

Return of Organization Exempt from Income Tax

2001

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type See specific instructions

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 Accounting method X Cash Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? Yes No X

H (b) If yes, enter number of affiliates

H (c) Are all affiliates included? Yes No

(If no, attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X

I Enter 4 digit group GEN

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

J Organization type (check only one)

X 501(c) 3 (insert no) 4947(a)(1) or 527

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 360,553

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 22,048

b Indirect public support

1b 79,123

c Government contributions (grants)

1c 92,467

d Total (add lines 1a through 1c) (cash \$ 193,638 noncash \$)

1d 193,638

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 78,978

3 Membership dues and assessments

3 6,875

4 Interest on savings and temporary cash investments

4 2,487

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities (B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory less returns and allowances

10a 78,575

b Less cost of goods sold

10b 11,507

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

STATEMENT 1

10c 67,068

11 Other revenue (from Part VII, line 93)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 349,046

13 Program services (from line 2, column (B))

13 115,622

14 Management and general (from line 4, column (C))

14 268,788

15 Fundraising (from line 4, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 384,410

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -35,364

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 769,967

20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2

20 -5,782

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 728,821

FILMED FEB 19 2003

RECEIVED FEB 09 2003 OGDEN, UT

913

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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc (attach schedule), 43 Other expenses not covered above (itemize), 44 Total functional expenses.

Joint Costs Check [] if you are following SOP 98 2
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] 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

Table with 2 columns: Description of program service, Program Service Expenses. Row a: PROVIDED ART AND SCIENCE CLASSES AS WELL AS COMMUNITY OUTREACH ACTIVITIES (Grants and allocations \$ 115,622). Row b: (Grants and allocations \$). Row c: (Grants and allocations \$). Row d: (Grants and allocations \$). Row e: Other program services (Grants and allocations \$). Row f: Total of Program Service Expenses (should equal line 44, column (B), program services) 115,622

Part IV Balance Sheets (See instructions)

Note Where required, attached schedules and amounts within the description column should be for end of-year amounts only

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non interest bearing	2,595	45	4,913	
	46 Savings and temporary cash investments	74,523	46	57,065	
	47a Accounts receivable	47a 2,663			
	b Less allowance for doubtful accounts	47b	3,998	47c 2,663	
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	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, & equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments — other (attach schedule)		60,646	56	55,711	
57a Land, buildings, and equipment basis	57a 977,834				
b Less accumulated depreciation (attach schedule) STATEMENT 5	57b 362,991	632,058	57c	614,843	
58 Other assets (describe ▶ _____)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		773,820	59	735,195	
LIABILITIES	60 Accounts payable and accrued expenses	1,908	60	3,740	
	61 Grants payable		61		
	62 Deferred revenue	1,945	62		
	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 ▶ SEE STATEMENT 6)			65	2,634
66 Total liabilities (add lines 60 through 65)		3,853	66	6,374	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		67	664,835	632,343
	68 Temporarily restricted		68	58,599	48,425
	69 Permanently restricted		69	46,533	48,053
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		769,967	73	728,821
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		773,820	74	735,195

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.

BAA

Part VI Other Information (See specific instructions)

		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
78b	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
81a	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 direct or indirect political expenditures See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		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?		X
82b	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 in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	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		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85h	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	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 301.7701-3? If 'Yes,' complete Part IX		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>		
89b	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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0
91	The books are in care of <u>CORPORATE EMPLOYEES</u> Telephone number <u>859-252-5222</u> Located at <u>CORPORATE ADDRESS</u> ZIP + 4 <u>40508</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	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	
93 Program service revenue					
a SEE STATEMENT 8					78,978
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					6,875
95 Interest on savings & temporary cash invmnts			14	2,487	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					67,068
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,487	152,921
105 Total (add line 104, columns (B), (D), and (E))					155,408

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 instructions)

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)
1	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(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 instructions)

- 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)

Please **Martha Kellenton**, Director Date **2/5/2003**

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 any knowledge

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

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

LIVING ARTS & SCIENCE CENTER, INC

Employer Identification Number

61-0675663

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 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 (See instructions)

Yes No

1 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 **▶** \$ N/A
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note 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

Part IV Reason for Non-Private Foundation Status (See 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)

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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	218,563	214,593	228,913	262,554	924,623
16 Membership fees received	8,860	8,175	8,455	7,555	33,045
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	121,517	141,068	129,975	70,016	462,576
18 Gross income from interest, dividends, amounts received from payments on securities loans (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	4,507	3,482	4,402	3,286	15,677
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 10	-254	3,591	6,754	2,663	12,754
23 Total of lines 15 through 22	353,193	370,909	378,499	346,074	1,448,675
24 Line 23 minus line 17	231,676	229,841	248,524	276,058	986,099
25 Enter 1% of line 23	3,532	3,709	3,785	3,461	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 19,722
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				26b
	c Total support for Section 509(a)(1) test. Enter line 24, column (e).				26c 986,099
	d Add Amounts from column (e) for lines				26d 28,431
	18	15,677	19		
	22	12,754	26b		
	e Public support (line 26c minus line 26d total)				26e 957,668
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 97 12 %
27 Organizations described on line 12	N/A				
	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
	(2000)	(1999)	(1998)	(1997)	
	c Add Amounts from column (e) for lines				27c
	15		16		
	17	20	21		
	d Add Line 27a total and line 27b total				27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		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?		
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) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----	32 d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33 a	
b	Admissions policies?	33 b	
c	Employment of faculty or administrative staff?	33 c	
d	Scholarships or other financial assistance?	33 d	
e	Educational policies?	33 e	
f	Use of facilities?	33 f	
g	Athletic programs?	33 g	
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33 h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a	
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	34 b	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table --		
If the amount on line 40 is --		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is --		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44 you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

FUND RAISING	\$ 78,575
GROSS SALES	\$ 78,575
LESS RETURNS & ALLOWANCES	<u>0</u>
NET SALES	\$ 78,575
LESS COST OF GOODS SOLD	11,507
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 67,068</u>

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED LOSSES ON ENDOWMENT	\$ -5,782
TOTAL	<u>\$ -5,782</u>

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING	8,943	8,183	760	
ART EXHIBITION	1,571	1,571		
ENDOWMENT FEES	296		296	
INSURANCE	4,502		4,502	
OTHER	15,972	6,393	9,579	
SCIENCE EXHIBITION	2,996	2,996		
TOTAL	<u>\$ 34,280</u>	<u>\$ 19,143</u>	<u>\$ 15,137</u>	<u>\$ 0</u>

STATEMENT 4
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 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 138,775	\$ 97,483	\$ 41,292
BUILDINGS	694,059	265,508	428,551

LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

STATEMENT 5 (CONTINUED)
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC	BOOK VALUE
LAND	\$ 145,000		\$ 145,000
TOTAL	\$ 977,834	\$ 362,991	\$ 614,843

STATEMENT 6
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

PAYROLL TAXES PAYABLE		\$ 2,634
TOTAL		\$ 2,634

STATEMENT 7
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARTY HENTON LEXINGTON, KY 40502	DIRECTOR FULL TIME	\$ 41,267	\$ 6,375	\$ 0
TOTAL		\$ 41,267	\$ 6,375	\$ 0

STATEMENT 8
FORM 990, PART VII, LINE 93
PROGRAM SERVICE REVENUE

PROGRAM SERVICE REVENUE	(A) BUSI-NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU-SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
COMM ON ART SALES					\$ 8,124
CONTRACTS					15,933
MISC SALES					-1,610
SCIENCE TOURS					
TUITION FOR CLASSES					56,531
WORKSHOP TUITION					
TOTAL		\$ 0		\$ 0	\$ 78,978

LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

**STATEMENT 9
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
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

**STATEMENT 10
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME**

<u>DESCRIPTION</u>	<u>(A) 2000</u>	<u>(B) 1999</u>	<u>(C) 1998</u>	<u>(D) 1997</u>	<u>(E) TOTAL</u>
EARNINGS ENDOWMENT	\$ -254	\$ 3,591	\$ 6,594	\$ 2,663	\$ 12,594
OTHER INCOME	0	0	160	0	160
TOTAL	<u>\$ -254</u>	<u>\$ 3,591</u>	<u>\$ 6,754</u>	<u>\$ 2,663</u>	<u>\$ 12,754</u>

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		Employer Identification Number
	LIVING ARTS & SCIENCE CENTER, INC		61-0675663
	Number, Street, and Room or Suite Number If a P O Box, see instructions		
	362 N MARTIN LUTHER KING BLVD		State ZIP Code
City, Town or Post Office For a foreign address, see instructions		LEXINGTON, KY 40508	

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 2/15, 20 03, 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, 20 01, and ending 6/30, 20 02

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

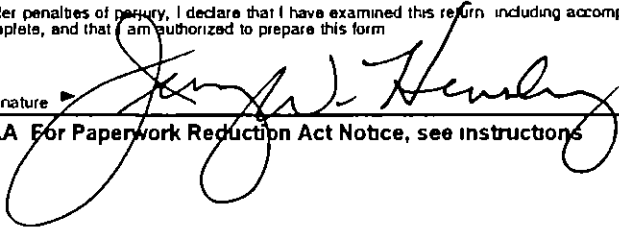
3a If this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____ 0

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 ▶ 11/15/02

To: Allen Adams
259-9871

The Living Arts Science Center Board of Directors - 2002 - 2003

First Name	Last Name	Occupation	Business
Jim	Baylor	Community Volunteer	
Patty	Breeze	Insurance	Patty M Breeze & Associates
Ellen	Cornett	Community Volunteer	
Gwenn	French	Insight	Insight Media Advertising
Mary Lynn	Garrett	Community Volunteer	Mid-American Rare Coin Galleries
Sandy	Hicks	Dillards	Dillard's
Ann	Holt	Community Volunteer	
Teresa	Lawrence	Volunteer	
Sara	Lord	Community Volunteer	
Laura	Newman-Suter	Insurance	Mass Mutual Financial Group
Juanita Betz	Peterson	Community Volunteer	
Jim	Seidelman	Community Volunteer	
Gloria	Singletary	Community Volunteer	
Scott	Smith	Environmental Consult	Smith Mgt Group
Franklin	Thompson	Community Volunteer	
Karen	Guette	Lazarus - Visual Design	Lazarus
Shannon	Mundy	Development	Kentucky Education Television
Marc	Osborne	Lazarus Dept. Store	Lazarus Dept. Store
Scott	Pitts	Banking	Vine Street Trust
Paula	Frizzell	Insurance	Allac
Norma	Flores	Volunteer	
Kelly	Knight	Community Volunteer	

<i>First Name</i>	<i>Last Name</i>	<i>Occupation</i>	<i>Business</i>
Keala	Peter	Community Volunteer	
Dr. John	Clements	Dentist	Family Dentistry
Shane	Battery	Accountant	Carpenter Mountjoy & Brealer
Phyllis	Spencer	Telecommunications	Lexington Herald Leader
Peggy	Tichenor	Community Volunteer	
O. David	Thompson	Building	DT & Associates
Carolyn	Brown	Attorney	Greenebaum, Doll, & McDonald
Debbie	Convis	Community Volunteer	Toyota Motor Manufacturing
Roger	Cowden	Attorney	Stoll, Keenon, & Park
William	Craycraft	Banking	Fifth Third Bank
April	Ergas	Financial Planner	Merrill Lynch
Tricia	Linatorski	Development	UK Office of Development
Selma Dawahere	Owens	Retail	Dawaheres
Chester	Salisbury	Business Owner	Pegasus Pools
Tracie	Sturgill	Community Volunteer	
John	Wesley	President	Valvoline Instant Oil Change