

Return of Organization Exempt From Income Tax

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

2005

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 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization LIVING ARTS & SCIENCE CENTER, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 362 N MARTIN LUTHER KING BLVD City or town, state or country, and ZIP + 4 LEXINGTON, KY 40508	D Employer identification number 61-0675663 E Telephone number 859-252-5222 F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• 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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

I Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.LASCLEX.ORG**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

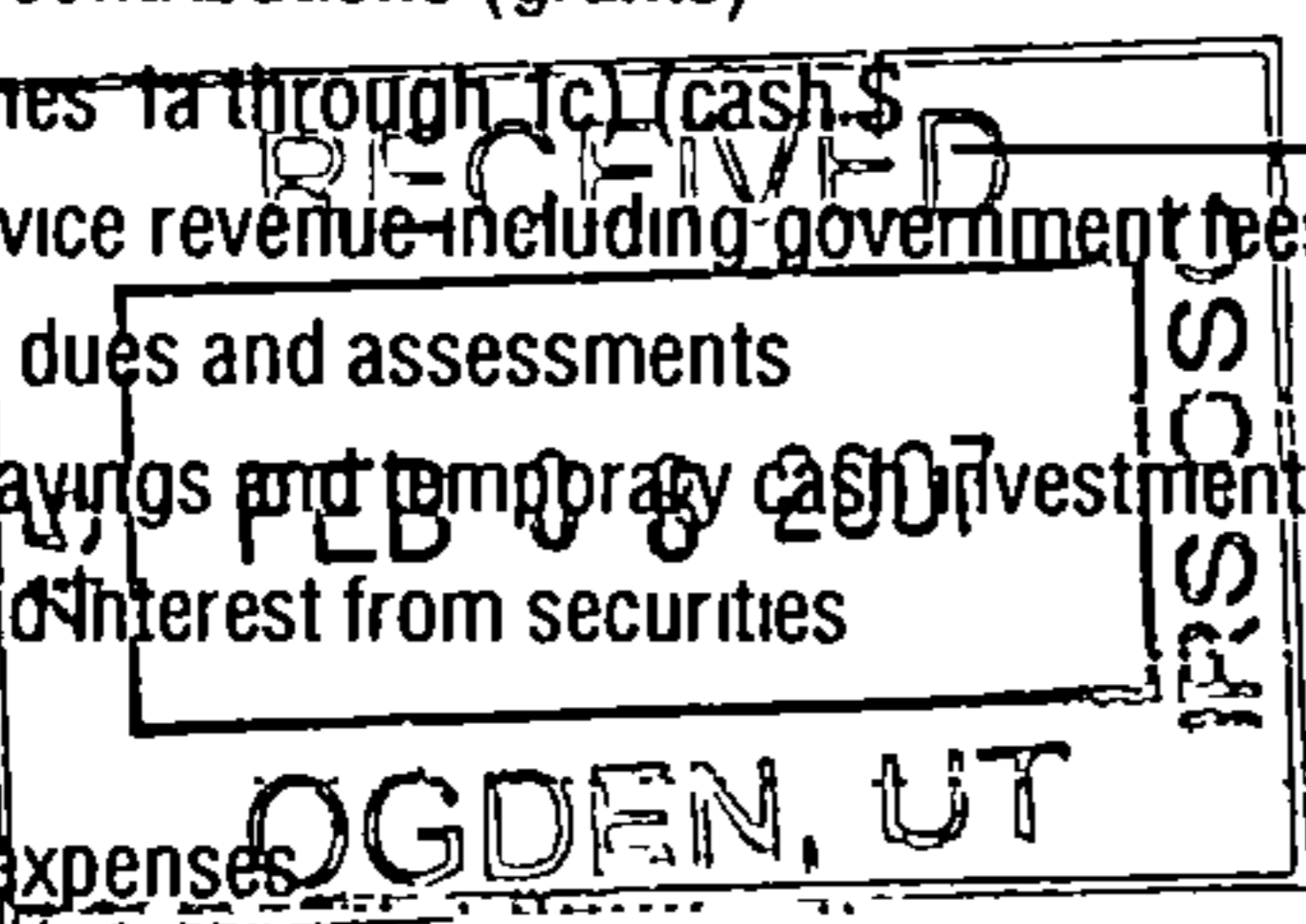
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **476,212.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
		a	Direct public support	1a	79,074.	
		b	Indirect public support	1b	86,000.	
		c	Government contributions (grants)	1c	98,236.	
		d	Total (add lines 1a through 1c) (cash \$ 206,286. noncash \$ 57,024.)	1d	263,310.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	121,860.	
		3	Membership dues and assessments	3	12,790.	
		4	Interest on savings and temporary cash investments	4		
		5	Dividends and interest from securities	5	1,709.	
		6 a	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			
	8 a	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). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	76,543.		
	b	Less: direct expenses other than fundraising expenses	9b	15,278.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	61,265.		
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	460,934.		
Expenses	13	Program services (from line 44, column (B))	13	108,882.		
	14	Management and general (from line 44, column (C))	14	349,738.		
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	458,620.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,314.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	658,266.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	5,928.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	666,508.		



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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.

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 (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25 Compensation of officers, directors, etc. ** 25	42,630.	0.	42,630.	0.
26 Other salaries and wages 26	186,759.	56,651.	130,108.	
27 Pension plan contributions 27				
28 Other employee benefits 28	26,430.		26,430.	
29 Payroll taxes 29	20,774.	17,708.	3,066.	
30 Professional fundraising fees 30				
31 Accounting fees 31	3,046.		3,046.	
32 Legal fees 32				
33 Supplies 33	13,862.	10,339.	3,523.	
34 Telephone 34	3,275.		3,275.	
35 Postage and shipping 35	5,766.		5,766.	
36 Occupancy 36				
37 Equipment rental and maintenance 37	7,397.		7,397.	
38 Printing and publications 38	10,364.		10,364.	
39 Travel 39				
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	26,427.		26,427.	
43 Other expenses not covered above (itemize)				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 3 43g	111,890.	24,184.	87,706.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	458,620.	108,882.	349,738.	0.

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 No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 4

Part IV Balance Sheets (See the 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	1,938.	45	2,678.	
	46	Savings and temporary cash investments	54,587.	46	65,106.	
	47 a	Accounts receivable	47a	700.		
	b	Less: allowance for doubtful accounts	47b	575.	47c	700.
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable		49		
	50	Receivables from officers, directors, trustees, and key employees		50		
	51 a	Other notes and loans receivable	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 <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55 a	Investments - land, buildings, and equipment: basis	55a	1,012,945.		
	b	Less: accumulated depreciation	55b	464,725.	55c	548,220.
	56	Investments - other SEE STATEMENT 6		67,899.	56	74,910.
	57 a	Land, buildings, and equipment: basis	57a			
	b	Less: accumulated depreciation	57b		57c	
	58	Other assets (describe <input type="checkbox"/>)			58	
59	Total assets (must equal line 74) Add lines 45 through 58		671,742.	59	691,614.	
Liabilities	60	Accounts payable and accrued expenses	5,083.	60	6,407.	
	61	Grants payable		61		
	62	Deferred revenue	8,375.	62	4,645.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable		64b		
	65	Other liabilities (describe <input type="checkbox"/> OTHER LIABILITIES)		18.	65	14,054.
66	Total liabilities. Add lines 60 through 65)		13,476.	66	25,106.	
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	594,834.	67	602,298.	
	68	Temporarily restricted	15,279.	68	16,057.	
	69	Permanently restricted	48,153.	69	48,153.	
	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; column (B) must equal line 21)		658,266.	73	666,508.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		671,742.	74	691,614.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... 32
75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75 c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
75 d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
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.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 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
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?
80 b If "Yes," enter the name of the organization N/A and check whether it is [] exempt or [] nonexempt
81 a Enter direct or indirect political expenditures (See line 81 instructions.) 81a 0
81 b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)		Yes	No
82 a	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
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 in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	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		
	N/A		
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 on line 85f?		
	N/A		
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		
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 301.7701-3? If "Yes," complete Part IX		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.		
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		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.
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2005	90b	13
91 a	The books are in care of	CORPORATE EMPLOYEES Telephone no. 859-252-5222	
	Located at	CORPORATE ADDRESS ZIP + 4 40508	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		
	N/A		
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	92	N/A

	Yes	No
91b		X
91c		X

Part VII Analysis of Income-Producing Activities (See the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TUITION FOR CLASSES					96,456.
b SCIENCE TOURS					10,698.
c CONTRACTS					3,686.
d COMM ON ART SALES					7,723.
e MISC. SALES					3,297.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					12,790.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,709.	
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 or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					61,265.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,709.	195,915.
105 Total (add line 104, columns (B), (D), and (E))					197,624.

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 the 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).
93	PROVIDED ART & SCIENCE EDUCATIONAL CLASSES & PROGRAMS
94	ADMINISTRATION OF MEMBER SERVICES (NEWSLETTERS, SPECIAL EVENTS, & REDU
96	INTEREST AND DIVIDENDS EARNED
101	INCOME PRODUCED FROM FUND RAISING ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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 Sign Here

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.

Signature of officer: *Heather Lyons* Date: *1/25/07* Type or print name and title: *Heather Lyons, Exec. Director*

Paid Preparer's Use Only

Preparer's signature: *James W. Hensley, CPA* Date: *1-2-07* Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **RAY, FOLEY, HENSLEY & COMPANY, PLLC**
230 LEXINGTON GREEN CIRCLE, STE. 600
LEXINGTON, KY 40503-3326

EIN: _____ Phone no.: **(859) 231-1800**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

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 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-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Part III Statements About Activities (See page 2 of the 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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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
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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
- 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	219,604.	186,054.	156,828.	193,638.	756,124.
16 Membership fees received	11,060.	7,630.	7,958.	6,875.	33,523.
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	187,047.	152,748.	152,242.	147,656.	639,693.
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	1,292.	962.	1,330.	2,487.	6,071.
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	2,838.	1,284.	SEE STATEMENT 8 2,711.	<1,941.>	4,892.
23 Total of lines 15 through 22	421,841.	348,678.	321,069.	348,715.	1,440,303.
24 Line 23 minus line 17	234,794.	195,930.	168,827.	201,059.	800,610.
25 Enter 1% of line 23	4,218.	3,487.	3,211.	3,487.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 16,012.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 800,610.
d Add: Amounts from column (e) for lines: 18 6,071. 19 _____ 22 4,892. 26b _____					26d 10,963.
e Public support (line 26c minus line 26d total)					26e 789,647.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.6307%
27 Organizations described on line 12: 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: N/A (2004) (2003) (2002) (2001)					
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 11b, 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: N/A (2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 page 7 of the instructions.)

N/A

(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?		
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.)		
<hr/>			
<hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

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
		N/A	
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			
\$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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the 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:	Yes	No	Amount
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.)			0.

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

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
H'ARTFUL OF FUN	71,955.		71,955.	14,696.	57,259.
MISCELLANEOUS	4,588.		4,588.	582.	4,006.
TO FM 990, PART I, LINE 9	76,543.		76,543.	15,278.	61,265.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON ENDOWMENT	5,928.
TOTAL TO FORM 990, PART I, LINE 20	5,928.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	8,472.	5,588.	2,884.	
SCIENCE EXHIBITION	8,037.	8,037.		
ART EXHIBITION	6,631.	6,631.		
OTHER	10,731.	3,928.	6,803.	
INSURANCE	7,786.		7,786.	
ENDOWMENT FEES	346.		346.	
UTILITIES	12,863.		12,863.	
IN KIND	57,024.		57,024.	
TOTAL TO FM 990, LN 43	111,890.	24,184.	87,706.	

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HEATHER LYONS 362 N. MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	EXECUTIVE DIRECTOR 40.00	42,630.	0.	0.
SHERRI BALL 211 S. ASHLAND LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
JIM BAYLOR 3628 CAYMAN LANE LEXINGTON, KY 40509	BOARD MEMBER 0.00	0.	0.	0.
DAWN BELLIS-LOVAAS 988 TURKEYFOOT ROAD LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
PATTY BREEZE 38 DELANEY FERRY RD VERSAILLES, KY 40383	PRESIDENT 0.00	0.	0.	0.
CAROLYN BROWN 5545 COMBS FERRY RD WINCHESTER, KY 40391	BOARD MEMBER 0.00	0.	0.	0.
LA TASHA BUCKNER 706 SEATTLE DRIVE LEXINGTON, KY 40503	BOARD MEMBER 0.00	0.	0.	0.
JOHN CIOCI 3110 LAMAR DR LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
RACHEL DANIEL 3900 CROSBY DR APT 2322 LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.
ANNE DECK 421 REDDING RD #16 LEXINGTON, KY 40517	BOARD MEMBER 0.00	0.	0.	0.
MONICA FOWLER 341 BASSETT AVE LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.

BEKKI FRANKLIN 110 PARKER LANE NICHOLASVILLE, KY 40356	BOARD MEMBER 0.00	0.	0.	0.
MARY DEAN HACKNEY 348 WHITFIELD DRIVE LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.
TOM KIMMERER 214 JESSELIN DRIVE LEXINGTON, KY 40503	BOARD MEMBER 0.00	0.	0.	0.
TERESA LAWRENCE 221 CLINTON RD LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
SUZANNE MARQUES 1836 MCDONALD LEXINGTON, KY 40503	BOARD MEMBER 0.00	0.	0.	0.
SHANNON MUNDY 2065 KEENE-TROY PIKE VERSAILLES, KY 40383	BOARD MEMBER 0.00	0.	0.	0.
LAURA NEWMAN-SUTER 414 CHINOE RD LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
MARC OSBOURNE 118 WHITTINGTON CIRLCE RICHMOND, KY 40475	BOARD MEMBER 0.00	0.	0.	0.
SELMA DAWAHARE OWENS 25 MENTELLE PARK LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
KASIA PATER 1875 HILLGATE DR LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.
SCOTT PITTS 331 CASSIDY AVE LEXINGTON, KY 40502	TREASURER 0.00	0.	0.	0.
AUTURO SANDOVAL PO BOX 25153 LEXINGTON, KY 40524	BOARD MEMBER 0.00	0.	0.	0.
SHANE SATTERLY 2528 ABBEYWOOD PLACE LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.

JANE SEITZ 489 LAMONT DR LEXINGTON, KY 40503	EXECUTIVE ASST 0.00	0.	0.	0.
SCOTT SMITH 5020 CASTLELAWN LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.
PHYLLIS SPENCER 100 MIDLAND AVE LEXINGTON, KY 40508	RECORDING SECRETARY 0.00	0.	0.	0.
MICHAEL STUART 331 PRINCESS CIRCLE VERSAILLES, KY 40383	BOARD MEMBER 0.00	0.	0.	0.
PEGGY TICHENOR 438 N. ML KING BLVD. LEXINGTON, KY 40508	BOARD MEMBER 0.00	0.	0.	0.
KRISTIN VOSKUHL 625 SEATTLE DRIVE LEXINGTON, KY 40503	CORRESPONDING SECRETARY 0.00	0.	0.	0.
MEREDETH SHEFFLER WALKER 359 S. MILL STREET LEXINGTON, KY 40508	BOARD MEMBER 0.00	0.	0.	0.
JOHN WESLEY 708 ANDOVER VILLAGE DR LEXINGTON, KY 40509	BOARD MEMBER 0.00	0.	0.	0.
SCOTT WHITE 2113 ROLLINGDALE LEXINGTON, KY 40513	BOARD MEMBER 0.00	0.	0.	0.
KATHY PLOMIN 3508 TRINIDAD LEXINGTON, KY 40509	ADVISORY BOARD 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

42,630.

0.

0.

SCHEDULE A	OTHER INCOME			STATEMENT	8
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
OTHER INCOME	2,838.	1,284.	2,711.	<1,941.>	
TOTAL TO SCHEDULE A, LINE 22	2,838.	1,284.	2,711.	<1,941.>	

Living Arts and Science Center

12/1/2006

Depreciation Schedule

09/30/06

EIN#: 61-0675663

Date	Description	Life	Cost/Price	Deprec Expense 6-30-06	Accum Deprec 6-30-06
				0 00	
Office Equipment					
07/01/82	EQUIPMENT	5	83 88	0 00	83 88
3/31/83	STENCIL MAKER	5	1,395 00	0 00	1,395 00
3/31/83	MIMEOGRAPH	5	1,399 00	0 00	1,399 00
05/31/83	TYPEWRITER	5	1,852 00	0 00	1,852 00
10/13/87	DESKS & FILE	5	2,597 55	0 00	2,597 55
8 00	COPIER-XEROX	5	5,079 00	0 00	5,079 00
2 00	TYPEWRITER	5	175 00	0 00	175 00
2/11/85	COMPUTER	5	4,500 00	0 00	4,500 00
10/31/85	FRAMING	5	525 00	0 00	525 00
6/30/86	EQUIPMENT	5	399 80	0 00	399 80
7/31/86	EQUIPMENT	5	1,130 00	0 00	1,130 00
10/31/86	ITS	5	412 50	0 00	412 50
9/16/87	EQUIPMENT	5	91 40	0 00	91 40
8 00	CHAIR	5	201 25	0 00	201 25
2 00	FILE CAB	5	370 00	0 00	370 00
10/24/92	IBM COMPUTER	5	2863 50	0 00	2,863 50
03/11/93	FAX MACHINE	5	798 76	0 00	798 76
2 00	TELEPHONE	5	361 77	0 00	361 77
05/22/95	COMPUTER	5	1799 00	0 00	1,799 00
05/07/96	486 COMPUTER	5	1000 00	0 00	1,000 00
05/22/96	AIR COND - JIM'S	5	1,841 00	0 00	1,841 00
8 00	3 COMPUTERS	5	9,841 86	0 00	9,841 86
01/14/00	TELEPHONE	5	515 04	0 00	515 04
3/20/00	COMPUTER	5	2,026 00	0 00	2,026 00
2 00	Printers,copier	5	2,399 96	0 00	2,399 96
3/30/2001	2 TELEPHONES	5	606 76	0 00	606 76
3/31/2001	DELL COMPUTER	5	2,139 00	0 00	2,139 00
2/20/01	HP SCANNER	5	490 09	(0 00)	490 09
6/18/2002	COMPUTER	5	10,933 85	2,186 77	10,933 85
8/29/2002	COMPUTER	5	3,718 05	743 61	2,974 44
11/23/2006	COMPUTER	5	932 40	186 48	186 48
5/3/2006	COMPUTER	5	827 00	165 40	165 40
TOTAL			63,305 42	2,930 38	60,802 41

Visual Aides

	EQUIPMENT	5	572 20	0 00	572 20
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**Living Arts and Science Center
Depreciation Schedule
09/30/06
EIN#: 61-0675663**

12/1/2006

Date	Description	Life	Cost/Price	Deprec Expense 6-30-06	Accum Deprec 6-30-06
				0 00	
DONATED EQUIPMENT					
1/1'87	HEINSMITH	8	2,448 99	0 00	2,448 99
	EQUIPMENT	8	23297 00	0 00	23,297 00
7/31'87	EQUIPMENT	8	3846 50	0 00	3,846 50
TOTAL			29592 49	0 00	29592 49
PROGRAM EQUIPMENT					
4/30/84	KELN	5	839 00	0 00	839 00
11/31/86	MACHINE	5	1,872 85	0 00	1,872 85
11/31/86	COPY STAND	5	375 90	0 00	375 90
4/2/86	RCA CONSOLE	5	459.95	0 00	459 95
4/2/86	SYLVANIA	5	332 45	0 00	332 45
4/20/86	DISOLVE UNIT	5	726 15	0 00	726 15
2/28/86	VIDEO EDITING	5	50 00	0 00	50 00
8/4/87	VARIOUS	5	61 85	0 00	61 85
8/4/87	VARIOUS	5	568 00	0 00	568 00
8/4/87	VARIOUS	5	675 00	0 00	675 00
8/4/87	VARIOUS	5	655 00	0 00	655 00
8/31/90	WELDING EQUIP	5	750 00	0 00	750 00
4/17/91	VIDEOCAM	5	1398 00	0 00	1,398 00
1/31/86	EQUIPMENT	5	400 00	0 00	400 00
11/25/91	VCR	5	944 43	0 00	944 43
12/16/91	EQUIPMENT	5	1090 00	0 00	1,090 00
12/18/91	TV-VCR	5	423 99	0 00	423 99
01/24/92	EQUIPMENT	5	525 00	0 00	525 00
06/25/92	CAMERA	5	1550 00	0 00	1,550 00
02/18/93	AUDIO VIDEO	5	212 04	0 00	212 04
06/28/96	KILN	5	1020 00	0 00	1,020 00
11/17/98	REFRIGERATOR	5	674 95	0 00	674 95
3/28/00	Laminator	5	1499 99	0 00	1,499 99
9/14/00	RANGE & MICRO	5	692 50	0 00	692 50
9/26/00	DIGITAL CAMERA	5	476 99	0 00	476 99
11/01/02	DIGITAL CAMERA	5	1062 90	212 58	850 32
3/25/04	Laptop Computer	5	638 00	127 60	382 80
5/11/04	Screen & Projector	5	1243 60	248 72	746 16
10/14/05	TABLES AND CHAIR:	5	3364 96	672 99	672 99
11/17/05	STAR LAB	5	5000 00	1,000 00	1,000 00
6/1/06	DIGITAL CAMERA	5	607 00	121 40	121 40
TOTAL			30190 50	2383 29	22047 71

Living Arts and Science Center

Depreciation Schedule

09/30/06

EIN#: 61-0675663

12/1/2006

Date	Description	Life	Cost/Price	Deprec Expense 6-30-06	Accum Deprec 6-30-06
				0 00	
REAL ESTATE					

	LAND		145,000 00	0 00	0 00
ROOF					

10/01/84	ROOF	15	12,815 80	0 00	12,815 80
BUILDING REVOVATION					

10/1/84	RENOVATION	40	353,119 78	8,827 99	189,899 57
9-30-87	RENOVATION	40	151 00	3 78	66 40
11/30/87	RENOVATION	40	3,325 00	83 13	1,456 00
1/31/88	RENOVATION	40	19,945 00	498 63	9,973 00
2/29/88	RENOVATION	40	9,700 00	242 50	4,063 00
3/31/88	RENOVATION	40	1,568 00	39 20	648 20
3/31/88	RENOVATION	40	61 60	1 54	24 64
3/31/88	RENOVATION	40	300 00	7 50	120 00
3/31/88	RENOVATION	40	1,566 00	39 15	612 54
01/10/92	IMPROVEMENTS	40	3932 42	98 31	1,474 66
02/02/93	CARPET	40	797 39	19 93	279 08
09/10/97	FIRE SYSTEM EQUIF	40	721 00	18 03	162 23
04/30/98	DOWNSPOUT	40	552 00	13 80	124 20
06/03/98	TILE	40	145 00	3 63	32 63
08/05/98	EXTERIOR RENOV	40	23965 00	599 13	4,793 00
05/05/99	RENOVATION	40	14371 90	359 30	2,874 38
	Prior year error		-500 00		
10/05/00	EXTERIOR RENOV	40	5400 80	135 02	945 14
8/8/02	IMPROVEMENTS	40	4,911 65	122 79	491 17
					-102 17
TOTAL			444,033 54	11,113 34	217,937 66
ELEVATOR					

	Adjust to client's estimate				
9/30/88	ELEVATOR	40	92,330 27	2,308 26	43,753 30
OUTDOOR CLASSROOM					

6/30/91	OUTDOOR CLASSRC	40	19,592 87	489 82	7,347 33
09/30/91	OUTDOOR CLASSRC	40	13,639 97	341 00	5,114 99
05/23/96	SUMP PUMP	10	105 00	10 50	105 00
	Adjust to client's estimate				-15 56
TOTAL			33,337 84	841 32	12551 76

**Living Arts and Science Center
Depreciation Schedule
09/30/06
EIN#: 61-0675663**

12/1/2006

Date	Description	Life	Cost/Price	Deprec Expense 6-30-06	Accum Deprec 6-30-06
				0 00	
OUTDOOR ENVIRONMENT					
06/30/93	LANDSCAPING	20	9,694 23	484 71	6,301 25
06/30/94	LANDSCAPING	20	7,060 74	353 04	4,236 44
09/16/94	LANDSCAPING	20	2,230 00	111 50	1,338 00
06/13/95	LANDSCAPING	20	53 00	2 65	26 50
05/11/99	LANDSCAPING	20	4,736 00	236 80	1,894 40
05/10/99	POND/Waterfall	20	509 92	25 50	203 97
3/31/06	Waterfall	20	5,302 12	265 11	265 11
TOTAL			29,586 01	1,479 30	14,265 67
ROOF REPLACEMENT					
6/30/96	NEW ROOF	20	89,129 10	4,456 46	44,564 55
Adjust to client's estimate					26 70
TOTAL			89,129 10	4,456 46	44,591 25
NEW HEATING/AC 2000					
2/29/00	NEW HEATING-A/C	40	25,791 00	644 78	4,513 43
Adjust to client's estimate					-10 00
TOTAL			25,791 00	644 78	4,503 43
BUILDING/GROUND IMPROVEMENTS					
3/16/00	WALL CARPET	20	1,500 00	75 00	525 00
6/30/00	SIGNS	20	1,540 00	77 00	539 00
6/30/05	BUILDING IMPROV	20	2,350 00	117 50	235 00
Adjust to client's estimate					-6 77
8/19/05	SOFIT REPAIR	20	5,480 00	274 00	274 00
12/23/05	SIDING REPAIR	20	6,392 00	319 60	319 60
TOTAL			17,262 00	269 50	1,292 23
Total Depreciation Expense				26426 62	

Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization LIVING ARTS & SCIENCE CENTER, INC.	Employer identification number 61-0675663
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 362 N MARTIN LUTHER KING BLVD	
	City, town or post office, state, and ZIP code. 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 (sec. 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 |

- The books are in the care of ▶ **CORPORATE EMPLOYEES**
 Telephone No. ▶ **859-252-5222** FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.

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 \$ _____

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 \$ _____

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 \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.