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Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

2013

OMB No 1545-0047

	iment of the Treasu al Revenue Service	Information about Form 990 and its instructions is at www.irs.gov/form990		Inspection
A F	or the 2013 o	alendar year, or tax year beginning 01/01/2013 , and ending 12/31/20]3		
	heck if applicable	C Name of organization	D Emplo	yer identification number
$\overline{}$	ddress change	Lawrenceburg Main Street, Inc.		
\equiv	•	Doing Business As	7 20	-0456048
□ N	ame change	t'umber and street (or P O box if mail is not delivered to street address) Room/suite	E Telepi	none number
L tn	utial return	118 Walnut Street	81	2-537-4507
	erminated	City or town, state or province, country, and ZIP or foreign postal code	 	
\Box	mended return	Lawrenceburg IN 47025	G Gross red	xeipts \$ 461,990
\equiv		F Name and address of principal officer	G Glossie	
A	pplication pending	Patricia Krider H(a) Is this a	group return for :	subordinates? Yes X No
			ubordinates incl	uded? Yes No
				(see instructions)
	Fau everat status	X 501(c)(3) 501(c) () ◀ (Insert no) 4947(a)(1) or 527		
	Fax-exempt status Website ▼		xemption numbe	
				M State of legal domicile IN
	orm of organization			M State or legal domicile 444
		ummary		
i	•	escribe the organization's mission or most significant activities create a positive atmosphere for downtown Lawrenceburg: recr	uit new	
<u>2</u>		ness, promote community pride, develop economic tools to he		
na		enceburg a better place through our public/private partners		
Ş				
္ပိ		is box > if the organization discontinued its operations or disposed of more than 25% of its net assignment as a fitting and the programment body (Part VIII lead 12)	3	11
OFWActivities & Governance		of voting members of the governing body (Part VI, line 1a)	4	11
Ę.		of independent voting members of the governing body (Part VI, line 1b)	5	34
<u>.</u> .≧		mber of individuals employed in calendar year 2013 (Part V, line 2a)	6	0
		mber of volunteers (estimate if necessary)		0
4		related business revenue from Part VIII, column (C), line 12	7a 7b	0
	b Net unre	lated business taxable income from Form 990-T, line 34		Current Year
	8 Contribu		09,298	
			24,863	27,812
Revenue	•	ent income (Part VIII, column (A), lines 3, 4, and 7d)	3,508	1,302
୍ ଝ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
			37,669	461,990
		and similar amounts paid (Part IX, column (A), lines 1–3)		0
		paid to or for members (Part IX, column (A), line 4)		0
			78,922	80,728
Ses	16a Professi	onal fundraising fees (Part IX, column (A), line 11e)		0
E	b Total fun	onal fundraising fees (Part IX, column (A), line 11e)		
Expenses	17 Other ex	rigenses (Part IX, column (A), lines 11a–11d, 11A-24e)	71,609	454,723
	18 Total ex	penses Add lines 13–17 (must equal Part IX column (A), libe 25)	50,531	
	19 Revenue		12,862	
e o	10 NOVERIDE	Beginning of	Current Year	End of Year
Net Assets or Fund Balances	20 Total as:	sets (Part X, line 16)	84,832	
A Ba	21 Total liat	pilities (Part X, line 26)	2,047	62,558
Fe	22 Net asse	ets or fund balances Subtract line 21 from line 20	82,785	285,421
		ignature Block		
Un	nder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my kn	owledge and belief, it is
tru	e, correct, and o	complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	lge	
		Satura Judu		11-14-2014
Sig	n 🔽	Signature of officer	Date	
Her	1 .	Patricia Krider Officer		
		Type or print name and title		
	Print/Typ	pe preparer's name Preparer's signature Date	Check	r PTIN
Paid	Jodi	L. Lovell Jodi L. Lovell Joli L. Livell 11/14	2/14 self-e	mployed P00471211
Prep	parer Firm's n	mbo Torrell Crown Inc	Firm's EIN	05-0607905
Use	Only	348 Walnut St Ste 201		
		. Lawrengeburg IN 47025-1842	l	812-537-1205

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

Form 990 (20	13) Lawrenceburg M	ain Street, Inc.	20-0456048	Page 2
Part III		Service Accomplishments tains a response or note to an	y line in this Part III	X
To cr busir	ness, promote comm	atmosphere for down nunity pride, devel place through our	op economic tools	to help make
prior F	e organization undertake any signific orm 990 or 990-EZ? "describe these new services on S	ant program services during the year	which were not listed on the	Yes X No
3 Did the service	e organization cease conducting, or	make significant changes in how it cor	nducts, any program	Yes X No
4 Describ	be the organization's program service	ce accomplishments for each of its three organizations are required to report the		
progr Lawre	rams and events to enceburg area. Par act consumers from	292,704 including grants of eet, Inc offers var of attract employers ty in the Street had all over the Tri-	rious business and and consumers to as been a success	the downtown ful program to
programme paint 50% of busing received total for may avail 4c (Code Music inclusion from neight	enceburg Main Street and improvement of the cost for particle of the programmized use propertical of the propertical of the contents of the contents were free of the contents were free of the contents	74,182 including grants of eet, Inc has an act grant programs for as well as, signs aint/facade improve 50% up to \$1,000 for exterior paint argiven 14 grants for awnings. Resider awnings. Resider to the downtown tions were received 73,423 including grants of Lawrenceburg Main by Thursday evenings and well attended and throughout southorthern Kentucky. The residence of the southout southout a raised public and the southout southout a raised public and the southout southout a raised public and the southout southo	cive improvement a commercial and read awnings. Busteents up to \$1,00 or signs and awning adding rowements to exterior improvements were given 22 building improvement area. A \$25,000 di and 4 grants were from mid June to the concerts at the concerts at the series had	esidential facade sinesses are given 0. Similarly, a gs. Residents may their homes. In ments, 8 grants grants. The ent grant program grant was e funded. Revenue \$ 65,296 e series. It mid September. ttracted people well as, built community
(Expe		including grants of \$) (Revenue \$	87,262)
4e Total p	program service expenses	509,684		Form 990 (2013

Part	IV	Checklist	of Require	d Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ł		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u>X</u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			ŀ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		•	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l		٦,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	· · ·	١		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
d	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	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				•
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0	v	
	Schedule D, Parts XI and XII	12a	X	├
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
b	,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		.
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		-
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		х
20~	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
20a h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
IJ	in resitorine zua, uiu the organization attaon a copy of its addited infancial statements to this return.	, 200	Ь	

	1990 (2013) Lawrenceburg Main Street, Inc. 20-0456048		P	age 4
<u> Pa</u>	Checklist of Required Schedules (continued)		1,,	г <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Ii	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States		 	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	İ	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		—	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Ì	
	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		— —	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ļ
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1-12	T	
•	to defease any tax-exempt bonds?	24c		
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			ļ —
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled		[ĺ
	entity or family member of any of these persons? 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	L	X
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 (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	L	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	i
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	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	<u> </u>	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	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		ł	l
	or IV, and Part V, line 1	34	 	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
٥-	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 -	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	1	1

Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

197 Note. All Form 990 filers are required to complete Schedule O

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Part VI

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	—-т		<u></u>
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 22		Yes	No
1a		-	1	
b	Effect the Humber of Common Va 20 monages in mile to Effect of whole applicable	-	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	x	
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			
	otationion, modification of the desired space of th	2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	ŧ	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	100		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
h	If "Yes," enter the name of the foreign country	1		
b	See instructions for 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	1	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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	X
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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.	00		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	1 20		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	Į		
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
b 11	Section 501(c)(12) organizations. Enter	1		
11 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7		
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
٦٨٨		Fo	m 99(0 (2013)

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 Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure IN List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 118 Walnut Street Patricia Krider organization > 812-537-4507 IN 47025 Lawrenceburg

		_	-		-			—			
Form 990 (2013) Lawrence	burg Mair	S	tr	ee	t,	Ir	ıc.	20-045	6048	Page	<u>7</u>
	•	Dire	cto	rs,	Tru	stee	es,	Key Employees, High	nest Compensated E	mployees, and	_
Independent C										<u></u>	
								o any line in this Part \			_
								Compensated Employees			_
1a Complete this table for all perso organization's tax year	•		•		•			,			
 List all of the organization's compensation Enter -0- in columns 	(D), (E), and (F)	f no c	comp	ensa	ation	was	paid	1			
List all of the organization's contact the contact to the con				•				•			
 List the organization's five cu who received reportable compensations organization and any related organization 	ion (Box 5 of Forn	pens n W-:	ated 2 and	emp d/or (oye Box	es (o 7 of F	iner Form	1099-MISC) of more than \$	stee, or key employee) 100,000 from the		
 List all of the organization's for \$100,000 of reportable compensations 	on from the organ	zatio	n an	d an	y rel	ated	orga	nizations			
 List all of the organization's forganization, more than \$10,000 of List persons in the following order in compensated employees, and form 	reportable compei ndividual trustees	nsatio	on fro	om th	ne or	rganı	zatıo	n and any related organizati	ons		
Check this box if neither the org	anization nor any	relate	ed or	rganı	zatio	ns c	omp	ensated any current officer,	director, or trustee		_
(A) Name and Title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	_
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) Patricia Krider			†	1						· -	_
	40.00				ŀ	ł					
Director	0.00	X						47,500	0	(<u>)</u>
(2) Thomas Dewees											
	40.00										
Assistant Director	0.00	X		<u> </u>	ļ		L	25,300	0		<u>)</u>
(3)Mike Rauen											
	1.00			}				_ 1	_		
Board Member	0.00	X		_	╙	<u> </u>	ļ	0	0	(<u>)</u>
(4) Kyle Luebbe							l				
	1.00	1			{				_		_
Board Member	0.00	X	1_	<u> </u>	_	lacksquare	ـــــ	0	0		<u>)</u>
(5) Jared Ewbank											
	1.00								_	,	`
Board Member	0.00	X	┼	↓	ـ		1	0	0	(_

(1) Patricia Krider		1 1	1 1 1 1			
	40.00					_
Director	0.00	X		47,500	0	0
(2) Thomas Dewees						
	40.00					
Assistant Director	0.00	X		25,300	0	0
(3) Mike Rauen						
	1.00					
Board Member	0.00	X		0	0	0
(4) Kyle Luebbe						
	1.00					
Board Member	0.00	X		0	0	0
(5) Jared Ewbank						
	1.00					
Board Member	0.00	x		0	0	0
(6) Joseph Johns						
-	1.00	1 1				
Board Member	0.00	X		0	0	0
(7) Steven Reniham						
	0.00					
Board member	0.00	X		0	0	0
(8) Charles Davis						
•	1.00					
Board Member	0.00	X		0	0	0
(9) Cynthia Nelson						
	1.00					
Board Member	0.00	x		0	0	0
(10) Sue Clark						
	1.00					
Sue Clark	0.00	x		0	0	0
(11)Mark Graver						
• •	1 - 00	1 1				I

1.00 0.00

0

Par		·	stees	s, Ke			yees	, an	d Highest Compensated		1			
	(A) Name and title	(B) (C) Average Position hours per (do not check more than one week box, unless person is both an							(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	•	(list any hours for related	of	ficer a		irecto	r/truste		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensati from the organizati	e on	
		organizations below dotted line)	Individual trustee or director	nstitutional trustee	ær	Key employee	Highest compensated employee	ner				and relate organization		
(12)	John Davis			•			řed.							
Vic	e President	1.00 0.00			x				0	0				0
(13) I	Lee Ann Coates	2.00												
	asurer	0.00	<u> </u>	ļ	X				0	0				0
(14) 🛚	om Brooker	2.00												
	retary	0.00			X		-		0	0				0
(15)														
(16)						-								
(17)														
(18)	<u> </u>													
(19)													·	
1b	Sub-total Sub-total	1	ı		<u> </u>	l	ļ	<u> </u>	72,800					
c d	Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A				>	72,800					
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in		···	. 	
3	Did the organization list any fo employee on line 1a? If "Yes,"								vee, or highest compensated	I		3	Yes	No X
4	For any individual listed on line organization and related organ	1a, is the sum of	f rep	ortat	ole co	omp	ensat	ion	and other compensation from	m the				
5	individual Did any person listed on line 1									leubwit		4		<u> </u>
	for services rendered to the or on B. Independent Contracto	ganization? If "Ye										5		<u> </u>
1	Complete this table for your fiv compensation from the organization	e highest compe	nsate	ed in	depe	nde or the	nt col	ntra	ctors that received more that ryear ending with or within	n \$100,000 of the organization's tax year			-	-
		(A) I business address								(B) stron of services		Com	(C) pensation	on
												<u>.</u>		
_														
	- · · · · · · · · · · · · · · · · · · ·					_					_	ļ		· · · · · ·
2	Total number of independent or received more than \$100,000								e listed above) who	0			. 990	/2015:

20-0456048

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax under sections revenue revenue 512-514 1a Federated campaigns 1a 35 b Membership dues 1b 1c c Fundraising events d Related organizations 1d 370,000 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 62,841 g Noncash contributions included in lines 1a-1f 432,876 h Total. Add lines 1a-1f Program Service Revenue Busn Code 27,812 27,812 Winter Wonderland Income b f All other program service revenue g Total. Add lines 2a-2f ▶ 27,812 Investment income (including dividends, interest, 1,302 1,302 and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps c Rental inc or (loss) \blacktriangleright Net rental income or (loss) Gross amount from (i) Secunties (ii) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses \blacktriangleright c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b All other revenue Total. Add lines 11a-11d 461,990 29,114 0 Total revenue. See instructions

DAA

Form 990 (2013)

Part IX Statement of Functional Expenses

Jecil	on sor(c)(s) and sor(c)(+) organizations must con			- column (7 ty	
)o n	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	72,800	72,800		
7	Other salaries and wages	12,000	72,000		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,928	7,928		
11	Fees for services (non-employees)				
	Management				
	Legal				
С	Accounting	9,617		9,617	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				· -···
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	500		500	
12	Advertising and promotion	3,126	3,126	4 770	
13	Office expenses	5,676	898	4,778	
14	Information technology	662	530	132	
15	Royalties	12,837	2,749	10,088	
16	Occupancy	12,637	2,143	10,088	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,855	3,855		
20	Interest		-,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,072	1,072		-
23	Insurance	3,258	2,606	652	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column	#		1	
	(A) amount, list line 24e expenses on Schedule O)				
а	_	343,992	343,992		
b	Winter Wonderland Expense	69,375	69,375		
С	Dues & Subscriptions	753	753		
d					
е	All other expenses	E2E 4E1	E00 604	25 767	
25	Total functional expenses Add lines 1 through 24e	535,451	509,684	25,767	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest bearing 382,914 328,812 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 3,000 1,350 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 21,952 10a other basis Complete Part VI of Schedule D 5,785 568 16,167 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 347,979 384,832 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 59,371 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 2,047 3,187 25 of Schedule D 2,047 26 62,558 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 79,203 64,762 27 Unrestricted net assets 303,582 220,659 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 382,785 285,421 33 33 Total net assets or fund balances 384,832 347,979 Total liabilities and net assets/fund balances

orm	990 (2013) Lawrenceburg Main Street, Inc. 20-0456048			Pa	age 12
Pa	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			990
2	Total expenses (must equal Part IX, column (A), line 25)	2			451
3	Revenue less expenses Subtract line 2 from line 1	3			461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		382 <i>,</i>	785
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-23,	903
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		285,	421
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				1
	X Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both				ł
	X Separate basis Consolidated basis Both consolidated and separate basis				1
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?		20		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				İ
	the Single Audit Act and OMB Circular A-133?			4	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3t		
			1	om 99	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ov/form990. Insp

		•	Lawrenceburg	Main	Street, I	nc.				20-	045	6048			
P	art I	Reaso	on for Public Charity S	Status (A	All organizations	must cor	nplete t	his par	t) See	ınstru	uctions	3			
The	orgar	nization is not a	private foundation because	ıtıs (Forlı	nes 1 through 11, ch	eck only on	e box)								
1		A church, con	vention of churches, or associ	ciation of c	hurches described in	section 1	70(b)(1)(<i>f</i>	۸)(i).							
2		A school desc	ribed in section 170(b)(1)(A)(iı). (Attac	ch Schedule E)										
3		A hospital or a	a cooperative hospital service	organizati	on described in sect	tion 170(b)	(1)(A)(iii).								
4		A medical res	earch organization operated i	ın conjunct	ion with a hospital de	escribed in a	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's nan	ne,		
		city, and state													
5		An organization	on operated for the benefit of	a college o	or university owned o	r operated	by a gove	rnmenta	l unit de:	scribed	ın				
		section 170(b)(1)(A)(iv). (Complete Part I	l)											
6		A federal, stat	e, or local government or gov	/ernmental	l unit described in se	ction 170(l	o)(1)(A)(v).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)													
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	X	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
			activities related to its exemp								ıts				
			gross investment income and					1 tax) fr	om busır	nesses					
			ne organization after June 30,												
10		•	on organized and operated ex	•		-				. 41					
11			on organized and operated ex								tion				
			ne or more publicly supported								uon				
			eck the box that describes the		Type III–Function			۱۱۱ ۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱	_		n functi	onally in	tonrate	٦d	
_		a Type	I	_ ⊃ .a. conteste	<i>^</i> ''	, ,		or more				oriany in	icgraic	.u	
е	Ш		indation managers and other												
		or section 509		than one c	more publicly supp	once organ			000.		~/(· /				
f			ation received a written deterr	mination fro	om the IRS that it is a	a Type I. Ty	pe II. or T	vpe III s	upportine	a					
٠			check this box			, p , . ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•					
g			17, 2006, has the organization	n accepte	d any gift or contribu	tion from ar	ny of the								السسا
9		following per		•			•								
			who directly or indirectly con	itrols, eithe	er alone or together w	vith persons	describe	d ın (ıı) a	ind					Yes	No
		(III) belov	v, the governing body of the s	supported o	organization?								11g(ı)		
		(ii) A family	member of a person describe	ed in (i) abo	ove?								11g(II)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in	(ı) or (ıı) above?								11g(iii)		
h		Provide the f	ollowing information about the	e supporte	d organization(s)	Ţ				,					
	(i) Nam	e of supported	(ii) EIN		Type of organization	(iv) Is the c	-	(v) Did y			s the	(vii) A	Amount o		агу
	org	ganization		•	scnbed on lines 1–9 ove or IRC section		sted in your document?	col (I)	ization in of your	organizat (i) organi			supp	oπ	
					ee Instructions))			sup	ort?	U	S?				
						Yes	No	Yes	No	Yes	No				
(A)															
															
(B)															
<u>~</u>					- -										
(C)															
(D)										<u> </u>					
							<u> </u>								
(E)]						1					
_					,	<u> </u>				 					
						1									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 on line 1 that exceeds 2% of the amount shown on line 11, column (f)		######################################					
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	Ĺ		<u> </u>	<u> </u>			
12	Gross receipts from related activities, etc. (12		
13	First five years. If the Form 990 is for the o	organization's first,	second, third, four	h, or fifth tax year	as a section 501(c)	(3)	. —	
	organization, check this box and stop here		 				<u> </u>	
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2013 (line 6,			(f))		14	<u>%</u>	
15	Public support percentage from 2012 Scher				1/00/	15	%_	
16a	33 1/3% support test—2013. If the organi				1/3% or more, cne	CK this	. .	
	box and stop here. The organization qualif				10 22 1/20/ or more			
b	33 1/3% support test—2012. If the organic				18 33 1/3% OF HIGH	,	▶ □	
47-	check this box and stop here . The organiz				or 16h and line 1	4.16		
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	· · · · · · · · · · · · · · · · · · ·	is-and-circumstan	ices lest the orga	ilization qualifies a	s a publicly support	eu	▶ □	
b	organization	2 If the organizati	on did not check a	hay an line 13 16s	16h or 17a and I	IDA		
D	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.							
	Explain in Part IV how the organization mee					elv.		
	supported organization	no trie Tacto-arto-(Circumstances test	THE OTGATILLAROTT	qualifice as a public	~'J	•	
18	Private foundation. If the organization did	not check a hovio	n line 13 162 16h	17a or 17h check	k this box and see			
10		not check a box o		, 01 770, 01100	DON WING DOC		▶ □	
	instructions		. ,					

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		_				
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	636,045	315,221	438,656	409,298	432,876	2,232,096
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		13,120	23,089	28,371	27,847	92,427
3	Gross receipts from activities that are not an unrelated trade or business under section 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	636,045	328,341	461,745	437,669	460,723	2,324,523
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)	<u> </u>					2,324,523
	tion B. Total Support	() 0000	#110040 T	(-) 0044	(4) 0040	(-) 0040	40 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	636,045	328,341	461,745	437,669	460,723	2,324,523
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,449	7,928	4,492	3,508	1,302	31,679
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	14,449	7,928	4,492	3,508	1,302	31,679
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)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	650,494	336,269	466,237	441,177	462,025	2,356,202
14	First five years. If the Form 990 is for the o		econd, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	. □
<u></u>	organization, check this box and stop here						
	tion C. Computation of Public Su					45	22 55 %
15	Public support percentage for 2013 (line 8,	` '	•	1))		15	98.66%
16 Sec	Public support percentage from 2012 Scherical D. Computation of Investme					10	98.52%
17	Investment income percentage for 2013 (Iir			olumn (f))		17	1 %
18	Investment income percentage from 2012 S			5,6,,,,		18	1 %
19a				4, and line 15 is mo	ore than 33 1/3%. a		
b	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						▶ X
J	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did	="					▶

Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

L	awrenceburg Main Street, Inc.		20-0	456048			
_	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.						
	<u> </u>	(a) Donor advised funds	(1) Funds and other accounts			
1	Total number at end of year			<u></u>			
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 t	he assets held in donor advised					
	funds are the organization's property, subject to the organization's exclus			Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in w	-					
•	only for charitable purposes and not for the benefit of the donor or donor						
	conferring impermissible private benefit?			Yes No_			
Pε	art II Conservation Easements.						
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 7					
1	Purpose(s) of conservation easements held by the organization (check a	II that apply)		- 			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impor	tant land	area			
	Protection of natural habitat	Preservation of a certified historic st	ructure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservatio	n				
	easement on the last day of the tax year			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic structure include	ded in (a)	2c				
đ	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a]				
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released, extil	nguished, or terminated by the organization d	uring the	•			
	tax year ▶						
4	Number of states where property subject to conservation easement is lo						
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of		п, п.			
	violations, and enforcement of the conservation easements it holds?			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year					
	•						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year					
_							
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(f)(4)(b)		Yes No			
	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easemel	ete in its revenue and expense statement, an	a	1c3 1t0			
9	balance sheet, and include, if applicable, the text of the footnote to the o						
	organization's accounting for conservation easements	gameadon o manda otalomente mai accom					
P:	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar A	ssets.			
•	Complete if the organization answered "Yes" to F						
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	to report in its revenue statement and balance	ce sheet				
	works of art, historical treasures, or other similar assets held for public e						
	public service, provide, in Part XIII, the text of the footnote to its financial						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		heet				
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherand	e of				
	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 o	other similar assets for financial gain, provide	the				
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items					
а	Revenues included in Form 990, Part VIII, line 1		•	\$			
_				_			

chec		burg Main S					456048	Page 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Hist	orical Tr	easures, o	r Other	Similar Asse	ets (continued)
	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other records,	check any	of the follow	ing that are a	significan	t use of its	
а	Public exhibition	d 🗍	Loan or ex	change prog	grams			
b	Scholarly research	e 🗍	Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain h	now they fu	rther the org	anızatıon's ex	empt purp	ose in Part	
	XIII	·	-					
5	During the year, did the organization solicit o	r receive donations of	art, historic	al treasures	, or other simi	lar		
	assets to be sold to raise funds rather than to							Yes No
Pa	rt IV Escrow and Custodial Ar					-		
	Complete if the organization	n answered "Yes'	" to Form	990, Par	t IV, line 9,	or repo	rted an amou	nt on Form
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contr	ibutions or o	ther assets no	ot		
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table					
		·	-					Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
	Did the organization include an amount on F	orm 990, Part X, line 2	21?					Yes No
	If "Yes," explain the arrangement in Part XIII			s been prov	ided in Part X	Ш		
	rt V Endowment Funds.							
	Complete if the organization	n answered "Yes	" to Form	990, Par	t IV, line 10)		
		(a) Current year		Pnor year	(c) Two yea		(d) Three years b	ack (e) Four years back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and	· -						
•	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
•	programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, co	lumn (a)) he	eld as			
	Board designated or quasi-endowment ▶	%	, ,	, ,,				
	Permanent endowment ▶ %)						
	Temporarily restricted endowment ▶	%						
_	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%						
3a	Are there endowment funds not in the posse		ion that are	held and ad	Iministered fo	the		
	organization by	•						Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" to 3a(ii), are the related organization	is listed as required on	Schedule	R۶				3b
4	Describe in Part XIII the intended uses of the	e organization's endov	vment fund:	S				
Pa	ert VI Land, Buildings, and Equ	uipment.						
	Complete if the organization	on answered "Yes	" to Form	1990, Par	t IV, line 1	la See	Form 990, Pa	art X, line 10.
	Description of property	(a) Cost or other	basis	(b) Cost or	other basis	(c)	Accumulated	(d) Book value
		(investment)	(oth	ner)	d	epreciation	
1a	Land							
b	Buildings							<u> </u>
С	Leasehold improvements						·	
d	Equipment				21,952		5,785	16,167
е	Other							
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10(c	:))		<u> </u>	16,167

DAA

Part VII	Investments—Other Securities.	F 000 D / 11 / 11	441 0 . 5
	Complete if the organization answered "Yes" to		
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial d			
(2) Closely-he	ld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments—Program Related.		
•	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		-	
(7)			
(8)			
(9)	(h) and Farm 2000 Part V and (R) has 12)		
******	n (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets.	Form 000 Part IV line	11d See Form 990 Part Y line 15
	Complete if the organization answered "Yes" to	FORM 990, Part IV, line	(b) Book value
	(a) Description		(b) Book Value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)		<u></u>	
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)	<u>-</u>	<u> </u>
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f See Form 990, Part X,
	line 25		
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
	oll Withholdings	3,187	
(3)			
(4)			
(5)			
(6)		-	
(7)			
(9)		2 107	
	n (b) must equal Form 990, Part X, col (B) line 25) ▶	3,187	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fool	tnote to the organization's finan	cial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

che	dule D (Form 990) 2013 Lawrenceburg Main Street, In	c. 20-045604	8	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" to Form 990, F	art IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	461,990
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1	
C	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	461,990
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 XIII)	4b		
С	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	461,990
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per R	eturn	۱.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	535,451
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	535,451
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	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information

535,451

^{2,} Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

Lawrenceburg Main Street, Inc.

Employer identification number 20-0456048

Form 990, Part III, Line 4d - All Other Accomplishment

The Winter Wonderland Program offers various events and activities during
the holiday season including ice skating.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Board members are elected at the annual meeting

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Transfer of conrete fund cash on January 1, 2013 to account payable