS ON ENDOWMENT

LIVING ARTS &amp; SCIENCE CENTER, INC.

61-0675663

Statement 9  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
EARNINGS ENDOWMENT	\$ 3,591	\$ 6,594	\$ 2,663	\$ 0	\$ 12,848
OTHER INCOME	0	160	0	42,019	42,179
Total	<u>\$ 3,591</u>	<u>\$ 6,754</u>	<u>\$ 2,663</u>	<u>\$ 42,019</u>	<u>\$ 55,027</u>

THE LIVING ARTS & SCIENCE CENTER, INC.  
BOARD OF DIRECTORS  
2000-2001

OFFICERS. JACKIE BONDURANT, PRESIDENT  
FRANKLIN THOMPSON, PRESIDENT-ELECT  
ANN HOLT, TREASURER  
TERESA LAWRENCE, RECORDING SECRETARY  
ANNETTE GURLEY, CORRESPONDING SECRETARY

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299-4938

BIBBS, GARRY  
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271-0364/cell: 619-3719

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207 Fine Arts Bldg.  
Lexington KY 40506-0022  
257-3719/FAX 257-3042

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cell 321-1862

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Lexington KY 40512-4092  
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[Bcleaver@cjark.k12.ky.us](mailto:Bcleaver@cjark.k12.ky.us)

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266-2924

CURTZ, Chauncey (Brenda)  
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299-2130

Dinsmore & Shohl  
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~~Lexington KY 40507~~  
425-1000/425-1099fax  
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2232 Abbeywood Rd.  
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272-2894

Lexmark International  
740 New Circle Rd  
Lexington KY 40505  
232-6703

FRENCH, Gwenn (Cor. Sec.)  
404 E Fifth St.  
Lexington KY 40508  
233-7723

Insight Media Advertising  
101 Prosperous Place #250  
Lexington KY 40509  
263-1800 Ext 131/fax 263-1857

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1707 Nicholasville Rd.  
Lexington KY 40503  
276-1551/fax 278-8640

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Lexington KY 40502  
268-9022

Garstka & Associates, PSC  
880 Corporate Dr #420  
Lexington KY 40503-5400  
296-6349/296-6350 ext 103  
[garstkacpa@yahoo.com](mailto:garstkacpa@yahoo.com)

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223-7942(PGR 288-5118)  
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Dillard's  
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LAWRENCE, Teresa (Isaac) (Rec. Sec )  
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MARKS, Michael (Mattie)  
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Republic Bank  
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Lexington KY 40504  
224-1183/255-6267/FAX 223-0992

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Lexington Herald-Leader Creative Services  
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SMITH, Scott

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Lexington KY 40511  
231-8936/

THOMPSON, Franklin (Pres-Elect)  
272 Old Kingston Rd.  
Lexington KY 40505-1837  
299-0825

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277-7407  
email: [tunseqq@pop.uky.edu](mailto:tunseqq@pop.uky.edu)

UK Art Education  
207 Fine Arts Bldg.  
Lexington KY 40506  
257-2252

WISEMAN, Lynn (Margaret)  
3117 Old Crow Ct.  
Lexington KY 40502  
268-1255

Printing Bids Co  
968 Delaware  
Lexington KY 40505  
381-1474/fax 381-0735  
e-mail [lwiseman@printingbids.com](mailto:lwiseman@printingbids.com)

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>LIVING ARTS &amp; SCIENCE CENTER, INC.</b>	Employer Identification Number <b>61-0675663</b>
	Number, Street, and Room or Suite Number If a P O Box, see instructions <b>362 N MARTIN LUTHER KING BLVD</b>	
	City, Town or Post Office For a foreign address, see instructions <b>LEXINGTON, KY 40508</b>	State ZIP Code

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 6/15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20\_\_\_\_ or

▶  tax year beginning 7/01, 2000, and ending 6/30, 2001

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

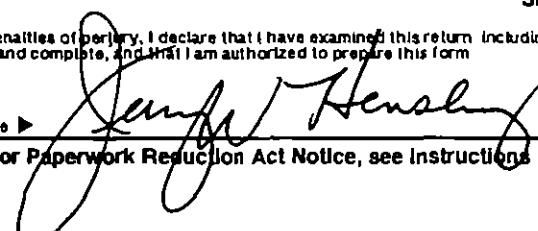
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete, and that I am authorized to prepare this form

Signature ▶  Title ▶ CPA Date ▶ 11/15/01

KFA For Paperwork Reduction Act Notice, see instructions