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# MAINSTREET

Form

Department of the Treasury

For Paperwork Reduction Act Notice, see the separate instructions. DAA

## 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
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014 Open to Public Inspection

- Intern	ai (tovorido c	information about Form 990 and its instructions is at www.iis.	101/101/11000		
		14 calendar year, or tax year beginning , and ending			
<b>B</b> 0	heck if applic	ble C Name of organization		D Employer	identification number
	Address chang	LAWRENCEBURG MAIN STREET, INC.			
Ħ,		Doing business as			456048
r	lame change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
1 1	nıtıal return	118 WALNUT STREET		812-	537-4507
	ınal return/	City or town, state or province, country, and ZIP or foreign postal code			
	erminated	LAWRENCEBURG IN 47025		<b>G</b> Gross rece	ipts \$ 439,341
	Amended retu				
$\Box$	Application pe		H(a) Is this a gro	up return for su	bordinates? Yes X No
ω,	фриоавоп ро		H(b) Are all sub	andinates includ	ted? Yes No
		118 WALNUT STREET	1 ' '		
		LAWRENCEBURG IN 47025	] IT NO,	attach a list (	see instructions)
1	Tax-exempt s	tatus X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	_		
	Website:	WWW.THINKLAWRENCEBURG.COM	H(c) Group exe	mption number	<b>&gt;</b>
	Form of organ		ear of formation 1	997	M State of legal domicile IN
	******				
	art I	Summary			
	1 Brie	fly describe the organization's mission or most significant activities			
ø		O CREATE A POSITIVE ATMOSPHERE FOR DOWNTOWN LAWRENCEBUR			
anc	E	USINESS, PROMOTE COMMUNITY PRIDE, DEVELOP ECONOMIC TOOL	S TO HEL	P MAKE	
ű	I	AWRENCEBURG A BETTER PLACE THROUGH OUR PUBLIC/PRIVATE P	ARTNERSH:	IP.	
Š		ck this box if the organization discontinued its operations or disposed of more than 25%			
ၓ				3	0
ಶ		nber of voting members of the governing body (Part VI, line 1a)			0
<u>ie</u> s		nber of independent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	5 Tot	al number of individuals employed in calendar year 2014 (Part V, line 2a)		5	36
ţ	6 Tot	al number of volunteers (estimate if necessary)		6	0
•	7a Tot	al unrelated business revenue from Part VIII, column (C), line 12		7a	0
		unrelated business taxable income from Form 990-T, line 34		7b	0
	<u> </u>	direction bearings taken institutions and the second secon	Prior Ye	ar	Current Year
	8 Co	itributions and grants (Part VIII, line 1h)	43	2,876	408,156
Revenue	4	gram service revenue (Part VIII, line 2g)	2	7,812	30,237
ē	1			1,302	948
è	1	estment income (Part VIII, column (A), lines 3, 4, and 7d)		1,302	0
_		er revenue (Part VIII, column (A), lines <u>5</u> , 6d, 8c, 9c, 10c, and 11e).	1.0	1 000	
	<b>12</b> Tot	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46	1,990	439,341
S)	13 Gra	nts and similar amounts paid (Part IX, column (A), lines 1–3)			10,000
DENNAUS penses	14 Bei	efits paid to or for members (Part IX, column (A), line 4)			0
₽	1	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8	0,728	80,592
<b>€</b> §					0
mä	E .	fessional fundraising fees (Part IX, column (A), line 11e)			
	1	arrandiang expenses (var. b., estam. (=),	4 5	4 722	399,487
		er expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,723	
DEC	18 Tot	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25) CENE		5,451	490,079
	l 19 Re	renue less expenses Subtract line 18 from line 12		3,461	-50,738
<u></u>			Beginning of Cu		End of Year
C.S. E.	<b>20</b> Tot	al assets (Part X, line 16)  Al liabilities (Part X, line 26)		7,979	288,463
		al liabilities (Part X, line 26)	6	2,558	53,780
	1	assets or fund balances Subtract line 21 from line 20	28	5,421	234,683
<u> u</u>	art II	Signature Block			
			to and to the be	ot of my line	udadae and ballof it in
Ü	nder penal	ies of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	ito, and to the be as any knowledo.	агогину кло е	wieuge and beiler, it is
	ue, correct	and complete trecharation of preparer (other than other) is based on all information of which preparer he		-	1 6 > > -
		James Jude			1-3-005
Sig	an	Signature of officer		Date	
He	-	PATRICIA KRIDER OFFICE	ER		
	-	Type or print name and title			
			Date	Check	r PTIN
Pai	ایما	Code f. Twee	11/5//	setf-em	LJ"
	Ľ	ODI L. LOVELL JOHN INC.		1	
		m's name THE LOVELL GROUP, INC		Firm's EIN	05-0607905
Use	e Only	348 WALNUT ST STE 201			
		mm's address LAWRENCEBURG, IN 47025-1842		Phone no	812-537-1205
Ma		discuss this return with the preparer shown above? (see instructions)			Yes No

Form 990 (2014)

4d Other program services (Describe in Schedule O )
(Expenses \$ 182,829 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 460,675

	990 (2014) LAWRENCEBURG MAIN STREET, INC. 20-0456048		Р	age .
Pa	art IV Checklist of Required Schedules		<b>V</b>	
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	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)	<u> </u>		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 98-19? 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		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		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		X
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	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			l
	VII, VIII, IX, or X as applicable			ŧ
а				l
	complete Schedule D, Part VI	11a	X	₩
þ	· · · · · · · · · · · · · · · · · · ·			.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	· · · · · · · · · · · · · · · · · · ·			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	· · · · · · · · · · · · · · · · · · ·			x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	┝▀
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<del> </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>'''</del>	<u> </u>	
12a	Schedule D, Parts XI and XII	12a	x	
ь.	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		<del>                                     </del>
D	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	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		_	<u> </u>
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u></u>	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?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

P	Checklist of Required Schedules (continued)		·····	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on		l	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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			
	employees? If "Yes," complete Schedule J	_23_	ļ	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			
	through 24d and complete Schedule K If "No," go to line 25a	24a	<b>└</b>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	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	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ì		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ì		
	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 "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 employee thereof, a grant selection committee member, or to a 35% controlled			
	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		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	<u></u>	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,			
	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,			
	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)?	3 <u>5</u> a		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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u></u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O	38		Х

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			igcup
		f	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 23			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ī
_	reportable gaming (gambling) winnings to prize winners?	1c	X	ļ
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 36			•
	,		x	ŧ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	▙
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<del> </del>	^
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-	$\vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		x
	account)?	<u>4a</u>		1
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			•
<b>-</b> -	(FBAR)	E-0		x
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any toyable party neglection are prohibited tax shelter transaction?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	+	-
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	1	
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6Ь	1	1
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ŧ
_	and services provided to the payor?	7a		Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	1	ļ
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	Ī
f		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	17 <b>7g</b>		
h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring 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			I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter.			1
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			I
	against amounts due or received from them )			ŧ
12a		12a	<del> </del>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  [12b]			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<del> </del>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O			I
b				
_	the organization is licensed to issue qualified health plans  [3b]			1
C	Enter the amount of reserves on hand  Did the experience cover any payments for indeer tapping convers during the tax year?	144		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	+	<del>  ^</del>
O	ii 165, nas il lieu a fonn 720 to report (nese payments / ii No, provide an explanation in Schedule U	140	1	1

PATRICIA KRIDER LAWRENCEBURG

DAA

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes No 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 1b Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 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? 6 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 Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 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 with a taxable entity during the year? 16a 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 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) 18 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 20 State the name, address, and telephone number of the person who possesses the organization's books and records >

118 WALNUT STREET

IN 47025

812-537-4507

orm 000 (2014)	LAWRENCEBURG	MATN	STREET	TNC
orm 990 (2014)	TEMPETICEDOVG	T-TC-2 T-T-1	SIRBEI,	<b>T11</b> C.

20-0456048

age 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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
- 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, if any 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

🗶 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one poox, unless person is both an officer and a director/trustee)			(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	Eomer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PATRICIA KRIDER										
DIDUCTION	0.00	x					l	0	o	o
DIRECTOR (2) THOMAS DEWEES	0.00	┲				++	$\dashv$	<u> </u>		<u> </u>
(2) THOMAS DEWELLS	0.00									
ASSISTANT DIRECTOR	0.00	x						0	0	0
(3) MIKE RAUEN							一			
. ,	0.00									
BOARD MEMBER	0.00	X					_	0	0	0
(4) KYLE LUEBBE		1								
	0.00									
BOARD MEMBER	0.00	X	-	<u> </u>	-	<b>├</b>		0	0	0
(5) JARED EWBANK	0.00				ŀ					
	0.00	x			ĺ			0	o	o
BOARD MEMBER (6) JOSEPH JOHNS	0.00	╇				$\vdash$	$\dashv$		0	<u> </u>
(6) JUSEPH JOHNS	0.00									
BOARD MEMBER	0.00	x						o	o	0
(7) STEVEN RENIHAM	-	1					┪			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00									
BOARD MEMBER	0.00	X						0	0	0
(8) CHARLES DAVIS										
	0.00	1						_	_	_
BOARD MEMBER	0.00	X	ļ					0	0	0
(9) CYNTHIA NELSON										
	0.00							o		
BOARD MEMBER (10) SUE CLARK	0.00	X	-	-		$\vdash$	-	0	0	0
(10) SOE CLARK	0.00									
BOARD MEMBER	0.00	x						o	o	0
(11) MARK GRAVER		† <del></del>				+ +				
(,=====	0.00									
PRESIDENT	0.00	L	L	X				0	0	0
DAA										Form <b>990</b> (2014)

DAA

Form **990** (2014)

Part VII Section A. Officers	, Directors, Trus	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 110	y L-1	iipic	yees	, an	id riigilest Compensated	Employees (commeca)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unte	Pos check ess pe	more rson i	than or s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(	(F) Estima amoun othe compens	t of r ation	
	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 ti organiza and rela organiza	ition ited	
(12) JOHN DAVIS	0.00							0	0				
VICE PRESIDENT	0.00		-	X				0	0	<del> </del>			0
(13) LEE ANN COATES TREASURER	0.00			x	į			o	0	0			0
(14) TOM BROOKER													
	0.00			ļ 					_				_
SECRETARY	0.00_		_	X	ļ			0	0	<del> </del>			0
(15)													
(16)													
(17)													
(18)			-			<u> </u>						<del> </del>	
(19)													
1b Sub-total c Total from continuation she	ets to Part VII 9	ectio	n Δ	<b>!</b>	L _	<u> </u>	<b>&gt;</b>						
d Total (add lines 1b and 1c)	cts to rait vii, c		,,.				<b>•</b>			<u> </u>			
Total number of individuals (in reportable compensation from			to th	ose	liste	d abo	ve)	who received more than \$1	00,000 of			V I	N-
3 Did the organization list any fo	rmer officer, dire	ctor,	or tr	uste	e, ke	y em	ploy	ee, or highest compensated	1		3	Yes	No X
employee on line 1a? If "Yes,"  For any individual listed on line organization and related organ	e 1a, is the sum of	f rep	ortat	ole co	omp	ensat	ion	and other compensation from	m the		ŭ		
ındıvıdual									dwadual		4		X
5 Did any person listed on line 1 for services rendered to the or	ganization? If "Ye	es," c	omp	lete :	Sche	dule	J fo	r such person			5		х
Section B. Independent Contractor  1 Complete this table for your five		neate	ad in	dene	nde	nt co	ntra	ctors that received more tha	n \$100 000 of				
compensation from the organi	zation Report co	mper	nsatı	on fo	r the	cale	nda	r year ending with or within	the organization's tax year (B)			(C)	
Name and	(A) d business address						╁	Descrip	otion of services		Co	(C) mpensati	on
							L						
												_	
2 Total number of independent of received more than \$100,000								e listed above) who	0				

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues	1a 1b		4,160				
P,C	С	Fundraising events	1c			1		1	
뜷핆	d	Related organizations	1d			1		1	
S, E	е	Government grants (contributions)	1e		350,000			1	
<u>50</u>	f	All other contributions, gifts, grants,				1		1	
温		and similar amounts not included above	1f		53,996	1		1	
풀히	g	Noncash contributions included in lines 1a-				1			
등립	•	Total. Add lines 1a-1f			▶ [	408,156			
<u>o</u>					Busn Code		.,		
ᇹ	2a	WINTER WONDERLAND I	NCOME			30,237	30,237		
اچ	b	WINTER WORDERLEUD I							<del></del>
8	-								
اچَ	C								
S	d								
틸	e	AN 41			<del></del>				
Program Service Revenue		All other program service rever	nue		-	30,237	l.		
-		Total. Add lines 2a-2f			<b>•</b>	30,237	T		······································
	3	Investment income (including of	liviaenas	s, interes	ι,	948	948		
i		and other similar amounts)				340	340		
	4	Income from investment of tax-	-exempt	bond pro	ceeds 🕨 📙			··············	
	5	Royalties							
		(ı) Real		(u) F	Personal	1			
	6a	Gross rents							
1	b	Less rental exps							
	С	Rental inc or (loss)				1			
	d	Net rental income or (loss)			<u> </u>				
	7a	Gross amount from sales of assets (i) Secunties		(11)	Other	1			
		other than inventory				1	1		
	b	Less cost or other				<u> </u>			
		basis & sales exps							
	С	Gain or (loss)				<b>I</b>			
	d	Net gain or (loss)			<b>•</b>				,
•	8a	Gross income from fundraising eve	nts			1			
ž		(not including \$				1			
eve		of contributions reported on line 1c	)			1			
Ř		See Part IV, line 18	a			1			
Other Revenue	b	Less direct expenses	ь			1			
0	С	Net income or (loss) from fund	raising e	events	<b>•</b>				
	9a	Gross income from gaming activities	es			1			
		See Part IV, line 19	a	_		1			
	ь	Less direct expenses	ь			1			
	c	Net income or (loss) from gam	ing activ	rities	<b>&gt;</b>				
		Gross sales of inventory, less	ſ						
		returns and allowances	a			1			
	ь	Less cost of goods sold	ь						
		Net income or (loss) from sale	s of inve	entory	<b>&gt;</b>	. 1			
	Ť	Miscellaneous Revenue			Busn Code				
	11a								
	Ь								
	C								
	ا ا	All other revenue							
	e	Total. Add lines 11a-11d			<b>&gt;</b>				
	1	Total revenue. See instruction	ns		_ ▶	439,341	31,185	0	0

Part IX Statement of Functional Expenses

Secui	Check if Schedule O contains a respon			e column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	71,800	71,800		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.700	0.700	_	
10	Payroll taxes	8,792	8,792		
11	Fees for services (non-employees)				
a	Management	1,487		1,487	. <del></del>
ь	Legal	9,394		9,394	
C	Accounting	9,394		9,394	
d	Lobbying		-		<del></del>
_	Professional fundraising services See Part IV, line 17 Investment management fees		<u> </u>		
f	· · · · · · · · · · · · · · · · · · ·				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	114,765	114,765	· · · · · · · · · · · · · · · · · · ·	·
13	Office expenses	4,919	992	3,927	
14	Information technology	435	435		
15	Royalties				
16	Occupancy	15,034	3,178	11,856	
17	Travel		,	,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,568	2,568		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,259	2,259		
23	Insurance	3,226	3,226		
24	Other expenses Itemize expenses not covered	1		1	
	above (List miscellaneous expenses in line 24e If	1			
	line 24e amount exceeds 10% of line 25, column	<b> </b>			
	(A) amount, list line 24e expenses on Schedule O)	170 400	175 600	0.740	
а	PROGRAM SERVICES	178,423	175,683	2,740	
b	WINTER WONDERLAND EXPENSE	66,006	66,006		
C	DUES & SUBSCRIPTIONS	971	971		
d	<u></u>				
e	All other expenses	400 070	460,675	20 404	
25	Total functional expenses. Add lines 1 through 24e	490,079	400,075	29,404	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 SOR 28 2 (ASC 958 720)				

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest bearing 328,812 2 272,037 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 6 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 3,000 750 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 23,721 10a other basis Complete Part VI of Schedule D 16,167 8,045 15,676 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 347,979 288,463 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 49,706 59,371 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 4,074 3,187 25 of Schedule D 62,558 26 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 64,762 66,934 27 27 Unrestricted net assets 167,749 220,659 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 285,421 234,683 33 Total net assets or fund balances 33 347,979 288,463 Total liabilities and net assets/fund balances 34

Form 990 (2014)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2014)

### **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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAWRENCERIRG MAIN STREET TNC Employer Identification number 20-0456049

_			THMENCEDONG	MAIN SIREEI, IN	<b>.</b>		20-043	0040					
P	art I	Reas	on for Public Charity	Status (All organizations n	nust co	mplete i	this part.) See instruction	S					
he	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, chec	ck only or	e box )							
1	$\bigcap$	A church, con	vention of churches, or asso	ciation of churches described in s	section 1	70(b)(1)(	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E)									
3	П			e organization described in section	on 170(b)	(1)(A)(iii)							
4	$\sqcap$	•	•	in conjunction with a hospital des				utal's name,					
	_	city, and state											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
•	ш	section 170(b)(1)(A)(iv). (Complete Part II )											
6													
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
		•	section 170(b)(1)(A)(vi). (Co	· · · · · · · · · · · · · · · · · · ·	<b>3</b>								
8					)								
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
Ť		•	•	ot functions—subject to certain ex			•						
		•	•	unrelated business taxable inco	-								
		• •	-	1975 See section 509(a)(2). (0			, , , , , , , , , , , , , , , , , , , ,						
10		•	<del>-</del>	clusively to test for public safety			a)(4).						
11	H	•	•	clusively for the benefit of, to per		•	• • •	of					
	<u></u>	•	•	ins described in section 509(a)(1			•						
		the box in line	s 11a through 11d that descr	bes the type of supporting organ	ization ar	d comple	te lines 11e, 11f, and 11g						
а		Type I. A sup	porting organization operated	d, supervised, or controlled by its	supported	d organiza	ation(s), typically by giving						
		• •		regularly appoint or elect a majo									
			You must complete Part IV		-		· · ·						
b		Type II. A sur	oporting organization supervis	sed or controlled in connection wi	th its sup	ported org	ganization(s), by having						
		control or mai	nagement of the supporting of	rganization vested in the same p	ersons th	at control	or manage the supported						
			s) You must complete Part										
С		Type III func	tionally integrated. A suppo	rting organization operated in cor	nnection v	vith, and t	unctionally integrated with,						
		its supported	organization(s) (see instruction	ons) You must complete Part I	V, Sectio	ns A, D,	and E.						
d		Type III non-	functionally integrated. A s	upporting organization operated i	n connec	tion with i	ts supported organization(s)						
		that is not fun	ctionally integrated. The orga	nization generally must satisfy a	distributio	n require	ment and an attentiveness						
		requirement (	see instructions) You must	complete Part IV, Sections A a	nd D, and	d Part V.							
е		Check this bo	x if the organization received	a written determination from the	IRS that i	t is a Typ	e I, Type II, Type III						
		functionally in	tegrated, or Type III non-fund	ctionally integrated supporting org	anızatıon								
f	Ent	er the number	of supported organizations										
g	Рго	vide the follow	ing information about the sup	ported organization(s)				· · · · · · · · · · · · · · · · · · ·					
(	-	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary	(vi) Amount of					
	org	ganization		(described on lines 1–9 above or IRC section	1	r governing ment?	support (see instructions)	other support (see instructions)					
				(see instructions))			monactions,	in sa dodono,					
					Yes	No							
(A)													
(B)													
							_	· .					
(C)													
יחי													
(D)													
(E)								<del>                                     </del>					
·-/													
							· -						
Tota	ı												

Pa	rt II Support Schedule for Or	ganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and 1	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.)											
		fails to qualify	under the tests	listed below, p	lease complete	Part III)						
	tion A. Public Support		_		_							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(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											
	tion B. Total Support	<u> </u>	<del>*************************************</del>	<u> </u>	<u>.                                    </u>	·						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total				
7	Amounts from line 4							<u>-</u> -				
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 carned on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)											
11 12	Total support. Add lines 7 through 10		<u> </u>		<u> </u>	L	12	·				
13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the c		cocond third four	h or fifth tay year	oc a cootion 501/o\/	2)	12					
13	organization, check this box and stop here	•	secona, tilia, toatt	ii, oi iiitti tax year a	is a section our (c)(	,3)		▶ □				
Sec	tion C. Computation of Public Su		age									
14	Public support percentage for 2014 (line 6,			'ብ\		···	14	%				
15	Public support percentage from 2013 Sched			.,,			15	%				
16a	33 1/3% support test—2014. If the organiz			and line 14 is 33	1/3% or more, chec	ck this						
	box and stop here. The organization qualifi							▶ □				
b	33 1/3% support test—2013. If the organiz				ıs 33 1/3% or more			ليا ٠				
	check this box and stop here. The organiza					•		<b>&gt;</b> [				
17a	10%-facts-and-circumstances test—201	•		•	, or 16b, and line 14	1 is						
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, cl	neck this box and s	top here. Explain i	n						
	Part VI how the organization meets the "fac				•							
	organization							▶ 🗍				
b	10%-facts-and-circumstances test—201	3. If the organization	on did not check a t	oox on line 13, 16a	, 16b, or 17a, and li	ne						
	15 is 10% or more, and if the organization in	neets the "facts-and	d-circumstances" te	est, check this box	and stop here.							
	Explain in Part VI how the organization mee	ts the "facts-and-c	rcumstances" test	The organization of	qualifies as a public	ly						
	supported organization							▶ [				
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see							
	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.)

	tion A. Public Support	7					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	( <b>b</b> ) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	315,221	438,656	409,298	432,876	423,393	2,019,444
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	19,160	111,587
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	328,341	461,745	437,669	460,723	442,553	2,131,031
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						<del></del>
8	Public support (Subtract line 7c from						
	line 6)	<u> </u>				L.	2,131,031
	etion B. Total Support	(1) 2010	(1) 0044	4.3.0040	( N 2010 T		40 =
	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	328,341	461,745	437,669	460,723	442,553	2,131,031
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,928	4,492	3,508	1,302	948	18,178
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975						
С	Add lines 10a and 10b	7,928	4,492	3,508	1,302	948	18,178
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 VI)						
13	Total support. (Add lines 9, 10c, 11,	i					
	and 12)	336,269	466,237	441,177	462,025	443,501	2,149,209
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)		▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ige		<u> </u>		
15	Public support percentage for 2014 (line 8,	column (f) divided by	y line 13, column (f	))		15	99.15%
<u>16</u>	Public support percentage from 2013 Sche					16	98.66%
<u>Sec</u>	tion D. Computation of Investme	<u>nt Income Perc</u>	entage				
17	Investment income percentage for 2014 (lin			lumn (f))		17	1 %
18	Investment income percentage from 2013					18	1 %
19a	33 1/3% support tests—2014. If the organ						·
b	17 is not more than 33 1/3%, check this both 33 1/3% support tests—2013. If the organ				•		► X
	line 18 is not more than 33 1/3%, check this			•		•	▶ □
20	Private foundation If the organization did	•	•				

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations	<u> </u>		
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	[ 1 ]		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	اءا		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	6		
′	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	\ <u>-</u>		
•	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	l	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	İ	•
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings )	10ь		

Page 4

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>secti</u>	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
ecti	on D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Socti	supported organizations played in this regard on E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
1	The organization satisfied the Activities Test. Complete line 2 below			
a b	The organization satisfied the Activities rest. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization strie parent of each or its supported organizations. Complete line of below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	١		
·	The organization supported a governmental entity beschibe in 1 art 17 now you supported a government entity (see motivations	,		
2 4	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
				-

8

1 2

3

4 5

eme	erge	ency temporary reduction (see instructions)	6	
7		Check here if the current year is the organization's first as a non-functionally-integrated Type	e III su	pporting organization (see
		instructions)		

Schedule A (Form 990 or 990-EZ) 2014

**Current Year** 

8

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

Parl	Y Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizati	ons (continued)	r age r
Secti	on D - Distributions	_		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	s		
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI) See instructions			<del> </del>
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014		ı	
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
<u>b</u>			***************************************	
С				
<u>d</u>				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	
<u>C</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)	<u> </u>		
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
<u>a</u>		<u> </u>		
<u> </u>				
<u> </u>				
	Excess from 2013 .			
е	Excess from 2014	i e		i e

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 LAWRENCEBURG MAIN STREET, INC.

20-0456048

Page 8

Part VI 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.

OMB No 1545-0047

Open to Public

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

Inspection

Name	of the organ	ization	Ε	mployer i	identification	number	
т.	л ыто гелі	CEBURG MAIN STREET, INC.		20-0	45604	0	
<del></del>	ert I	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to	ınds or Other Similar Funds or Acc			<u> </u>	
			(a) Donor advised funds	(1	b) Funds and o	ther accounts	1
1	Total nui	mber at end of year					
2		te value of contributions to (during year)					
3		te value of grants from (during year)					
4	•••	te value at end of year					
5		organization inform all donors and donor advisors in writing that	the assets held in donor advised				
•		e the organization's property, subject to the organization's excli				Yes	No
6		organization inform all grantees, donors, and donor advisors in					
		charitable purposes and not for the benefit of the donor or dono					
	•	g impermissible private benefit?	, , ,			Yes	☐ No
PE	ert II	Conservation Easements.					·
	<b>-</b>	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)				
	Pres	ervation of land for public use (e.g., recreation or education)	Preservation of a historically importa	nt land	area		
	Prot	ection of natural habitat	Preservation of a certified historic sti	ucture			
	Pres	ervation of open space					
2	Complet	e lines 2a through 2d if the organization held a qualified consei	vation contribution in the form of a conservation	٦			
	easeme	nt on the last day of the tax year			Held at the	End of the	Tax Year
а	Total nu	mber of conservation easements		2a			
b	Total acı	reage restricted by conservation easements		2b			
c	Number	of conservation easements on a certified historic structure incl	uded in (a)	2c			
d	Number	of conservation easements included in (c) acquired after 8/17/	06, and not on a				
	historic s	structure listed in the National Register		2d	L,		
3	Number	of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization du	iring the	•		
	tax year	<b>&gt;</b>					
4	Number	of states where property subject to conservation easement is I	ocated >				
5	Does the	e organization have a written policy regarding the periodic mon	toring, inspection, handling of				
		s, and enforcement of the conservation easements it holds?				Yes	∐ No
6	Staff and	d volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year				
	<b>•</b>						
7		of expenses incurred in monitoring, inspecting, and enforcing o	conservation easements during the year				
	▶ \$						
8	Does ea	ch conservation easement reported on line 2(d) above satisfy	he requirements of section 170(h)(4)(B)(i)				□
		ion 170(h)(4)(B)(ii)?				Yes	∐ No
9		(III, describe how the organization reports conservation easem	•				
		sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that describe	es ine			
13.		tion's accounting for conservation easements  Organizations Maintaining Collections of Art	Historical Transuras or Other Sin	ailar A	Secote		
7-6	art III	Complete if the organization answered "Yes" to		IIIIai F	155615.		
	If the ore	ganization elected, as permitted under SFAS 116 (ASC 958), n		e cheet			
ıa	-	art, historical treasures, or other similar assets held for public					
		ervice, provide, in Part XIII, the text of the footnote to its financi					
ь		panization elected, as permitted under SFAS 116 (ASC 958), to		neet			
	•	art, historical treasures, or other similar assets held for public	•				
		ervice, provide the following amounts relating to these items					
	•	enues included in Form 990, Part VIII, line 1		•	\$		
		ets included in Form 990, Part X		•	\$		
2	• •	ganization received or held works of art, historical treasures, or	other similar assets for financial gain, provide t	he	•		
-	•	amounts required to be reported under SFAS 116 (ASC 958)					
а	-	e included in Form 990, Part VIII, line 1		•	<b>S</b>		
		ncluded in Form 990, Part X		•	\$		

15,676

▶

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2014 LAWRENCEBURG MAIN STREET, INC. 20-0456048 Part VII Investments—Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (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) Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (2)(3) (4) (5)(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Part X 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	L.
(2) PAYROLL WITHHOLDINGS	4,074
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	4,074

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XIII

che	dule D (Form 990) 2014 LAWRENCEBURG MAIN STREET,	INC.	20-0456048	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Sta	tements Witl	n Revenue per Return.	
	Complete if the organization answered "Yes" to Form 99	0, Part IV, lin	e 12a	
1	Total revenue, gains, and other support per audited financial statements		1	439,341
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	, ,	_ 3	439,341
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	439,341
Pa	art XII Reconciliation of Expenses per Audited Financial St		• •	
	Complete if the organization answered "Yes" to Form 99	0, Part IV, Iın	e 12a	
1	Total expenses and losses per audited financial statements		1	490,079
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		
C	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	490,079
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		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1 5 1	190 070

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

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

Supplemental Information.

MAINSTREET

Schedule D (Form 990) 2014 LAWRENCEBURG MAIN STREET, INC.

20-0456048

Page 5

Part XIII Supplemental Information (continued)

AINSTREET	

**SCHEDULE 1** 

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

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

2014

OMB No 1545-0047

Open to Public Inspection

mber		SI No	orm 990,	(h) Purpose of grant or assistance											Schedule   (Form 990) (2014
Employer Identification number 20-0456048		∏ Yes	ed "Yes" to Fo	(h) Purpox or assi										<b>A A</b>	Schedule 1
Empl 20	ļ	İ	ization answer	(g) Description of non-cash assistance	•,										
"		ssistance, and	ete if the organ	(f) Method of valuation (book, FMV, appraisal, other)								-			
		olity for the grants or as	<b>zations and Domestic Governments.</b> Complete if the organization answered "Yes" to Form 990, than \$5,000. Part II can be duplicated if additional space is needed.	(e) Amount of non- cash assistance											
		nce, the grantees' eligit le United States	id Domestic Gov 0. Part II can be d	(d) Amount of cash grant										ple	
<u>ნ</u>		s or assistar	ations ar	(c) IRC section if applicable					_					the line 1 ta	
Ä	Assistance	amount of the grant	nestic Organiz	(b) EiN										janızatıons listed ın table	r Form 990.
LAWRENCEBURG MAIN STREET,	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection critera used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	(a) Name and address of organization or government										Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	For Panerwork Raduction Act Notice see the Instructions for Form 990
Name of the organization	Part	1 Does the c the selection	1 70	1 (a)	£	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	2 Enter total 3 Enter total	For Panerwork

Schedule I (Form 990) (2014)

School of C	Schedule   Gram 990) (2014) I.AWRENCEBURG MAIN STREET.	MAIN STREET.	INC. 2(	20-0456048		Page 2
Part #	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	to Domestic Individuational Space is needed.	als. Complete if the or	ganızation answered	"Yes" to Form 990, Part IV	, line 22
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HOUS	1 HOUSING ASSISTANCE	1	10,000			
2						
<b>)</b>						
r u						
9 9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	vide the information re	equired in Part I, line 2	, Part III, column (b),	and any other additional in	formation

MAINSTREET

**SCHEDULE 0** (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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