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)

OMB No 1545-0047 2016

Pinformation about Form 990 and its instructions is at www.ins.gov/form990.	Department of the Treasury Department of the Treasury Department of the Treasury									
B Check desploable Address change Address change Address change Check applicable Check Plant Address change	Inter	nal Revenu	ie Service	<u></u>			0.	Inspection		
Reference change Name change Name and actives of protection Name change Name and actives of province, country, and ZiP or foreign postal code September Septemb	<u>A</u>	For the	2016 cale		and endi	ng				
Name and street or P Dook I mail a not delivered to street address) Room/suste E Telephone number S89-491-0458	В	Check if a	applicable	C Name of organization MAINSTRASSE VILLAGE ASSOCIATION			D Employe	er identification number		
Infinial return	V	Address	change	Doing business as		L	61-1002567			
Praintennementation Amended natural Amended natural Amended natural Prainten Prainten Amended natural Prainten Prain		Name cha	ange	Number and street (or P O box if mail is not delivered to street address)	uite	E Telephone number				
Amended return COVINGTON, KENTUCKY 41911 Amena end address of preropes office Policy		Initial retu	ırn	636 MAIN STREET			<u> </u>	859-491-0458		
Application pending Fame and actives of principal officer AMY KUMMLER, MSVA, 636 MAIN STREET, COVINGTON, KENTUCKY 41011 Maj to bus group return for subcritations Ves No. Maj No. M		Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code						
Tax-exempt status Sorticipe Sortici		Amended	return	COVINGTON, KENTUCKY 41011		G Gross re	eceipts \$ 640,13			
Taxe exempt status		Application	on pending	H(a) is this a	group return for s	subordinates? Yes Vo				
Take-exempt statulu				AMY KUMMLER, MSVA, 636 MAIN STREET, COVINGTON, KENTU	ICKY 410		-			
WWW.MAINSTRASSE.ORG	$\overline{}$	Tax-exem	not status	☐ 501(c)(3)	☐ 527					
Summary Sum	J					H(c) Groun	exemption	number >		
Part Summary	K				ar of forma					
Briefly describe the organization's mission or most significant activities: TO PROVIDE AN ATMOSPHERE OF COMMUNITY THROUGH SOCIAL EVENTS 2	Р		<u> </u>							
THROUGH SOCIAL EVENTS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	_				: TO P	ROVIDE AN A	TMOSPHE	ERE OF COMMUNITY		
2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 5 Total number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2016 (Part VI, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 6 5 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business revenue from Form 990-T, line 34 7b Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 679,086 631,093 10 Investment in Some (Fart VIII, phymn-IA)-lines 3, 4, and 7d) 0 9 0 0 11 Other revenue (Part VIII, Column (A), Ilines 5, 6d 8c, 9c, 10c, and 11e) 0 0 0 12 Total revenue - gad lines 8 through 11 Trunst sequal Part VIII, column (A), lines 1-3) 0 0 0 13 Grants and similar amounts pad (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid (5g or for members (Part IX, column (A), lines 1-3) 0 0 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1-3) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Total fundraising expenses (Part IX, column (A), line 11e) 0 0 0 19 Revenue less expenses. Subtract line 18 from line 12 70,135 6,964 19 Revenue less expenses. Subtract line 18 from line 20 72,237 15,333 Part III Signature Block Program and this Edward L Adkins, Treasurer Paid Preparer Firm's address ► Program's name	ø	1	-		•					
B Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue, add lines 8 fit moigh 11 "(must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid (Go for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Benefits paid (Go for members (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (B), line 11e) 18 Total fundraising expenses (Part IX, column (B), line 11e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total labilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 12 Part III 13 Signature Block 14 Under penalties of perjury, I declare that I have examined this return, paluding appompanylog schedules and statements, and to the best of my knowledge and belief, it is true, conect, and complete Declaration of preparer (piper than official) is based on all piper members of perjury. I declare that I have examined this return, paluding appompanylog schedules and statements, and to the best of my knowledge and belief, it is true, conect, and complete Declaration of preparer (piper than official) is based on all piper mattern of which preparer has any knowledge and belief, it is firm's name 15 Firm's name 16 Print yand Preparer Print Prin	anc anc	-		II OOOME ETEITIO						
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11 Other revenue (Part MIII, Column (A), lines 5, 6d 8c, 9c, 10c, and 11e) .	9	1					······································			
11 Other revenue (Part MIII, Column (A), lines 5, 6d 8c, 9c, 10c, and 11e) .	ē		-	-			631,09			
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0			-	11 - 3# 1	0					
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17 Other expenses (Fart IX, Coldmin (A), lines 114—114, Tin—249) 18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Very lassets or fund balances. Subtract line 21 from line 20 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based in all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's name Firm's name Firm's address Phone no	ns.						0			
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19 Revenue less expenses. Subtract line 18 from line 12	ú	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			636,223	537,29		
Beginning of Current Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Phone no		18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 29	5) .		749,221	633,16		
Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all promation of which preparer has any knowledge Sign Here Print/Type or print name and title Edward L Adkins, Treasurer Preparer Use Only Firm's name Firm's name Firm's address Phone no		19	Revenue	less expenses. Subtract line 18 from line 12			-70,135	6,96		
21 Total liabilities (Part X, line 26)	58					Beginning of Ci	urrent Year	End of Year		
21 Total liabilities (Part X, line 26)	sets Han	20	Total ass	ets (Part X, line 16)			12,103	26,30		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all promation of which preparer has any knowledge Sign Here Type or print name and title Edward L Adkins, Treasurer Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Phone no	TA B	21	Total liab	lities (Part X, line 26)			34,400	41,64		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based in all information of which preparer has any knowledge Sign Here Type or print name and title Edward L Adkins, Treasurer Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed Firm's name ▶ Firm's address ▶ Phone no	\$5	22	Net asset	s or fund balances. Subtract line 21 from line 20			-22,297	-15,33		
Sign Here Type or print name and title Edward L Adkins, Treasurer Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EliN ▶	Pá									
Sign Here Type or print name and title Edward L Adkins, Treasurer Paid Preparer Use Only Firm's name ▶ Firm's address ▶ Phone no								ny knowledge and belief, it		
Here Type or print name and title Edward L Adkins, Treasurer Paid Preparer Use Only Firm's name ▶ Firm's address ▶ Phone no		1	\			··	11	111-17		
Paid Preparer Use Only Firm's name Firm's address ▶ Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's EIN ▶ Phone no										
Paid Preparer Use Only Firm's name Firm's address ▶ Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's EIN ▶ Phone no			Туре	or print name and title Edward L. Adkins, Treasurer						
Preparer Use Only Firm's name ► Firm's address ► Phone no	P۵	id				ate	Check F	of PTIN		
Use Only Firm's name ► Firm's elfres ► Phone no	1 4-141									
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14. 15. 150 25 115 11	US	e Only								
	Ma	y the IR						· · Yes No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Cat No 11282Y

Form 99	· · · · · · · · · · · · · · · · · · ·
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FO PROVIDE AN ATMOSPHERE OF COMMUNITY THROUGH SOCIAL EVENTS
2	Old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	oid the organization cease conducting, or make significant changes in how it conducts, any program ervices?
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$ 457,590 including grants of \$) (Revenue \$ 631,093) Community Services & Development
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
4d	Expenses \$ including grants of \$) (Revenue \$) Outsign program service expenses \$ 457.590

Part	V Checklist of Required Schedules				
	•		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A	1		~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	L	~	
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				
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		v	
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		v	
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		~	
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		V	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V	
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		٧	
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		· ·	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.	1.0		-	
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		V	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v	
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		v	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~	
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		,	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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 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 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			,	
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	17			
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	18		<u> </u>	
		19	لمحيا		

rait	Checkist of nequired Schedules (Continued)			
	Did the consideration and state of the second bounded facilities O 16 W/o 2 and state O chart in 11		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		~
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		
00		22		-
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		,
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		~
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	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		~
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		v
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		,
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		,
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		v
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<i>y</i>
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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		<i>y</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			~
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	32		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<i>y</i>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		
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		•
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	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			-9-
	` Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	
4.			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ļ [']		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	v	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	 		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	v	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		"
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		١
b	If "Yes," enter the name of the foreign country: ▶]		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50		.,
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		7
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	00		•
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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	required to file Form 8282?	7c	ł	
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. Did a donor advised fund maintained by the	_		
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	00		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	- J		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	.		
11	Section 501(c)(12) organizations. Enter:	. 1		
a	Gross income from members or shareholders		1	
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	l		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . Section 501(c)(29) qualified nonprofit health insurance issuers.	. 1		
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	120		
u	Note. See the instructions for additional information the organization must report on Schedule O.	13a	\dashv	
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		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	90 (2016) WI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below.	and		Page (
rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a			1	
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15	<u> </u>	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	~
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5		V
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		<u> </u>
	one or more members of the governing body?	7a		~
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	,	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		v
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		
40-	Did the association have been been been been as attitudes.	[40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	\vdash	<u> </u>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		. 1	
	animated, and a state of the partition o	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a		v
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	11a		
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b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13		v v
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c		~
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13 14		v v
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	11a 12a 12b 12c 13 14		V V V
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	11a 12a 12b 12c 13 14		v v
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14 15a 15b		V V V
12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	11a 12a 12b 12c 13 14 15a 15b		V V V V V
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b		v v v v v
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? On C. Disclosure	11a 12a 12b 12c 13 14 15a 15b		v v v v v v
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? On C. Disclosure	11a 12a 12b 12c 13 14 15a 15b	c)(3)s	v v v v v v

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

DONNA KREMER 636 MAIN STREET, COVINGTON KENTUCKY 41011 859-491-0458

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Form	200	(201	2
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Part VII	Compensation of Officers, Directors	s, Trustees, Key Employees	, Highest Compensated Employees, and
•	Independent Contractors		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kimberly Blank	40									
Executie Directory		~						\$24,120		
(2) Annie Venerable	40									
Executive Directory	ļ	~						\$22,817		
(3) Tim Weiss	20									•
Vice-President		<u> </u>		~			<u> </u>	0		
(4) Kristin Schroeder	20							1		
Secretary				~				0		
(5) Donna Kremer	40						1			
Administrative Assistant		<u> </u>		~				\$37,486		
(6) Edward Adkins	30									
Treasurer	<u> </u>			~				0		
(7) Amy Kummler	20					ŀ		i e		
President				~	<u> </u>			0		
(8)		-								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pan	(A) Name and title		(do no box, office or direct	ot ch	Pos neck	c) ition more	e than both or/trus Highest compensated	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio relatec organizati (W-2/1099-i	ole on from i	Est am comp fro orga and	(F) timated tount of other bensatio om the anizatio related	i on n d
(15)							e e						 .	
(16)														
(17)			ļ					-						
<u>(19)</u>	***************************************											•		
(20)														
(21)														
(23)														
(25)														
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)		·					* * *	84,423 0 84,423					
2	Total number of individuals (including but reportable compensation from the organic	not limited zation ►	l to th	ose	list	ed a	above	e) wl	no received mo	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct Schedule J	tor, o	r tru	uste indi	ee, l	key e	mp	loyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual													,
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc				~
Section 1	on B. Independent Contractors		ما اما								4.00			
	Complete this table for your five highest of compensation from the organization. Rep year.													ЭX
	(A) Name and business addi	ress							(B) Description of se	ervices	((C) Compens	ation	
														
												· ·······		
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who			,	

Par	VIII	Statement of Rev				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	<u> </u>	Check if Schedule C	ontains contains	a res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats t	1a	Federated campaign	S	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	6,371				
S, G	С	Fundraising events .		1c					
ia a	d	Related organizations		1d			ĺ		
S, iii	е	Government grants (cor		1e					
er S	f	All other contributions, g					}		
흋흦	1	and similar amounts not inc		11	2,666	1			
Contributions, Giffs, and Other Similar Ar	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1	<u>lf.,,</u>			9,037			ļ
差	_				Business Code				
eke	2a	Program Service Revo	enue			631,093	631,093		
ě	b	,							
ξ	C	,							
တ္တ	d					·· · · · · · · · · · · · · · · · · · ·			
듄	e	All other program ser							
Program Service Revenue	g	Total. Add lines 2a-2			•	631,093			<u> </u>
=	3	Investment income	(including	dıvid	ends. interest.	001,000		· · · · · · · · · · · · · · · · · · ·	T
		and other similar amo							
	4	Income from investmen	•		L				
	5	Royalties							
		,	(ı) Rea	1	(ii) Personal				
	6a	Gross rents							
	ь	Less: rental expenses		-					
	С	Rental income or (loss)							
	ď	Net rental income or	(loss)		>				
	7a	Gross amount from sales of	(ı) Securi	ties	(II) Other				
		assets other than inventory							
	b	Less. cost or other basis							
		and sales expenses .							
	С	Gain or (loss)	L						
	d	Net gain or (loss) .			<u>, , , , , , , , , , , , , , , , , , , </u>				
evenue	8a	Gross income from fu	undraising						
		of contributions report See Part IV, line 18		,					
Other F	ь	Less: direct expenses	s						
0	С	Net income or (loss) t	from fundra	asing	events . >				
	9a	Gross income from ga							
		See Part IV, line 19 .		· a					
	ь	Less: direct expenses							
	С	Net income or (loss) t	-	-	vities 🕨				
	10a	Gross sales of in		less					
		returns and allowanc							
		Less: cost of goods s							
	<u> </u>	Net income or (loss) t		of inv					
		Miscellaneous F	Revenue		Business Code				
	11a				L				
	ь				ļ				
	С				ļ				
	d	All other revenue .			L				ļ
	, e	Total. Add lines 11a-			🟲				<u> </u>
	l 12	Total revenue. See II	nstructions	i	🗩 1	640.130	631.093		1

	90 (2016)	· · · · · · · · · · · · · · · · · · ·			Page 10			
	IX Statement of Functional Expenses				7 (4)			
Section	in 501(c)(3) and 501(c)(4) organizations must com							
<u> </u>	Check if Schedule O contains a response or note to any line in this Part IX							
8b, 9k	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	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							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	89,847		85,847				
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 8	Other salaries and wages	2,124		2,124				
9	Other employee benefits							
10	Payroll taxes	7,897		7,897				
11	Fees for services (non-employees).							
a	Management	38		38	- ·			
b	Legal	4845		4845				
ď	Lobbying	10.10		4040				
e	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.)							
12	Advertising and promotion	22,159	22,159					
13	Office expenses	9,513		9,513				
14	Information technology							
15	Royalties	44 700						
16	Occupancy	11,700		11,700				
17 18	Payments of travel or entertainment expenses							
.0	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest	650		650				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance	27,806	26,889	917				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
_	FESTIVALS & EVENTS	392,838	392,838					
a b	CONTRACT LABOR	58,335	58,335					
C	LICENSES & PERMITS	6,417	6,417					
d		-,	2,217					
e	All other expenses							
25_	Total functional expenses. Add lines 1 through 24e	633,166	506,638	126,528				
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 ☐ if following SOP 98-2 (ASC 958-720)							

Р	art X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Par	tX		<u></u> 🛚
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	12,103	1	9,521
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	16,787
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	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		İ	
ţs		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	·····
	12	Investments—other securities. See Part IV, line 11	·	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		15	
	15	Other assets See Part IV, line 11	12,103	16	26 200
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,103	17	26,308
	17			18	
	18	Grants payable		19	
	19 20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
ιn	22	Loans and other payables to current and former officers, directors,			
Liabilities	22	trustees, key employees, highest compensated employees, and			
Ħ		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	24,673
	25	Other liabilities (including federal income tax, payables to related third			······································
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	34,400	25	16,968
	26	Total liabilities. Add lines 17 through 25	34,400	26	41,641
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	-22,297	32	-15,333
<u>te</u>	33	Total net assets or fund balances	-22,997	33	-15,333
۷.	34	Total liabilities and net assets/fund balances	12,103	34	26,308
					Form 990 (2016)

Form 9	90 (2016)		Pa	age 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		64	0,130
2	Total expenses (must equal Part IX, column (A), line 25)		63	3,166
3	Revenue less expenses. Subtract line 2 from line 1			6,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		-2	2,297
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1	5,333
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	·		<u>. </u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	ļ	~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:	1 1		ì
_	Separate basis Consolidated basis Both consolidated and separate basis	1		
b	Were the organization's financial statements audited by an independent accountant?	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			ļ
	Separate basis Consolidated basis Both consolidated and separate basis	} }		
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?			İ
	If the organization changed either its oversight process or selection process during the tax year, explain in	2c		
	Schedule O.			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
3a	the Single Audit Act and OMB Circular A-133?	3a		.,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		~
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	Toquilot acert of acerts, explain why in corrodate o and accombs any stops taken to undergo such acerts	لستينجا	. 000	(2016)
		rom	コフフリ	(2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on 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.

2016 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pai	Organizations Maintaining Donor Ad		s or Acc	ounts.
	Complete if the organization answered	Yes On Form 990, Part IV, line 6.	(b) (Funds and other accounts
1	Total number at end of year	(L) Don't ad nood (Line)	(2)	CHOO BILD CHIST GOODS (E)
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono funds are the organization's property, subject to the			r advised Yes . No
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?	efit of the donor or donor advisor, or for	any other	r purpose
Par	Complete if the organization answered	"Vos" on Form 900 Bort IV line 7		· · · · · · · · · · · · · · · · · · ·
1	Complete if the organization answered Purpose(s) of conservation easements held by the			······································
•	Preservation of land for public use (e.g., recrea		historical	lly important land area
	Protection of natural habitat	Preservation of a		•
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	in the for	m of a conservation
	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 easemen	ts	. 2b	
C	Number of conservation easements on a certified	historic structure included in (a)	. 2c	
d	Number of conservation easements included in historic structure listed in the National Register	(c) acquired after 8/17/06, and not or	1 a 2d	
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or termin	nated by t	he organization during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy re			-
	violations, and enforcement of the conservation ea			□ .00 □ .10
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation	easements during the year
_	<u></u>			
7	Amount of expenses incurred in monitoring, inspection ▶\$			
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's finan		
	Organizations Maintaining Collection Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila			
	public service, provide, in Part XIII, the text of the			
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide the following amounts relatives.	r assets held for public exhibition, educ ting to these items:	cation, or	research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art following amounts required to be reported under S	t, historical treasures, or other similar a	ssets for	financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		!	\$
b	Assets included in Form 990, Part X			\$

Pari	III Organizations Maintaining	Collections of	Art, Historic	al Treasures,	or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply).	accession, and ot					
а	☐ Public exhibition			oan or exchang			
b	☐ Scholarly research		e 🗌 O	ther			~~~~~
C	☐ Preservation for future generations						
4	Provide a description of the organizat XIII.	tion's collections a	and explain ho	w they further	the or	ganization's exen	npt purpose in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Part	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on Form 99	0, Part IV, line	9, or	reported an an	
1a	Is the organization an agent, trustee, included on Form 990, Part X?						ot
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the followin	g table:			
	3	•				A	mount
С	Beginning balance				10	>	
d	Additions during the year				10	1	
е	Distributions during the year				16		
f	Ending balance						
2a	Did the organization include an amoun						
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explana	ation has been	provid	ed on Part XIII .	<u>.</u>
Par		annuared 6Van	" on Form OO	O Dort IV line	. 10		
	Complete if the organization	(a) Current year	(b) Prior year			(d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) comon your	(2)	(0) 1 110		(2)	(c) r our yours busin
b	Contributions						
c	Net investment earnings, gains, and losses		•				
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t		d balance (line	1g, column (a)) held	as.	
а	Board designated or quasi-endowmer		%				
b	Permanent endowment >	%					
С	Temporarily restricted endowment ▶		2001				
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the			that are held	and ad	lministered for th	e
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
_	(ii) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related o				• •		3b
4	Describe in Part XIII the intended uses Vi Land, Buildings, and Equip		on's endowme	nt lungs.			
Part	Complete if the organization		" on Form 99	0 Part IV line	112	See Form 990	Part Y line 10
	Description of property	(a) Cost or of		ost or other basis		Accumulated	(d) Book value
	bescription of property	(investm		(other)		epreciation	(d) Dook value
1a	Land	.					
b	Buildings						<u> </u>
С	Leasehold improvements						
đ	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, cold	ımn (B), line 10	c.) .	▶	

Part VII	Investments—Other Securities Complete if the organization ans		m 990 Pa	ert IV line 1	1h See Form	990 Part X line 12
	(a) Description of security or category		(b) Book			hod of valuation:
	(including name of security)		(5) 200	, value		-of-year market value
(1) Financial	derivatives					
	neld equity interests					
(A)						
(B)						
(C)						
(D)						
(E)					· · · · · · · · · · · · · · · · · · ·	
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12)					
Part VIII	Investments—Program Related					
	Complete if the organization ans	wered "Yes" on For			1c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book	value		hod of valuation. -of-year market value
(1)						
(2)						
(3)						
_(4)						
_(5)						· · · · · · · · · · · · · · · · · · ·
_(6)			·-··			
(7)						
(8)						
(9)			···			
	b) must equal Form 990, Part X, col. (B) line 13.)	.,				
Part IX	Other Assets.	101 11 5				
	Complete if the organization ansi		m 990, Pa	irt IV, line 1	1d. See Form	
	(a	n) Description				(b) Book value
_(1)		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				
(2)						
(3)						
(4)						
(5)		 				
(6)				 -		
					·	······································
(8)						
Total (Colu	mn (b) must equal Form 990, Part X, co	ol (B) line 15)				
Part X	Other Liabilities.	л. (D) ппс то.,	· · ·	• • • •		
raitA	Complete if the organization answers	vered "Ves" on For	m 000 Pa	rt IV line 1	10 or 11f Soc	Form 990 Port V
	line 25.	wered tes offici	111 330, 1 a	utiv, mie i	16 01 111. 366	rioini 990, rait A,
1.	(a) Description of liability	(b) Book value		· · · · · · · ·		
(1) Federal in		(2)				
· ·	Tax Overpayments		-641			
	/Compliance Deposits		4,585			
1-7	ary License Fees Due		420			
	tee Escrow Tips		2,603			
(6)						
(7)		· · · · · · · · · · · · · · · · · · ·				
(8)		<u> </u>				
(9)		· · · · · · · · · · · · · · · · · · ·	—			
	o) must equal Form 990, Part X, col. (B) line 25.)	1	6,968			
	uncertain tax positions. In Part XIII, provi		-	ganization's f	inancial stateme	nts that reports the
organization's	s liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the	e text of the f	ootnote has bee	n provided in Part XIII

Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
а	Net unrealized gains (losses) on investments	1	
b	Donated services and use of facilities]	
C	Recoveries of prior year grants]	
d	Other (Describe in Part XIII.)]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)]	
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	
Part .	Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	1 1	
b	Prior year adjustments	1	
С	Other losses	1	
ď	Other (Describe in Part XIII.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		· · · · · · · · · · · · · · · · · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	i i	
	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part 2	Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional in		9 4; Part X, line

Schedule D (Form 990) 2016 Part XIII Supplemental Information (continued)				
Part XIII	Supplemental Information (continued)			
•				
	***************************************	**************************************		
	-			
,				

SCHEDULE Ò (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 2016

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 MAINSTRASSE VILLAGE ASSOCIATION	Employer identification number 61-1002567					
	L					
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990: This form was prepared by t	Form 990, Part VI, Line 11b - Organization's Process to Review Form 990: This form was prepared by the Treasurer, then reviewed jointly by					
the Treasuer and another Board Director appointed by the governing board.						
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to	the public					

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