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990 Form

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

2009

Department of the Treasur	y
Internal Devenue Service	

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

Open to Public dispection

A F	or the	2009 calenda	ar year, or	tax year beginning		, 2009, and en	ding	, 20				
В	Check if a	policable	Please	C Name of organization LAWRENCE	BURG MAIN STRE	ET, INC		D Employer identification no.				
_	Address o	• •	use IRS	Doing Business As		<u> </u>		20-0456048				
_			label or print or				December 1					
=	Name cha	-	type.	Number and street (or P O box if mail	s not delivered to street a	red to street address) Room/suite E Telephone number 101 (812) 537 – 450						
ᆗ "	ntıal retu	m	See Specific	70 EAST HIGH STREET		101						
1	Ferminate	ed :	Instruc-	City or town, state or country, and ZIP				G Gross receipts				
] /	Amended	retum	tions.	LAWRENCEBURG, IN 4702	5			\$ 650,494				
	Application	n pending	F Name	and address of principal officer			18/-> 1- 4b	an anti-see for				
							H(a) Is this a grou affiliates?	Yes X No				
	Tax-exem	not status	X 501(c) (3) ◀ (insert no) 4947(a)(1	or 527		H(b) Are all affiliat	tes included? Yes No				
		▶ N/A	21 00 1(0) (, e		H(c) Group exem	tes included? Yes No h a list (see instructions) ption number				
			Corporation	Trust Association Other		L Year of formation 1	205	f legal domicile IN				
				Trust Association Other	<u> </u>	L real or formation =	M State 0	riegar domicie ==-				
Pa	rt i	<u>Summar</u>			*tt	M						
		•		ganization's mission or most signi	_			sphere for downtown				
		_		ecruit new business, p				tools to help				
A G		make Law	rencebu	rg a better place thro	ugh our public	/private partne	ership.					
ιο iy												
У e	2	Check this b	ox ▶∏í	f the organization discontinued its	operations or dispo	sed of more than 25%	of its net assets					
l r t n	3	Number of v	oting men	bers of the governing body (Part	VI, line 1a) · · ·			3 8				
ı a				nt voting members of the governing		1b) • • • • • • •		4 8				
e n s c				yees (Part V, line 2a) · · · ·				5 3				
е	1 .			eers (estimate if necessary) · ·				6				
&	6 -						-	7a 0				
		-		ousiness revenue from Part VIII, o			-					
	р	Net unrelate	d busines	s taxable income from Form 990-	, line 34 • • • •		• • • • • • • • • • • • • • • • • • • •	7b 0				
R	1					<u> </u>	Prior Year	Current Year				
ė			-	10 (1 011 111)		 	311,					
v e	9	Program sea	vice rever	nue (Part VIII, line 2g)		• • • • • • • • • •	13,					
n	10	Investment i	ncome (Pa	art VIII, column (A), lines 3, 4, and	7d) • • • • • •		12,	343 14,449				
u e	11	Other reven	ue (Part V	III, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e) • •			0				
	12	Total revenu	ıe - add lır	es 8 through 11 (must equal Part	VIII, column (A), line	12) • • • • •	337,	013 650,494				
	13	Grants and	sımılar am	ounts paid (Part IX, column (A), lii	nes 1-3) · · · · ·			0				
_	14	Benefits pair	d to or for	members (Part IX, column (A), lin	e 4) • • • • • •			0				
E	15			nsation, employee benefits (Part I		5-10)	32,	424 191,579				
P	16a			ng fees (Part IX, column (A), line-	4-)			0				
e n	1			nses (Part IX, column (D), line 25		ED 6	2 . 2					
s	17			IX, column (A), lines 11a-11d, 11f		····	377,					
e s							409,					
		Total expens	ses Auu	ines 13-17 (must equal Part IX, o	27"" 576 1""2763 2	(010 [[]		521) 181,204				
	19	Revenue les	ss expense	es Subtract line 18 from line 12								
Net				i	OGDÉN		Beginning of Current Ye					
Asset or	20	Total assets	(Part X, li	ne 16)	· · · · · · · · · · · · · · · ·	•••••	809,					
Fund Bal-s		Total liabiliti	es (Part X	, line 26) • • • • • • • • • • • • • • • • • • •			<u>.</u>	6,236				
ance		Net assets of	or fund bal	ances. Subtract line 21 from line	20 • • • • • • •	• • • • • • • •	804,	985,648				
Pa	řťili	Signatu	<u>ire Bloc</u>	<u></u>		<u> </u>						
ro		Under penalt	es of perjury	, I declare that I have examined this return, a, and complete Declaration of preparer (o	including accompanying s	chedules and statements, and on all information of which pro	d to the best of my know enarer has any knowled	vledge dae				
		and beneath	المراقع المالية	, and complete becaration of preparer (o	and man officery is based	or all allottidation of which pro	sparor ras any resemble					
Sig	n		Jū	tween Xu	ليعالم			10-21-10				
Hei	re	Signatu	re of officer				7	Date				
		-	+n-	RICIA KRID	ER (= XECUT	IVE D	IRECTOR				
CEANNED		Type or	r print name a									
Z		Preparer's			Da	0,,000		r's identifying number				
Z		signature				self- employ	/ed ▶ ` _	tructions)				
Paig	ļ	J.g. Later	7	1-9/-	10	-14-2010 employ	$^{\sim}$ $^{\sim}$ $^{\sim}$ $^{\prime}$ $^{\prime}$ $^{\prime}$	00471215				
Prej	parer's		-2	The Lovell Group In								
Use	Only	Firm's name					EIN A	-0607905				
		if self-employ address, and		344 1/2 Walnut Stre				, -				
				Lawrenceburg, IN 47			Phone no ▶812					
May	the IRS	S discuss this	s return wi	th the preparer shown above? (se	e instructions) • •			· · · · · · · XIYes No				

С	(Code) (Expenses \$	61,364	including gr	ants of \$) (Revenue	§ <u>62,750</u>)					
	Misc on the Ri	ver is Lawrenc	eburg Maın S	treet's s	ignature series	. In 2009 it inc	luded two					
	hour concerts	every Thursday	evening for	14 weeks	from mid June	to mid September.	The					
	concerts were	free and extre	mely well at	tended wi	th attendance a	veraging 600 per	week and					
	some concerts as many as 1300 people. The concerts attracted people from this county and											
	throughout Southeast Indiana, as well as neighboring Ohio and Northern Kentucky. This series											
	has built comm	unity spirit a	nd pride and	has rais	ed public aware	eness of our downt	own.					
						·						
d	Other program service	ces (Describe in Scho	edule O)									
	(Expenses \$	ın	cluding grants of	\$) (Reve	nue \$)					
e	Total program servi	ce expenses >	432	431								
					EEA		Form 990 (2009)					

Form	990 (2009) LAWRENCEBURG MAIN STREET, INC 20-04560	48	P	age 3
Par	t IV Checklist of Required Schedules			
•	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	_		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	Ť		^
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11		х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
•	Schedule D, Part VI			
_	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	,		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		~,±	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1		
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	,		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			'
12	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12	Х	
128		 '-	-^-	.
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · · · · · · · ·	1		<u> </u>
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the Office States?	144		X
þ		14b		٠,
45	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	140	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		١,,
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		,,
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	├	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III		-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	I	X

Pä	rt IV Checklist of Required Schedules (continued)	r		
`			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			۱
22	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	İ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
240	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		f
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24-		
L	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV · · · · · · · · · · · · · · · · · ·	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ļ		
	Part I • • • • • • • • • • • • • • • • • •	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			İ
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36	L	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	1

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable · · · · · · · · · · 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return? · · · · · · · · · · · · · · · · · · ·	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)? · · · · · · · · · · · · · · · · · · ·	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			"
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	•		,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			**
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against]		
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

<u>Sec</u>	tion A. Governing Body and Management			
4.5	The state of the same and the same had		Yes	No
1a	Enter the number of voting members of the governing body	-		
b	Enter the harmon of voting members that are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
•	any amon among, another, and amproyer	-		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		.,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? •••••	<u> </u>	-	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	<u> </u>	X
6		°		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	 		١.,
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
a	The governing body? · · · · · · · · · · · · · · · · · · ·	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)		F	1
40-	Describe assessment to the second should be a second should be second so that the second seco	10a	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	IUa	ļ	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	١.,	
44.	form?	- ''- -	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	177	<u></u> '
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	125	٠,	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	120		
		12c		X
13		14		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		- -
a	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b	 	X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	ر در ا در در از ا		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		أ تَضْمُ اللهِ	1
	with a taxable entity during the year?	16a	 , 	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	466	ļ	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u>.</u>
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization Patricia Krider (812) 537-4507			
	70 East High Street Lawrenceburg, IN 47025			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Name and Title	Average hours per week	l t d	$\overline{}$			at apply)		Donodoblo	Danadakla	Estimated		
	1	er I t d I t O K H c e F compensation compensation from related d u r s u f y g mp r the organizations (A/2/1000-MISC		compensation	amount of other compensation from the							
		i et deo u r ao i r	ettee "" s eouer p rt o i o		deoue urt aoi iro n		p t se t e t		٠.	(W-2/1099-MISC)	,	organization and related organizations
MIKE RAUEN												
PRESIDENT	1.00			Х				0	0	0		
EDWARD FISCHER												
TREASURER	1.00			Х				0	0	0		
JOHN ROBERTS												
EXEC DIRECTOR	20.00	Х						120,500	0	0		
MARK GRAVER												
VICE PRES	1.00			Х		-		o	0	0		
LINDA MEYER												
SECRETARY	1.00	1		Х				0	0	0		
MIKE ROZOW		<u> </u>								-		
BOARD MEMBER	1.00			х			İ	0	0	0		
MATTHEW ZERBE												
BOARD MEMBER	1.00			Х				o	0	0		
GREG DAVIS												
BOARD MEMBER	1.00	1		x					0	0		
JOHN DAVIS												
BOARD MEMBER	1.00	ļ		Х		ļ		0	0	0		
										<u></u>		
	-											
				-								
			-	_	-							

	(A)	(B)			(C)	_		(D)	(E)			(F)	
	Name and Title	Average hours per week	Postil t d n r i i s e v t c c i e t d e o u r a o l r	l t n r s u t s i t	Office	All th K e y e m p l o y e e	H c e I c mp I c mp I e e o s n y t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		am comp fro orga and	imated ount of other pensation om the inization related nization	on n d
											\dagger			
-		-						-						
													-	
					_						_			
_				_				ļ			\perp			
											\perp			
					_			Ĺ	120 500		0			0
1b	Total							_	120,500					
2	Total number of individuals (including but not limited to	those listed	above	e) w	no r	ecei	vea m	ore i	man \$100,000 m		,			
	reportable compensation from the organization					-						Т	Yes	No
3	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J fo										.[3		X
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater that	table compe	nsatio	n ar	nd ot	her	compe	ensa	tion from		-		_	
5	individual	• • • • •							• • • • • • • •			4		X
,	services rendered to the organization? If "Yes," complete										. -	5		X
50	ction B. Independent Contractors													
1	Complete this table for your five highest compensated compensation from the organization	ındependen	t contr	acto	ors ti	hat r	eceive	ed m	ore than \$100,000	of				
	(A) Name and business address								(B) Description of s	anucas			C) nsation	
	Name and business address								Desarption of a	CI VICES		Jonipo		
			· · · · · · · · · · · · · · · · · · ·						 					
_														
_														
2	Total number of independent contractors (including but more than \$100,000 in compensation from the organization	to tho:	se II	sted	abo	ove) wi	no re	eceivea						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 · · · · · · · 3 Grants and other assistance to governments, organizations, and individuals outside the Compensation of current officers, directors, trustees, and key employees 139,579 139,579 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · 7 40,062 40,062 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 3,862 3,862 9 8,076 8,076 10 Fees for services (non-employees) 11,385 Legal 11,385 9,353 9,353 Lobbying Professional fundraising services See Part IV, line 17 · Investment management fees · · · · · · · · · · · 5,919 5,919 12 Advertising and promotion 3,060 6,054 13 9,114 738 738 14 15 17,569 7,502 10,067 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,672 7,672 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) DUES & SUBS 289 289 PROGRAM EXPENSE 215,672 215,672 d 432,431 469,290 36,859 0 25 Total functional expenses. Add lines 1 through 24f · · Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Par	t X	Balance Sheet			
•			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	8,689	1	12,578
	2	Savings and temporary cash investments	800,507	2	979,306
	3	Pledges and grants receivable, net · · · · · · · · · · · · · · · · · · ·		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A S		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
S	7	Notes and loans receivable, net		7	
e t	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	692	9	
	10a	Land, buildings, and equipment cost or		1	
		other basis Complete Part VI of Schedule D · · · · · 10a	٥		٤
	b	Less accumulated depreciation · · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	•
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	809,888	16	991,884
	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·	5,444	17	6,236
	18	Grants payable		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	•
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
ĩ	22	Payables to current and former officers, directors, trustees, key	. ,	11	
!		employees, highest compensated employees, and disqualified			
ť		persons Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
S	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · ·		24	-
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,444	26	6,236
		Organizations that follow SFAS 117, check here X and	{ <u>*</u> · ·	4.	3 1
۱ F		complete lines 27 through 29, and lines 33 and 34.			1.74
u	27	Unrestricted net assets	796,470	27	66,597
n d	28	Temporarily restricted net assets	7,974	28	919,051
`	29	Permanently restricted net assets		29	
В		Organizations that do not follow SFAS 117, check here	· · · · · · · · · · · · · · · · · · ·		``.
a e I		and complete lines 30 through 34.			
а	30	Capital stock or trust principal, or current funds		30	
n C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
е	32	Retained earnings, endowment, accumulated income, or other funds		32	
S	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	804,444	33	985,648
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	809,888	34	991,884

Form 990 (2	009) LAWRENCEBURG MAIN STREET, INC 20-0456048	Pag	ge 12
Part XI	Financial Statements and Reporting		
•		es	No

<u>Pa</u>	rt XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Cash Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in		<u> </u>	
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	if the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	EEA	Form	990 (2	2009)

EEA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

		organization CEBURG MAIN ST	REET, INC						1	identification n 456048	umber		
Pa	rt I	Reason for	Public Charite	y Status (All organiza	ations mus	complete	this part)	See instru	uctions		_		
				use it is (For lines 1 thro									
1	ň	•		ssociation of churches d	•	•	•	(i).					
2	H		•	(A)(ii). (Attach Schedule									
3	Ħ			vice organization descri	•	ion 170(b)	(1)(A)(iii)						
4	뭄	•	•	ted in conjunction with a				70(h)/1\/A	Wiii\ Enter	the hospit	al'e nan	10	
•	ш	city, and state	organization opera	ted in conjunction with a	nospitai ut	oscilibed iii	, scouon i	, 0(2)(1)(,	Min.	the nospit	ui 3 man	10,	
5	\Box		rated for the henefi	it of a college or universi	ty owned o	r operated	l by a gove	rnmental	unit descri	hed in			
3		section 170(b)(1)(A)		•	ty Owned C	Operated	by a gove	ciitai	unit descri	bea iii			
6	\Box			governmental unit desc	ribad in sa	ction 170/	h)/1)/A)/v)						
7	\exists		•	a substantial part of its s					the genera	Loublic			
•	ш	described in section	•	•	apport noi	ii a goveiii	illicittai aii		ine genera	i public			
8					loto Bort II	١							
9	믉	•		170(b)(1)(A)(vi). (Comp (1) more than 33 1/3% (•	ntributions	mombor	chin foos	and arose			
9	X	_	-	empt functions - subject									
				and unrelated business									
								i tax) iioi	iii busiiless	-C3			
10		, ,		30, 1975 See section s		-	•	\/A\					
10 11	H	•	·	d exclusively to test for p		•			arns out the				
• •		•	•	d exclusively for the ben orted organizations desc	=				=				
				the type of supporting o						Secuon			
			b Type		_~		lly integrate		d J	☐ Type II	II-Other		
_		•••		rganization is not contro	_					, , ype "	ii-Otiici		
е	Ш			rs and other than one or						section			
		509(a)(1) or section		is and other than one or	more publ	iciy suppo	neu organ	izations u	escribed iii	Section			
f			,	etermination from the IRS	S that it is a	Type I T	voo II. or T	vno III sur	nnartina				
,		-		stemmation from the fix	J mai ma		ype 11, 01 1	ype iii sup	porting				[
_		organization, check		zation accepted any gift	or contribut	uon from o	ny of the						
9			oo, nas the organiz	zation accepted any gift	or continu	lion nom a	illy of the						
		following persons?	directly or indirectly	controls, either alone or	togothory	uth norson	e decembe	dua (u)				7/	T
		• • •		y of the supported organ	-	-					44-0	Yes	No
				cribed in (i) above? ••							119(i)	├	
											11g(i)	 	
			-	n described in (i) or (ii) a							11g(m)	<u> </u>	L
h				the supported organiza	т :		60 Did.		1 65	- 45-		Amount	a of
	(1)	larne of supported organization	(i) EIN	(a) Type of organization (described on lines 1-9	(iv) Is the o	-	(v) Did you the organi	-	organizati	s the on in col		support	· Oi
				above or IRC section	governing o	ocument?	col (i)		(i) organiz	ed in the S?			
				(see instructions))	Yes	No	Yes	No No	Yes	No			
					163	110	103	140	103	100			
					 				-				
					_		į					_	
							-					.	
		, ,											
							 		 				
Tate	.1												

<u>Pại</u>	Support Schedule for Org (Complete only if you checked the			ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(v	ri)
Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by each	,•	,	,	· ·		
	person (other than a governmental unit or		,				
	publicly supported organization) included			** *	2		
	on line 1 that exceeds 2% of the amount	•	₅ -	,	,		
	shown on line 11, column (f)		,	, -			
6	Public support. Subtract line 5 from In 4			' '			
Sec	tion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 •					· ·	
12	Gross receipts from related activities, etc. (see instructions)	• • • • • • • •	• • • • • • • •		12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	▶□
Sec	tion C. Computation of Public Su	<u>ıpport Percen</u>	tage				
14	Public support percentage for 2009 (line 6,					14	%
15	Public support percentage from 2008 Sche						%
16a	33 1/3% support test - 2009. If the organization						, r
	and stop here. The organization qualifies a		-				· · · · · ▶□
b	33 1/3% support test - 2008. If the organization						. —
	box and stop here. The organization qualifi	•	• •				• • • • • □
17a							
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circumst		_				· · · · · ▶□
b	10%-facts-and-circumstances test - 2008.						
18	more, and if the organization meets the "fail organization meets the "facts-and-circumst Private foundation. If the organization did it	ances" test. The o	rganızatıon qualifie	s as a publicly sup	ported organization	on • • • • • • •	▶□
	roanaaten n mo organization did i	55 2 50% 61		2, 2 2, 3301		2 + 2 ···•	٠ ـــا

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checked the	DOX OIL IIIIE 9 OI F	ait i. <i>)</i>			<u> </u>	
	tion A. Public Support		··············	· · · · · · · · · · · · · · · · · · ·		() 0000	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	304,755	233,215	331,394	324,670	627,750	1,821,784
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · ·	304,755	233,215	331,394	324,670	627,750	1,821,784
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·				The state of the s		1,821,784
	tion B. Total Support			,			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 · · · · · · · ·	304,755	233,215	331,394	324,670	627,750	1,821,784
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,731	18,199	13,166	6,073	14,449	56,618
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 · · · · ·						
C	Add lines 10a and 10b · · · · · · ·	4,731	18,199	13,166	6,073	14,449	56,618
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		5,206	10,968	6,270	8,295	30,739
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · ·						1,909,141
14	First five years. If the Form 990 is for the org organization, check this box and stop here	ganization's first, s	econd, third, fourth	o, or fifth tax year as	s a section 501(c)(i	3) • • • • • • • • • • • • • • • • • • •	▶ 🔲
Sec	ction C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2009 (line 8, c					15	95.42 %
<u>16</u>	Public support percentage from 2008 Sched				• • • • • • • •	16	%
	ction D. Computation of Investme	<u>nt Income Pe</u>	rcentage			47	2.07. %
17	Investment income percentage for 2009 (line				• • • • • • • •	17	2.97 %
18	Investment income percentage from 2008 Sc					18	%
	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2008. If the organiza	and stop here. The	e organization qua a box on line 14 o	ilifies as a publicly : r line 19a, and line	supported organization 33 supported organization 33	ation •••••• 3 1/3%, and	· · · · · • 🕱
	line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a publ	licly supported orga	anization • • • •	▶ 🔲
20	Private Foundation: If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	ind see instructions	<u> </u>	▶ 🔲

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009



Employer identification number

	WRENCEBURG MAIN STREET, INC	20-0456048
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6	
1	(a) Donor advised funds Total number at end of year • • • • • • • • • • • • • • • • • • •	(b) Funds and other accounts
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	-
4	Aggregate value at end of year · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	· · · · · · · · · · · · · Yes No
Pai	TTILE Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	ly important land area
	Protection of natural habitat Preservation of a certified his	storic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year	delicated
		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
G	Number of conservation easements on a certified historic structure included in (a)	2c 2d
d 3	Number of conservation easements included in (c) acquired after 677706 Section 11 Conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified, transferred, released, extinguished, or terminated by the organization of the conservation easements modified the conservation of the conservation easements and the conservation of the conservation easements and the conservation easements are conserved in the conservation of the conservation easements are conserved in the conservation of the conservation easements are conserved in the conservation of the conservation easements are conserved in the conservation end to t	<u></u>
3	the tax year	nzation during
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	he year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes
	the organization's accounting for conservation easements	han Cimilan Apacta
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" to Form 990, Part IV, line 8	ner Similar Assets.
1a		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service,
	provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	· · · · · • \$
_	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain.	, provide the
_	following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	
Ь	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	

Pai	rt III Organizations Maintaining	Collection	ons of Art, His	storical]	<u> reasures</u>	<u>, or O</u>	<u>ther Similar <i>i</i></u>	<u>Asset</u>	s (contir	tued)
3										
	collection items (check all that apply)									
а	Public exhibition	d	Loan or exch	ange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations			•						
4	Provide a description of the organization's colle	ctions and e	explain how they f	urther the o	rganization's	exempt	purpose in			
	Part XIV									
5	During the year, did the organization solicit or re	eceive dona	tions of art, histori	cal treasure	es, or other si	mılar				
	assets to be sold to raise funds rather than to b	e maintaine	d as part of the or	ganization's	collection?				Yes	No
Pai	t IV Escrow and Custodial Arra	angemen	ts. Complete if o	rganization	answered "Y	es" to F	orm 990,			
	Part IV, line 9, or reported an amount on Form 990, Part X, line 21									
1a	Is the organization an agent, trustee, custodian	or other inte	ermediary for cont	ributions or	other assets	not				
	included on Form 990, Part X?			. 					Yes	No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete	the following table	•						
							A	mount		
С	Beginning balance					· · 1c	; [
d	Additions during the year					· · 10	i			
e	Distributions during the year · · · · · ·						,			-
f	Ending balance · · · · · · · · · · · · · · · · · · ·									
2a	Did the organization include an amount on Form	n 990, Part 2	X, line 21? • •						Yes	No
ь	If "Yes," explain the arrangement in Part XIV									_
Pai	rt V Endowment Funds. Complete	if the organ	zation answered	"Yes" to Fo	rm 990, Part I	V, line	10.			
		(a) Curren		nor year	(c) Two years		(d) Three years bac	ж (е) Four year	rs back
1a	Beginning of year balance				;	· i				
b	Contributions					, , ,				
С	Net investment earnings, gains, and losses •				. %./-			,		$\overline{}$
d	Grants or scholarships				_3 5 -			. `	ž,	
е	Other expenditures for facilities				, .					
	and programs • • • • • • • • • • • • • • • • • • •							_		İ
f	Administrative expenses · · · · · · · ·									
g	End of year balance		- "				· · · · · · · · · · · · · · · · · · ·			
2	Provide the estimated percentage of the year e		held as	•						
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶ %		-							
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possessi	on of the org	ganization that are	held and a	dministered 1	for the				
	organization by								Ye	s No
	(i) unrelated organizations · · · · · · ·							· • [:	3a(i)	
	(ii) related organizations · · · · · · · ·							[Ba(ii)	
b	if "Yes" to 3a(ii), are the related organizations li	sted as requ	ired on Schedule	R?					3b	
4	Describe in Part XIV the intended uses of the o							_		
Pa	rt VI Investments - Land, Buildi		***************************************		90, Part X, III	ne 10			_	
	Description of investment	· 1	Cost or other basis	(b) Cos	at or other	(c)	Accumulated	(0	f) Book val	ue
	becarpion of investment	(-)	(investment)	1 ''	(other)		epreciation			
1a	Land · · · · · · · · · · · · · · · · · · ·									
b	Buildings	• • •								
С	Leasehold improvements · · · · · · · ·	• • •								
d	Equipment	• • •								
е	Other • • • • • • • • • • • • • • • • • • •									
Total	. Add lines 1a through 1e (Column (d) must equ	ual Form 990	0, Part X, column	(B), line 10	(c)) · ·		▶			

Schedule D (Form 990) 2009

LAWRENCEBURG MAIN STREET, INC

20-0456048

Page 2

Schedule D (Form 990) 2009	LAWRENCEBURG MAI	N STREET, INC	20-045	56048 Page 3
Part VII Investment	s - Other Securities. Se	e Form 990, Part X, line 12		_
(a) Description of section (including name	unty or category	(b) Book value	(c) Method of valuate Cost or end-of-year market	
inancial derivatives · · · · ·				
Closely-held equity interests •				
Other				
				
				
				
	Part X. col (B) line 12)			
Total. (Column (b) must equal Form 990,		e Form 990, Part X, line 13		
Part VIII Investment	s - Program Related. Se	e Form 990, Part X, line 13		
(a) Description of in	vestment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	value
				·-··
				
				
				
<u> </u>				•
Total. (Column (b) must equal Form 990,	Part X, col (B) line 13)			
Part IX Other Asset	S. See Form 990, Part X, line 1	5		
	(a) De	escription		(b) Book value
				
				
				.
Total. (Column (b) must equal Fo			• • • • • • • • • • • • • •	
	ies. See Form 990, Part X, line	e 25		,
(a) Description	of liability	(b) Amount		
ederal income taxes			_	
· · · · · · · · · · · · · · · · · · ·				
. ·				
Total (Column (b) must equal Form 990	Part X col (B) line 25)	· · · · · · · · · · · · · · · · · · ·		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sched	ule D (Form 990) 2009 LAWRENCEBURG MAIN STREET, INC	20-0456048	Page 4
På	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s _	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	650,494
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	469,290
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	181,204
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	181,204
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	650,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·		
þ	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	650,494
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		650,494
Ρã	TEXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>s per Return</u>	
1	Total expenses and losses per audited financial statements	1	469,290
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
а	Donated services and use of facilities · · · · · · · · · · · · · · · · · · 2a		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	469,290
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	469,290
	TIXIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this	part to provide any additional information		
			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 2009

Inspection

Employer identification number

2009 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

LAWRENCEBURG MAIN STREET, INC 20-0456048 01. Form 990 governing body review (Part VI, line 11) No review was or will be conducted 02. Governing documents, etc, available to public (Part VI, line 19) The mentioned documents are available in the Lawrenceburg Main Street office at 70 East High Street for review. 03. Significant program services not listed on prior year return (Part III, line 2) Lawrenceburg Main Street, Inc was designated to administer a new housing assistance program funded by the City of Lawrenceburg. The purpose of the program is to stimulate residential growth and revitalize the Livee District area. Purchasers of new housing units(homes, condos, townhouses) in the target area are eligible to receive an incentive of 10% of the purchase price up to \$10,000. In 2009, 3 new home grants were given. addition to 6 more applications were on file as of December 31,2009 awaiting completion of homes under construction.