

Form **990**

**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)

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**THE 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**  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  
**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

**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **443,903.**

**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	Contributions to donor advised funds		1a	
	b	Direct public support (not included on line 1a)		1b	129,006.
	c	Indirect public support (not included on line 1a)		1c	173,242.
	d	Government contributions (grants) (not included on line 1a)		1d	
	e	Total (add lines 1a through 1d) (cash \$ 257,529. noncash \$ 44,719.)		1e	302,248.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	128,028.
	3	Membership dues and assessments		3	11,145.
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	2,482.
	6	Gross rents		6a	
		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	
	b Less: cost or other basis and sales expenses		8a		
	c Net gain or (loss). Combine line 8c, columns (A) and (B)		8b		
	d Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		8c		
	a Gross revenue (not including _____ of contributions reported on line 1b)		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		
	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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	443,903.	
Expenses	13	Program services (from line 44, column (B))		13	244,878.
	14	Management and general (from line 44, column (C))		14	169,595.
	15	Fundraising (from line 44, column (D))		15	53,437.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses. Add lines 16 and 44, column (A)		17	467,910.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	<24,007.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	666,508.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1		20	10,342.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	652,843.

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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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 3</b>	45,226.	27,814.	17,412.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	197,035.	121,176.	75,859.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	17,873.	10,992.	6,881.	
<b>29</b> Payroll taxes	17,198.	10,577.	6,621.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	3,606.		3,606.	
<b>32</b> Legal fees				
<b>33</b> Supplies	12,322.	5,849.	6,473.	
<b>34</b> Telephone	3,603.	1,802.	1,801.	
<b>35</b> Postage and shipping	6,150.	3,075.	3,075.	
<b>36</b> Occupancy	11,936.	5,968.	5,968.	
<b>37</b> Equipment rental and maintenance	3,679.	535.	3,144.	
<b>38</b> Printing and publications	12,347.	6,174.	6,173.	
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	25,848.	12,924.	12,924.	
<b>43</b> Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 2</b>	111,087.	37,992.	19,658.	53,437.
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	467,910.	244,878.	169,595.	53,437.

**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



**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	2,678.	45 6,253.
	46 Savings and temporary cash investments	65,106.	46 58,261.
	47 a Accounts receivable	47a 199.	
	b Less allowance for doubtful accounts	47b	47c 199.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	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 1,543.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
Assets	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
	56 Investments - other	SEE STATEMENT 5	56 74,910. 88,449.
	57 a Land, buildings, and equipment, basis	57a 1,021,306.	
	b Less accumulated depreciation STMT 6	57b 490,574.	57c 548,220. 530,732.
	58 Other assets, including program-related investments (describe )		58
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	691,614.	59 685,437.	
Liabilities	60 Accounts payable and accrued expenses	6,407.	60 19,164.
	61 Grants payable		61
	62 Deferred revenue	4,645.	62 12,002.
	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 <b>OTHER LIABILITIES</b> )	14,054.	65 1,428.
66 <b>Total liabilities.</b> Add lines 60 through 65	25,106.	66 32,594.	
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	602,298.	67 595,437.
	68 Temporarily restricted	16,057.	68 7,828.
	69 Permanently restricted	48,153.	69 49,578.
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	666,508.	73 652,843.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	691,614.	74 685,437.	





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?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	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	85b	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?	85g	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?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a 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	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed <u>KY</u>		
b Number of employees employed in the pay period that includes March 12, 2006	90b	15
91 a The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(859) 252-5222</u> Located at <u>362 N MARTIN LUTHER KING BLVD., LEXINGTON, KY</u> ZIP + 4 <u>40508</u>		
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 <u>N/A</u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 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

**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					101,890.
b SCIENCE TOURS					19,027.
c MISCELLANEOUS					1,706.
d ART EXHIBIT					5,405.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,145.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	2,482.	
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					
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.		2,482.	139,173.
105 Total (add line 104, columns (B), (D), and (E))					141,655.

**Note:** Line 105 plus line 1e, 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 AND PROGRAMS
94	ADMINISTRATION OF MEMBER SERVICES (NEWSLETTERS, SPECIAL EVENTS)
96	INTEREST AND DIVIDENDS EARNED
101	INCOME PRODUCED FROM FUNDRAISING 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)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Heather Lyons* Signature of officer | Date: *2-8-07*

Type or print name and title: *Heather Lyons, Exec - Director*

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: *1/11/08* Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X):  
 Firm's name (or yours if self-employed) address, and ZIP + 4: **POTTER & COMPANY, LLP**  
**301 EAST MAIN STREET**  
**LEXINGTON, KY 40507**  
 EIN: \_\_\_\_\_ Phone no.: **(859) 253-1100**

**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**

**2006**

Name of the organization: **THE 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 2 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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		
a	Did the organization have a section 403(b) annuity plan for its employees?		X
b	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		
a	Did the organization make any taxable distributions under section 4966?	N/A	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	►	N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	263,310.	219,604.	186,054.	156,828.	825,796.
16 Membership fees received	12,790.	11,060.	7,630.	7,958.	39,438.
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	195,915.	188,331.	155,459.	150,301.	690,006.
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	1,709.	1,292.	962.	1,330.	5,293.
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					
23 Total of lines 15 through 22	473,724.	420,287.	350,105.	316,417.	1,560,533.
24 Line 23 minus line 17	277,809.	231,956.	194,646.	166,116.	870,527.
25 Enter 1% of line 23	4,737.	4,203.	3,501.	3,164.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a 17,411.

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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b 277,075.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 870,527.

d Add: Amounts from column (e) for lines: 18 5,293. 19 \_\_\_\_\_ 22 \_\_\_\_\_ 26b 277,075. ▶ 26d 282,368.

e Public support (line 26c minus line 26d total) ▶ 26e 588,159.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f 67.5636%

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**

(2005) (2004) (2003) (2002)

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**

(2005) (2004) (2003) (2002)

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 2002 through 2005, 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. **NONE**

**Part V Private School Questionnaire** (See page 9 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/> <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/> <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 10 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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred.)		<b>N/A</b>													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 13 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
NET UNREALIZED GAIN ON ENDOWMENT		10,342.	
TOTAL TO FORM 990, PART I, LINE 20		10,342.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ART EXHIBIT	4,256.	4,256.			
BANK AND INVESTMENT FEES	643.		643.		
COMMISSIONS	5,562.	5,562.			
INSURANCE	9,492.	4,746.	4,746.		
DUES AND SUBSCRIPTIONS	854.		854.		
HOSPITALITY	1,637.		1,637.		
MISCELLANEOUS	2,375.	40.	1,321.	1,014.	
SCIENCE EXPLORERS	7,251.	7,251.			
WEBSITE	480.		480.		
SECURITY	1,200.		1,200.		
CREDIT CARD FEES	2,542.		2,542.		
H'ARTFUL OF FUN	49,787.			49,787.	
PROMOTIONAL	2,636.			2,636.	
REPAIRS AND MAINTENANCE	8,893.	4,447.	4,446.		
LEASE EXPENSE	2,700.	2,700.			
LANDSCAPING	3,577.	1,788.	1,789.		
OTHER SUPPLIES	7,202.	7,202.			
TOTAL TO FM 990, LN 43	111,087.	37,992.	19,658.	53,437.	



FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	145,000.	0.	145,000.
OFFICE EQUIPMENT	63,305.	61,898.	1,407.
PROGRAM EQUIPMENT	60,355.	54,596.	5,759.
BUILDINGS	752,646.	374,080.	378,566.
TOTAL TO FORM 990, PART IV, LN 57	1,021,306.	490,574.	530,732.

FORM 990 PART V-A - LIST OF CURRENT 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	45,226.	0.	0.
YAJAIRA AICH 509 BROOK FARM CT LEXINGTON, KY 40517	BOARD MEMBER 0.00	0.	0.	0.
SHERRI BALL 211 SOUTH ASHLAND LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
JIM BAYLOR 3628 CAYMAN LANE LEXINGTON, KY 40509	EMERITUS 0.00	0.	0.	0.
MICHELLE BENNETT 459 N. MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	BOARD MEMBER 0.00	0.	0.	0.
PATTY BREEZE 38 DELANEY FERRY EXT VERSAILLES, KY 40383	BOARD MEMBER 0.00	0.	0.	0.
BRANDON BROOKS 249 HARMONY RIDGE RD GEORGETOWN, KY 40324	BOARD MEMBER 0.00	0.	0.	0.

THE LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

LATASHA BUCKNER 706 SEATTLE DR LEXINGTON, KY 40503	BOARD MEMBER 0.00	0.	0.	0.
STEVE CECIL 2293 CHAMBLEE LANE LEXINGTON, KY 40513	BOARD MEMBER 0.00	0.	0.	0.
JOHN CIOCI 3110 LAMAR DR LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
KELLY DANT 541 W. SHORT STREET #25 LEXINGTON, KY 40507	BOARD MEMBER 0.00	0.	0.	0.
MARY DEAN HACKNEY 348 WHITFIELD DR LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.
TOM KIMMERER 214 JESSELIN DR LEXINGTON, KY 40503	BOARD MEMBER 0.00	0.	0.	0.
TERESA LAWRENCE 221 CLINTON ROAD LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
SUZANNE MARQUES 1836 MCDONALD LEXINGTON, KY 40503	BOARD MEMBER 0.00	0.	0.	0.
LISA MARTIN 2641 UNION MILL RD NICHOLASVILLE, KY 40356	BOARD MEMBER 0.00	0.	0.	0.
LAURA NEWMAN-SUTER 414 CHINOE RD LEXINGTON, KY 40502	PRESIDENT 0.00	0.	0.	0.
SELMA DAWAHARE OWENS 25 MENTELLE PARK LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
KAISA PATER 1875 HILLGATE DR LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.
SCOTT PITTS 331 CASSIDY LEXINGTON, KY 40502	TREASURER 0.00	0.	0.	0.

THE LIVING ARTS & SCIENCE CENTER, INC.

61-0675663

SHANE SATTERLY 2528 ABBEYWOOD PLACE LEXINGTON, KY 40515	BOARD MEMBER 0.00	0.	0.	0.
MICHELLE STUART 331 PRINCESS CIRCLE VERSAILLES, KY 40383	RECORDING SECRETARY 0.00	0.	0.	0.
TASH SUTER 369 S MILL ST LEXINGTON, KY 40508	BOARD MEMBER 0.00	0.	0.	0.
LAURA SUTTON 1730 BEACON HILL LEXINGTON, KY 40504	BOARD MEMBER 0.00	0.	0.	0.
ROD TURNER 2036 PARASOL ST LEXINGTON, KY 40513	BOARD MEMBER 0.00	0.	0.	0.
KRISTIN VOSKUHL 625 SEATTLE DR LEXINGTON, KY 40503	BOARD MEMBER 0.00	0.	0.	0.
MEREDITH SHEFFLER WALKER 819 E MAIN ST LEXINGTON, KY 40502	BOARD MEMBER 0.00	0.	0.	0.
GLORIA SINGLETARY 780 CHINOE RD LEXINGTON, KY 40502	EMERITUS 0.00	0.	0.	0.
PHYLLIS SPENCER 505 PARKVIEW AVE LEXINGTON, KY 40505	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>45,226.</u>	<u>0.</u>	<u>0.</u>

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>THE LIVING ARTS &amp; SCIENCE CENTER, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>61-0675663</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs		S/L
c 40-year	/		40 yrs	MM	S/L

**Part IV Summary (see instructions)**

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	25,848.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year:					
<b>43</b> Amortization of costs that began before your 2006 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report					<b>44</b>

Living Arts and Science Center		Tax ID 61-0675663		Depreciation Schedule		Tax year 2006 (fiscal year ended June 30, 2007)		Accum Deprec 6-30-03		Deprec Expense 6-30-04		Accum Deprec 6-30-04		Deprec Expense 6-30-05		Accum Deprec 6-30-05		Deprec Expense 6-30-06		Accum Deprec 6-30-06		Deprec Expense 6-30-07		Accum Deprec 6-30-07	
Date	Description	Life	Cost/Price	Accum Deprec 6-30-03	Deprec Expense 6-30-04	Accum Deprec 6-30-04	Deprec Expense 6-30-05	Accum Deprec 6-30-05	Deprec Expense 6-30-06	Accum Deprec 6-30-06	Deprec Expense 6-30-07	Accum Deprec 6-30-07													
	Office Equipment																								
07/01/82	EQUIPMENT	5	83 88	83 88	0 00	83 88	0 00	83 88	0 00	83 88	0 00	83 88													
3/31/83	STENCIL MAKER	5	1,395 00	1,395 00	0 00	1,395 00	0 00	1,395 00	0 00	1,395 00	0 00	1,395 00													
3/31/83	MIMEOGRAPH	5	1,399 00	1,399 00	0 00	1,399 00	0 00	1,399 00	0 00	1,399 00	0 00	1,399 00													
05/31/83	TYPEWRITER	5	1,852 00	1,852 00	0 00	1,852 00	0 00	1,852 00	0 00	1,852 00	0 00	1,852 00													
10/13/87	DESKS & FILE	5	2,597 55	2,597 55	0 00	2,597 55	0 00	2,597 55	0 00	2,597 55	0 00	2,597 55													
	COPIER-XEROX	5	5,079 00	5,079 00	0 00	5,079 00	0 00	5,079 00	0 00	5,079 00	0 00	5,079 00													
	TYPEWRITER	5	175 00	175 00	0 00	175 00	0 00	175 00	0 00	175 00	0 00	175 00													
2/11/85	COMPUTER	5	4,500 00	4,500 00	0 00	4,500 00	0 00	4,500 00	0 00	4,500 00	0 00	4,500 00													
10/31/85	FRAMING	5	525 00	525 00	0 00	525 00	0 00	525 00	0 00	525 00	0 00	525 00													
6/30/86	EQUIPMENT	5	399 80	399 80	0 00	399 80	0 00	399 80	0 00	399 80	0 00	399 80													
7/31/86	EQUIPMENT	5	1,130 00	1,130 00	0 00	1,130 00	0 00	1,130 00	0 00	1,130 00	0 00	1,130 00													
10/31/86	ITS	5	412 50	412 50	0 00	412 50	0 00	412 50	0 00	412 50	0 00	412 50													
9/16/87	EQUIPMENT	5	91 40	91 40	0 00	91 40	0 00	91 40	0 00	91 40	0 00	91 40													
	CHAIR	5	201 25	201 25	0 00	201 25	0 00	201 25	0 00	201 25	0 00	201 25													
	FILE CAB	5	370 00	370 00	0 00	370 00	0 00	370 00	0 00	370 00	0 00	370 00													
10/24/92	IBM COMPUTER	5	2,863 50	2,863 50	0 00	2,863 50	0 00	2,863 50	0 00	2,863 50	0 00	2,863 50													
03/11/93	FAX MACHINE	5	798 76	798 76	0 00	798 76	0 00	798 76	0 00	798 76	0 00	798 76													
	TELEPHONE	5	361 77	361 77	0 00	361 77	0 00	361 77	0 00	361 77	0 00	361 77													
05/22/95	COMPUTER	5	1,799 00	1,799 00	0 00	1,799 00	0 00	1,799 00	0 00	1,799 00	0 00	1,799 00													
05/07/96	486 COMPUTER	5	1,000 00	1,000 00	0 00	1,000 00	0 00	1,000 00	0 00	1,000 00	0 00	1,000 00													
05/22/96	AIR COND - JIM'S	5	1,841 00	1,841 00	0 00	1,841 00	0 00	1,841 00	0 00	1,841 00	0 00	1,841 00													
	5 COMPUTERS	5	9,841 89	9,841 89	0 00	9,841 89	0 00	9,841 89	0 00	9,841 89	0 00	9,841 89													
01/14/00	TELEPHONE	5	515 04	412 03	103 01	515 04	0 00	515 04	0 00	515 04	0 00	515 04													
3/20/00	COMPUTER	5	2,026 00	1,620 80	405 20	2,026 00	0 00	2,026 00	0 00	2,026 00	0 00	2,026 00													
	Printers, copier	5	2,399 96	1,919 97	479 99	2,399 96	0 00	2,399 96	0 00	2,399 96	0 00	2,399 96													
3/30/2001	2 TELEPHONES	5	606 76	364 06	121 35	485 41	121 35	606 76	0 00	606 76	0 00	606 76													
3/31/2001	DELL COMPUTER	5	2,139 00	1,283 40	427 80	1,711 20	427 80	2,139 00	0 00	2,139 00	0 00	2,139 00													
2/20/01	HP SCANNER	5	490 09	294 05	98 02	392 07	98 02	490 09	(0 00)	490 09	0 00	490 09													
6/18/2002	COMPUTER	5	10,933 85	4,373 54	2,186 77	6,560 31	2,186 77	8,747 08	2,186 77	10,933 85	0 00	10,933 85													
8/29/2002	COMPUTER	5	3,718 05	743 61	743 61	1,487 22	743 61	2,230 83	743 61	2,974 44	743 61	3,718 05													
11/23/2005	COMPUTER	5	932 40						186 48	186 48	186 48	372 96													
5/3/2006	COMPUTER	5	827 00						165 40	165 40	165 40	330 80													
TOTAL			63,305 45	49,728 76	4,565.75	54,294 51	3,577 55	57,872 06	2,930 38	60,802 44	1,095 49	61,897 93													
Visual Aides																									
	EQUIPMENT	5	572 20	572 20	0 00	572 20	0 00	572 20	0 00	572 20	0 00	572 20													

Living Arts and Science Center																								
Tax ID 61-0675663																								
Depreciation Schedule																								
Tax year 2006 (fiscal year ended June 30, 2007)																								
Date	Description	Life	Cost/Price	Accum Deprec 6-30-03	Deprec Expense 6-30-04	Accum Deprec 6-30-04	Deprec Expense 6-30-05	Accum Deprec 6-30-05	Deprec Expense 6-30-06	Accum Deprec 6-30-06	Deprec Expense 6-30-07	Accum Deprec 6-30-07												
DONATED EQUIPMENT																								
1/1/87	HEINSMITH EQUIPMENT	8	2,448 99	2,448 99	0 00	2,448 99	0 00	2,448 99	0 00	2,448 99	0 00	2,448 99												
7/31/87	EQUIPMENT	8	23,297 00	23,297 00	0 00	23,297 00	0 00	23,297 00	0 00	23,297 00	0 00	23,297 00												
	EQUIPMENT	8	3,846 50	3,846 50	0 00	3,846 50	0 00	3,846 50	0 00	3,846 50	0 00	3,846 50												
TOTAL				29,592 49	0 00	29,592 49	0 00	29,592 49	0 00	29,592 49	0 00	29,592 49												
PROGRAM EQUIPMENT																								
-----																								
4/30/84	KELN MACHINE	5	839 00	839 00	0 00	839 00	0 00	839 00	0 00	839 00	0 00	839 00												
11/31/86	COPY STAND	5	1,872 85	1,872 85	0 00	1,872 85	0 00	1,872 85	0 00	1,872 85	0 00	1,872 85												
11/31/86	RCA CONSOLE	5	375 90	375 90	0 00	375 90	0 00	375 90	0 00	375 90	0 00	375 90												
4/2/86	SYLVANIA	5	459 95	459 95	0 00	459 95	0 00	459 95	0 00	459 95	0 00	459 95												
4/20/86	DISOLVE UNIT	5	332 45	332 45	0 00	332 45	0 00	332 45	0 00	332 45	0 00	332 45												
2/28/86	VIDEO EDITING	5	726 15	726 15	0 00	726 15	0 00	726 15	0 00	726 15	0 00	726 15												
8/4/87	VARIOUS	5	50 00	50 00	0 00	50 00	0 00	50 00	0 00	50 00	0 00	50 00												
8/4/87	VARIOUS	5	61 85	61 85	0 00	61 85	0 00	61 85	0 00	61 85	0 00	61 85												
8/4/87	VARIOUS	5	568 00	568 00	0 00	568 00	0 00	568 00	0 00	568 00	0 00	568 00												
8/4/87	VARIOUS	5	675 00	675 00	0 00	675 00	0 00	675 00	0 00	675 00	0 00	675 00												
8/4/87	VARIOUS	5	655 00	655 00	0 00	655 00	0 00	655 00	0 00	655 00	0 00	655 00												
8/31/90	WELDING EQUIP	5	750 00	750 00	0 00	750 00	0 00	750 00	0 00	750 00	0 00	750 00												
4/17/91	VIDEOCAM	5	1,398 00	1,398 00	0 00	1,398 00	0 00	1,398 00	0 00	1,398 00	0 00	1,398 00												
1/31/86	EQUIPMENT	5	400 00	400 00	0 00	400 00	0 00	400 00	0 00	400 00	0 00	400 00												
11/25/91	VCR	5	944 43	944 43	0 00	944 43	0 00	944 43	0 00	944 43	0 00	944 43												
12/16/91	EQUIPMENT	5	1,090 00	1,090 00	0 00	1,090 00	0 00	1,090 00	0 00	1,090 00	0 00	1,090 00												
12/18/91	TV-VCR	5	423 99	423 99	0 00	423 99	0 00	423 99	0 00	423 99	0 00	423 99												
01/24/92	EQUIPMENT	5	525 00	525 00	0 00	525 00	0 00	525 00	0 00	525 00	0 00	525 00												
06/25/92	CAMERA	5	1,550 00	1,550 00	0 00	1,550 00	0 00	1,550 00	0 00	1,550 00	0 00	1,550 00												
02/18/93	AUDIO VIDEO	5	212 04	212 04	0 00	212 04	0 00	212 04	0 00	212 04	0 00	212 04												
06/28/96	KILN	5	1,020 00	1,020 00	0 00	1,020 00	0 00	1,020 00	0 00	1,020 00	0 00	1,020 00												
11/17/98	REFRIGERATOR	5	674 95	674 95	0 00	674 95	0 00	674 95	0 00	674 95	0 00	674 95												
3/28/00	Laminator	5	1,499 99	1,499 99	300 00	1,499 99	0 00	1,499 99	0 00	1,499 99	0 00	1,499 99												
9/14/00	RANGE & MICRO	5	692 50	415 50	138 50	554 00	138 50	692 50	0 00	692 50	0 00	692 50												
9/26/00	DIGITAL CAMERA	5	476 99	286 19	95 40	381 59	95 40	476 99	0 00	476 99	0 00	476 99												
11/01/02	DIGITAL CAMERA	5	1,062 90	212 58	212 58	425 16	212 58	1,062 90	212 58	850 32	212 58	1,062 90												
3/25/04	Laptop Computer	5	638 00	0 00	127 60	127 60	127 60	638 00	127 60	382 80	127 60	638 00												
5/11/04	Screen & Projector	5	1,243 60	0 00	248 72	248 72	248 72	1,243 60	248 72	746 16	248 72	1,243 60												
10/14/05	Tables & Chairs	5	3,364 96					3,364 96		672 99	672 99	3,364 96												
11/17/05	Star Lab	5	5,000 00					5,000 00		1,000 00	1,000 00	5,000 00												
	Digital Camera	5	607 00					607 00		121 40	121 40	607 00												
TOTAL				177,183 83	1,122 80	188,412 62	822 80	196,644 42	2,383 29	220,471 71	2,383 29	224,431 00												



Living Arts and Science Center												
Tax ID 61-0675663												
Depreciation Schedule												
Tax year 2006 (fiscal year ended June 30, 2007)												
Date	Description	Life	Cost/Price	Accum Deprec 6-30-03	Deprec Expense 6-30-04	Accum Deprec 6-30-04	Deprec Expense 6-30-05	Accum Deprec 6-30-05	Deprec Expense 6-30-06	Accum Deprec 6-30-06	Deprec Expense 6-30-07	Accum Deprec 6-30-07
OUTDOOR CLASSROOM												
6/30/91	OUTDOOR CLASSROOM	40	19,592.87	5,877.86	489.82	6,367.68	489.82	6,857.50	489.82	7,347.33	489.82	7,837.15
09/30/91	OUTDOOR CLASSROOM	40	13,639.97	4,091.99	341.00	4,432.99	341.00	4,773.99	341.00	5,114.99	341.00	5,455.99
05/23/96	SUMP PUMP	10	105.00	73.50	10.50	84.00	10.50	94.50	10.50	105.00	0.00	105.00
Adjust to client's estimate												
				-15.56		-15.56		-15.56		-15.56		-15.56
TOTAL			33,337.84	10,027.79	841.32	10,869.11	841.32	11,710.43	841.32	12,551.76	830.82	13,382.58
OUTDOOR ENVIRONMENT												
06/30/93	LANDSCAPING	20	9,694.23	4,576.12	484.71	5,060.83	484.71	5,545.54	484.71	6,030.25	484.71	6,514.96
06/30/94	LANDSCAPING	20	7,060.74	3,177.33	353.04	3,530.37	353.04	3,883.41	353.04	4,236.44	353.04	4,589.48
09/16/94	LANDSCAPING	20	2,230.00	1,003.50	111.50	1,115.00	111.50	1,226.50	111.50	1,338.00	111.50	1,449.50
06/13/95	LANDSCAPING	20	53.00	18.55	2.65	21.20	2.65	23.85	2.65	26.50	2.65	29.15
05/11/99	LANDSCAPING	20	4,736.00	1,184.00	236.80	1,420.80	236.80	1,657.60	236.80	1,894.40	236.80	2,131.20
05/10/99	POND/Waterfall	20	509.92	127.48	25.50	152.98	25.50	178.47	25.50	203.97	25.50	229.46
3/31/06	Waterfall	20	5,302.12						265.11	265.11	265.11	530.21
TOTAL			29,586.01	10,086.98	1,214.19	11,301.17	1,214.19	12,515.37	1,479.30	13,994.67	1,479.30	15,473.97
ROOF REPLACEMENT												
6/30/96	NEW ROOF	20	89,129.10	31,195.19	4,456.46	35,651.64	4,456.46	40,108.10	4,456.46	44,564.55	4,456.46	49,021.01
Adjust to client's estimate												
				26.70		26.70		26.70		26.70		26.70
TOTAL			89,129.10	31,221.89	4,456.46	35,678.34	4,456.46	40,134.80	4,456.46	44,591.25	4,456.46	49,047.71
NEW HEATING/A/C 2000												
2/29/00	NEW HEATING-A/C	40	25,791.00	2,579.10	644.78	3,223.88	644.78	3,868.65	644.78	4,513.43	644.78	5,158.20
Adjust to client's estimate												
9/27/06	2 NEW ROOF UNITS	20	7,600.00	-10.00	-10.00	-10.00	-10.00	-10.00	-10.00	-10.00	285.00	285.00
TOTAL			33,391.00	2,569.10	644.78	3,213.88	644.78	3,858.65	644.78	4,503.43	929.78	5,433.20

Living Arts and Science Center												
Tax ID 61-0675663												
Depreciation Schedule												
Tax year 2006 (fiscal year ended June 30, 2007)												
Date	Description	Life	Cost/Price	Accum Deprec 6-30-03	Deprec Expense 6-30-04	Accum Deprec 6-30-04	Deprec Expense 6-30-05	Accum Deprec 6-30-05	Deprec Expense 6-30-06	Accum Deprec 6-30-06	Deprec Expense 6-30-07	Accum Deprec 6-30-07
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
<b>BUILDING/GROUND IMPROVEMENTS</b>												
3/16/00	WALL CARPET	20	1,500.00	300.00	75.00	375.00	75.00	450.00	75.00	525.00	75.00	600.00
6/30/00	SIGNS	20	1,540.00	308.00	77.00	385.00	77.00	462.00	77.00	539.00	77.00	616.00
10/01/04	Drainage & trench	20	3,109.80				155.49	155.49	155.49	310.98	155.49	466.47
8/19/05	Soffit Repair	20	5,480.00						128.33	128.33	424.00	552.33
12/23/05	Siding Repair	20	6,392.00						59.80	59.80	519.60	579.40
TOTAL			18,021.80	608.00	152.00	760.00	307.49	1,067.49	307.49	1,374.98	1,251.09	2,814.20
Grand totals			1,021,306.00	386,368.00	26,418.89	412,786.89	25,286.18	438,073.06	26,464.61	464,537.67	25,847.82	490,573.62

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

OMB No 1545-1709

▶ 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>LIVING ARTS &amp; SCIENCE CENTER, INC.</b>	<b>Employer identification number</b> <b>61 0675663</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>362 N MARTIN LUTHER KING BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LEXINGTON, KY 40508</b>	

**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 ▶ **ORGANIZATION** .....

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 section 501(c) corporation required to file Form 990-T) extension of time until **FEB 15**, 20**08**, 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 **JUL 1**, 20**06**, and ending **JUN 30**, 20**07**.....

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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</b>	\$

**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.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ▶ .....  
Telephone No ▶ (.....) ..... 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 is for.

- I request an additional 3-month extension of time until ....., 20....
- For calendar year ....., or other tax year beginning ....., 20...., and ending ....., 20....
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension .....

8a 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	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
8c <b>Balance Due.</b> Subtract line 8b from line 8a. 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.	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, 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 ▶ *Heather Lyons* Title ▶ *Exec. Director* Date ▶ *11-12-07*

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other.....

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)