FOR TAX YEAR 2019

DOWNTOWN LAWRENCE INC

CAROLINE H EDDINGER CPA LLC 729 1/2 MASSACHUSETTS ST SUITE 203 LAWRENCE, KS 66044 (785)550-4149

CAROLINE H EDDINGER CPA LLC

729 1/2 MASSACHUSETTS ST SUITE 203 LAWRENCE, KS 66044 caroline@checpa.com Phone: (785)550-4149 | Fax: (785)380-7112

July 14, 2020

Downtown Lawrence Inc 833 1/2 Massachusetts St Lawrence, KS 66044

Downtown Lawrence Inc:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for Downtown Lawrence Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects a refund of \$140.

Downtown Lawrence Inc should receive a check for this amount once the IRS has processed the return.

Federal estimated tax payment amounts have been prepared for the 2020 tax year. Submit each payment on or before the due date.

If the organization uses the Electronic Federal Tax Payment System (EFTPS) to make federal tax deposits, it must use EFTPS to make these estimated tax payments. Do not send payments directly to an IRS office; otherwise, Downtown Lawrence Inc may have to pay a penalty. The federal estimate details by quarter are as follows:

1st Quarter : \$580 due on July 15, 2020 2nd Quarter : \$580 due on July 15, 2020 3rd Quarter : \$580 due on September 15, 2020 4th Quarter : \$580 due on December 15, 2020

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (785)550-4149.

Sincerely,

Caroline H Eddinger CAROLINE H EDDINGER CPA LLC

IRS *e-file* Signature Authorization for an Exempt Organization

, and ending For calendar year 2019, or fiscal year beginning

OMB No. 1545-1878

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

48-0835760

DOWNTOWN LAWRENCE INC

lame and title of officer
MILY PETERSON, PRESIDENT
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a , or 5a , below, and the amount on that line for the return being filed with this form was blank, then eave line 1b, 2b, 3b, 4b , or 5b , whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on he applicable line below. Do not complete more than one line in Part I.
La Farm 000 shaek hara NV h Tetel revenue if any (Farm 000 Dart) (III aslumn (A) line 12)
la Form 990 check here ► 🗶 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)
Ba Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) · · · · · · · · · · · · · · · · · ·
ia Form 8868 check here ▶ 🗋 b Balance Due (Form 8868, line 3c) · · · · · · · · · · · · · · · · · · ·
Part II Declaration and Signature Authorization of Officer
Part II Declaration and Signature Authorization of Officer Jnder penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the
interpretation's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the inancial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this eturn, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions novelved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and esolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize <u>CAROLINE H EDDINGER CPA LLC</u> to enter my PIN <u>12345</u> as my signature ERO firm name as my signature for the account is on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
Difficer's signature Date Date 07-15-2020
Part III Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification
number (EFIN) followed by your five-digit self-selected PIN. 485229 17171
Do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization ndicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) nformation for Authorized IRS <i>e-file</i> Providers for Business Returns.
CAROLINE H EDDINGER Date 07-14-2020

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EEA

_	99	00	Botur	n of Organization	Evempt	Erom In		Tax		OMB No. 1545-0047			
Form	3:	50	Retur	n of Organization	Exempt	From In	ICOME	arax		2019			
(Rev.	January	y 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc				rnal Revenue Code (except private foundations)						
Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.									Open to Public				
•													
A F	or the	2019 calendar	ng		, 20								
B	heck if a	applicable:	C Name of organization	OWNTOWN LAWRENCE I	NC				D Employe	r identification number			
▲	ddress c	change	Doing business as						4	8-0835760			
<u> </u>	lame cha	ange	Number and street (or P	O. box if mail is not delivered to stre	et address)		Room/suit	te	E Telephone	e number			
l Ir	nitial retu	Irn	333 1/2 MASSAC	HUSETTS ST					(785) 842-3883			
F	inal retu	rn/terminated	City or town, state or pro	ovince, country, and ZIP or foreign po	ostal code				G Gross red	ceipts			
A	mended	return	LAWRENCE, KS 6	6044					\$	216,288			
A	pplicatio	n pending	F Name and address of pr	incipal officer:				H(a) Is this a g	oup return for su	ubordinates? Yes X No			
				_				H(b) Are all s	ubordinates ir	ncluded? Yes No			
I T	ax-exem	pt status: 5	D1(c)(3) X 501(c) (6) 🗲 (insert no.) 🗌 4947(a	a)(1) or 5	27		lf "No," a	attach a list. (s	see instructions)			
JV	Vebsite:	► www.:	DOWNTOWNLAWRENC	E.COM				H(c) Group	exemption nu	mber 🕨			
	_	<u> </u>	orporation 🗌 Trust 🗌 As	sociation 🗌 Other 🕨	L	 Year of formati 	on: 197	6 M s	tate of legal d	omicile: KS			
Pa	rtI	Summary											
	1	Briefly describe	e the organization's miss	ion or most significant activ	ities: <u>TO P</u>	RESERVE,	PROT	ECT, ANI	PROMO	TE DOWNTOWN			
e		LAWRENCE A	AS THE RETAIL, S	SERVICE, PROFESSIO	NAL, GOVE	RNMENTAL	, ENTE	ERTAINME	NT, ANI	O SOCIAL CENTER			
anc		OF OUR COM	MUNITY.										
ŝruŝ													
ð	2	Check this box	if the organizatio	n discontinued its operation	s or disposed o	of more than	25% of it	s net assets	3.				
Ū	3	Number of voti	ng members of the gove	erning body (Part VI, line 1a)				3	8			
Activities & Governance	4			rs of the governing body (Pa					4	8			
itie	5			n calendar year 2019 (Part)					5	2			
Ę	6		f volunteers (estimate if						6				
¥	7a		•	Part VIII, column (C), line 1	2				7a	15,160			
				from Form 990-T, line 39	-				7b	0			
		Net unrelated i						Prior Year	1.0	Current Year			
	8	Contributions	und grants (Part VIII, line	(1b)			_		000				
ē	9		e revenue (Part VIII, line	,					<u>,000</u>	49,000			
enu		-					·	145	<u>,955</u>	143,576			
Revenue	10			A), lines 3, 4, and 7d) ••			•		123	174			
œ	11			nes 5, 6d, 8c, 9c, 10c, and 1	,		·		,149	23,538			
	12			(must equal Part VIII, colum	n (A), ine 12)		•	223	,227	216,288			
	13		1 (IX, column (A), lines 1-3)			·			0			
	14		enefits paid to or for members (Part IX, column (A), line 4) · · · · · · · · · · · · · · · · · ·							0			
es	15				(A), lines 5-10)		•	84	,135	89,555			
Expenses			ndraising fees (Part IX,				•			0			
ğx			ig expenses (Part IX, co	· · · · · · · · · · · · · · · · · · ·		0	-						
Ш	17	•	s (Part IX, column (A), li	,	••••		·		,009	140,801			
	18	•	(equal Part IX, column (A), I	,		·		,144	230,356			
	19	Revenue less e	expenses. Subtract line	18 from line 12 • • • • •					,917)	(14,068)			
Net Assets or Fund Balances							Begir	nning of Curre		End of Year			
sets 3alar	20	Total assets (P	,	• • • • • • • • • • • • • •			·		,468	15,815			
at As	21		(Part X, line 26) • • •	• • • • • • • • • • • • • •			·		,311	3,726			
			und balances. Subtract	line 21 from line 20 • • •			•	26	,157	12,089			
Pa		Signature											
				rn, including accompanying schedul ficer) is based on all information of w			of my knowle	edge and belief	, it is				
		.~		,		, ,							
C :			PETERSON										
Sig		Signature of	f officer						Date				
Her	e	EMILY	PETERSON, PRESI	IDENT									
		Type or prin	nt name and title										
		Print/Type prepa	rer's name	Preparer's signature		Date		Check	if PT	IN			
Paio	k	CAROLINE	H EDDINGER	CAROLINE H EDDING	ER	07-14-20	20	self-emp	loyed	P00953155			
Pre	parer		E. C.	E H EDDINGER CPA I				irm's EIN 🕨					
	Only			MASSACHUSETTS ST				hone no.					
			-	E KS 66044			·		785-55	0-4149			
May	the IRS	S discuss this re		nown above? (see instructio	ns)					· · X Yes No			

<u>Form</u>		35760	Page 2
Par	Int III 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:		
	TO PRESERVE, PROTECT, AND PROMOTE DOWNTOWN LAWRENCE AS THE RETAIL, SERVICE, PROFESS	SIONAL,	
	GOVERNMENTAL, ENTERTAINMENT, AND SOCIAL CENTER OF OUR COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		1.
	prior Form 990 or 990-E2 / · · · · · · · · · · · · · · · · · ·	Tes <u>x</u>	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5		Ves 🔽	No
	If "Yes," describe these changes on Schedule O.] 110
4	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 \$230,356 including grants of \$) (Revenue \$)	216,	114)
	PROMOTION AND PRESERVATION OF THE CENTRAL BUSINESS DISTRICT OF THE CITY OF LAWRENCE	E, KANS	AS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································		/
44	Other program convisors (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e			
+0	Total program service expenses 230, 356	Farm (00 (2010)

Form	90 (2019) DOWNTOWN LAWRENCE INC 48-0835							
Pa	rt IV Checklist of Required Schedules							
			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"							
	complete Schedule A	• 1		x				
2	Is the organization required to complete Schedule B, Schedule of Contributors (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						
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			<u> </u>				
-	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	–		^				
Ū	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		v				
7	•	. 0		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 donor-restricted endowments							
	or in quasi endowments? If "Yes," complete Schedule D, Part V	- 10		x				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,							
	VII, VIII, IX, or X as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"							
	complete Schedule D, Part VI	. 11a	x					
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x				
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		x				
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			<u> </u>				
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		x				
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	· 11e	x	<u> </u>				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
•		. 11f						
42-		• – • • •		X				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-						
	Schedule D, Parts XI and XII	. <u>12a</u>		X				
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			X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x				
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	. <u>14a</u>		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							
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	· 15		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		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?			<u> </u>				
-	If "Yes," complete Schedule G, Part III	. 19		x				
20 a				x				
20 a b				^				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>				
4 I		. 21						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	- 41	1	X				

Form	990 (2019) DOWNTOWN LAWRENCE INC 48-083	5760		Page 4				
Pa	art IV Checklist of Required Schedules (continued)							
			Yes	No				
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	· 22	2	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	3	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 · · · · · · · · · · · · · · · · · · ·	• 24	a	x				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• 24	b	_				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year							
	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •	· 24	c	_				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24	d	_				
25a	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	. 25	a	_				
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 · · · · · · · · · · · · · · · · · ·	. 25	b					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	· 26	6	x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key							
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee							
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these							
	persons? If "Yes," complete Schedule L, Part III	. 27	7	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, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	· 28	a	x				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	· 28	b	x				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	· 28	c	x				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	· 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	<u>)</u>	x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31	1	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	2	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	3	X				
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 · · · · · · · · · · · · · · · · · ·		1	x				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	- 35	a	<u>x</u>				
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	- 35	b	_				
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	3					
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	7	<u>x</u>				
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	3 X					
Par								
	Check if Schedule O contains a response or note to any line in this Part V	• • •		· [
			Ye	s No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •	2						
b		0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and							
	reportable gaming (gambling) winnings to prize winners?	. 1c						

	990 (2019) DOWNTOWN LAWRENCE INC 48-08357	60	P	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
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	x	
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		x
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?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? • • • • • • • • • • • • • • • • • • •	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	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			
	gifts were not tax deductible?.	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	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		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·	10		<u> </u>
e	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?	76 7f		<u> </u>
		7g		<u> </u>
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • • • If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	79 7h		<u> </u>
h 8		- 11		
0	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 organization have excess business holdings at any time during the year?	0		
	Did the sponsoring organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
ь 10		30		
a	Section 501(c)(7) organizations. Enter: 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			
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
a h	Gross income from other sources (Do not net amounts due or paid to other sources	-		
b	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D.	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		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		<u>^</u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	13		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		x
	If "Yes," complete Form 4720, Schedule O.			~
	· · · · · · · · · · · · · · · · · · ·			

_	990 (2019) DOWNTOWN LAWRENCE INC 48-08357		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	lo"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion 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 1a 8	-		
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8	-		
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		x
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
000	tion D. Toncies (This Section B requests information about poincies not required by the internal Revenue Code.)		M	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	~	
	Did the organization have a written conflict of interest policy? <i>If "No." go to line 13</i>	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b		
c	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		x
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	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			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and 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			
	SALLY ZOGRY (785)842-3883, 833 1/2 MASSACHUSETTS ST, LAWRENCE, KS 66044			
		Eorm	000 (20101

Form 990 (201	9) DOWNTOWN LAWRENCE INC	48-0835760	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employee	s, and
	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 t	is table for all persons required to be listed. Report compensation for the calendar year ending with or with	nin the	
organization's	ax vear.		

• 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.

See instructions for the order in which to list the persons above.

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

(0)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per	son is	aan one both ar (trustee) employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) EMILY_PETERSON PRESIDENT	<u>5 . 0</u> 0	x		x			0	0	0
(2) ANDDEH MADI	5.00	~		^			 0	v	U
PAST PRESIDENT		x		x			0	o	0
(3) K MEISEL	5.00			-			.	Ŭ	v
TREASURER		x		x			0	0	0
(4) CODI BATES	5.00								
VICE PRESIDENT		x		x			0	0	o
(5) PATRICK WATKINS	5.00								
SECRETARY		x		x			0	0	0
(6) KELLY CORCORAN	5.00								
DIRECTOR		х					0	0	0
(7) MAREN LUDWIG	5.00								
DIRECTOR		х					0	0	0
(8) MEREDITH_MOORE	5.00								
DIRECTOR		х					0	0	0
(9) SALLY ZOGRY	40.00								
EXECUTIVE DIRECTOR				х			59,472	0	0
<u>(10)</u>									
<u>(11)</u>									
(12)									
(13)									
<u>(14)</u>									
	I						L	I	Earm 000 (2010)

	90 (2019) DOWNTOWN LAWRENCE									48-0835	760	P	age 8
Part	VII Section A. Officers, Directors, Trustees,	, Key Employ	yees, a	Ind H	High	lest	Comp	ensa	ated Employees (continued)			
	(A) Name and title	(B) Average hours per week	box,	unles	Po: eck m ss per	rson is	nan one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	(F) nated amo of other mpensati from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	anization d organiz	
(15)													
(16)													
<u>(17)</u>													
(18)													
(19)													
<u>(20)</u>													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal Total from continuation sheets to Part VII, Sect		· · ·	· ·		· ·		* *					
d	Total (add lines 1b and 1c)							-	59,472	0			0
2	Total number of individuals (including but not limite reportable compensation from the organization		sted at	ove) wh	io re	ceived	mo	re than \$100,000 c	f		·	0
3	Did the organization list any former officer, director	-		-	, or ł	nighe	est cor	nper	nsated			Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> . For any individual listed on line 1a, is the sum of re								nsation from the		3		x
	organization and related organizations greater than individual				•••						4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes,"			-			-	aniz			5		x
	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Report comp												
(A)									(B)		(C)		
	Name and business addres	5							Description of servic	cs	Compens	auon	
2	Total number of independent contractors (including received more than \$100.000 of compensation from the strength of the streng	-				ted a	above)	who)				

received more than \$	\$100,000 of cor	phonestion from the	organization
received more than a	5 I U U, U U U U C U I	npensation from the	organization

	00 (2019) DOWNTOWN LAWRENCE I	NC			48-08357	760 Page 9
Part V						_
	Check if Schedule O contains a response or n	note to any line in this	Ant VIII • • • • • • • • • • • • • • • • •	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a Federated campaigns • • • • • • 1a					
s s	b Membership dues • • • • • • • 1b					
unt	c Fundraising events · · · · · · · · 1c					
s, G Amo	d Related organizations • • • • • • 1d					
Gift Iar /	e Government grants (contributions) · · 1e	49,000				
ns, Simi	f All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts not included above 1f					
đ	g Noncash contributions included in					
Con	lines 1a-1f					
	h Total. Add lines 1a-1f		49,000			
		Business Code		00.005		
/ice	2a PROMOTIONS AND EVENTS	541800 900099	89,285	89,285 54,291		
Sen	b <u>MEMBERSHIP DUES</u>	900099	54,291	54,291		
Program Service Revenue	d					
gra Re	e					
õ	f All other program service revenue					
_	g Total. Add lines 2a-2f		143,576			
	3 Investment income (including dividends, interest,	and	•			
	other similar amounts)		174	174		
	4 Income from investment of tax-exempt bond proc	ceeds · · · 🕨				
	5 Royalties	🕨				
	(i) Real	(ii) Personal				
	6a Gross rents · · · · · 6a					
	b Less: rental expenses • • 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)	14.600				
	7a Gross amount from (i) Securities	(ii) Other				
	sales of assets other than inventory					
e	other than inventory b Less: cost or other basis and sales expenses • • 7b					
enue	and sales expenses • 7b c Gain or (loss) • •					
Sev	d Net gain or (loss)					
Other Rev	8a Gross income from fundraising					
oth	events (not including \$					
•	of contributions reported on line					
	1c). See Part IV, line 18 8a	a				
	b Less: direct expenses 8k	b				
	c Net income or (loss) from fundraising events	🕨				
	9a Gross income from gaming					
	activities, See Part IV, line 19 • • • • • 9a	a				
	b Less: direct expenses •••••••9	b				
	c Net income or (loss) from gaming activities	•••••				
	10a Gross sales of inventory, less					
	returns and allowances • • • • • • • • • • • • • • • • • • •					
	b Less: cost of goods sold ····· 10					
	c Net income or (loss) from sales of inventory .					
<u>s</u>		Business Code			48.444	
nor	11a ADVERTISING INCOME	511140	15,160	2 077	15,160	
Miscellanous Revenue	b MISCELLANEOUS INCOME	900099	3,877	3,877		
Re	c UNREDEEMED GIFT CARDS d All other revenue	900099	4,501	4,501		
2	e Total. Add lines 11a-11d		23,538			
	12 Total revenue. See instructions		216 288	152 128	15 160	0

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

5760	Page 10

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	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	Benefits paid to or for members • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees ••••••	59,473	59,473		
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	21,277	21,277		
8	Pension plan accruals and contributions (include	,	,		
	section 401(k) and 403(b) employer contributions)	1,788	1,788		
9	Other employee benefits				
0		7,017	7,017		
1	Fees for services (nonemployees):	.,017	.,017		
a					
b					
c		4 415	4 415		
d		4,415	4,415		
	, , , , , , , , , , , , , , , , , , , ,				
e r	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	F				
g	Other. (If line 11g amount exceeds 10% of line 25, column	• • • •			
~	(A) amount, list line 11g expenses on Schedule O.)	2,419	2,419		
2	Advertising and promotion	8,939	8,939		
3	Office expenses	1,283	1,283		
4	Information technology	591	591		
5	Royalties · · · · · · · · · · · · · · · · · · ·				
6	Occupancy	4,800	4,800		
7	Travel · · · · · · · · · · · · · · · · · · ·				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials •••••				
9	Conferences, conventions, and meetings ••••••	2,448	2,448		
0	Interest · · · · · · · · · · · · · · · · · · ·				
1	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
2	Depreciation, depletion, and amortization ••••••				
3	Insurance	2,506	2,506		
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROJECT EXPENSE	102,343	102,343		
b	UTILITIES AND PHONE	3,745	3,745		
c	BANK CHARGES	2,274	2,274		
d	CORPORATE TAX	2,2,4	2,2,4		
e	All other expenses	2,391	2,391		
5	Total functional expenses. Add lines 1 through 24e			0	
5 6	Joint costs. Complete this line only if the	230,356	230,356	U	
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 📘 if				

orm 990 (2019) DOWNTOWN LAWRENCE 1	INC
------------------------------------	-----

F

48-0835760

Page 11

Par	: X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	22,315	1	8,026
	2	Savings and temporary cash investments	8,153	2	7,789
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,422			
	b	Less: accumulated depreciation 10b 1,422		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	30,468	16	15,815
	17	Accounts payable and accrued expenses ••••••••••••••••••••••••	1,991	17	1,956
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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 · · · · · · · · · · · · · · · · · ·	2,320	25	1,770
	26	Total liabilities. Add lines 17 through 25	4,311	26	3,726
Ś		Organizations that follow FASB ASC 958, check here			
Ce		and complete lines 27, 28, 32, and 33.			
Net Assets or Fund Balances	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
ц		and complete lines 29 through 33.			
s 0	29	Capital stock or trust principal, or current funds	26,157	29	12,088
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	1
Vet	32	Total net assets or fund balances	26,157	32	12,089
	33	Total liabilities and net assets/fund balances	30,468	33	15,815

EEA

Form **990** (2019)

Form	1 990 (2019) DOWNTOWN LAWRENCE INC	8-083576	0	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		216,	288
2	Total expenses (must equal Part IX, column (A), line 25)	_		230,	356
3	Revenue less expenses. Subtract line 2 from line 1	3		(14,	068)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		26,	157
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) ••••••••••••••••••••••••••••••••••	10		12,	089
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				· 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 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		x
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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:				
	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Corres.	000 /	2010)

Form 990 (2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

DOWNTOWN LAWRENCE INC	48-0835760
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(6) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2019
--

Name of organization

Employer identification number

Page 2

DOWNTOWN LAWRENCE INC

48-0835760

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	CITY OF LAWRENCE PO BOX 708 LAWRENCE, KS 66044	\$49,000	Person Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

SCHE	DULE D	
(Form	990)	

Supplemental Financial Statements

SCHEDULE D		Supplemen	OMB No. 1545-0047		
(Fo	rm 990)	Complete if the organization answered "Yes" on Form 990,			2019
		Part IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2013	
Depar	rtment of the Treasury	▶	Attach to Form 990.	Open to Public	
	al Revenue Service	Go to www.irs.gov/Form99	00 for instructions and the latest information.	Inspection	
Name	of the organization		E	mployer identificat	
	NTOWN LAWRENC			48-08357	60
Pa		-	nds or Other Similar Funds or Account		
	Complete	if the organization answered "Yes" on			
4	Total number at an	ad of yoor	(a) Donor advised funds	(b) Fund	s and other accounts
1 2		Id of year • • • • • • • • • • • • • • • • • • •			
3		f grants from (during year)			
4		t end of year			
5	Did the organization inform all donors and donor advisors in		riting that the assets held in donor advised		
	funds are the organization's property, subject to the organizati		-		🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advis		-		
	-	purposes and not for the benefit of the dono			
	conferring imperm	issible private benefit?			🗌 Yes 🗌 No
Pa	rt II Conser	vation Easements.			
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1		servation easements held by the organizatio			
	=	of land for public use (e.g., recreation or edu			
	Protection of n		Preservation of a	certified historic	structure
_	Preservation o				
2	•	• • •	d conservation contribution in the form of a cons		
_		ast day of the tax year.			at the End of the Tax Year
a h				2a	
b	-	ricted by conservation easements • • • • vation easements on a certified historic struct		2b 2c	
c d		vation easements included in (c) acquired af		20	
u		sted in the National Register · · · · ·		2d	
3		-	ased, extinguished, or terminated by the organi		e
•	tax year			zation during th	•
4	-	where property subject to conservation ease	ment is located		
5		tion have a written policy regarding the perio			
	violations, and enf	orcement of the conservation easements it h	nolds?		🗌 Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conservation	n easements du	ring the year
	<u>۲</u>				
7	Amount of expense	es incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation eas	sements during	the year
	▶\$				
8			e satisfy the requirements of section 170(h)(4)(E		
~	and section 170(h)	// ·//=//·/·			🗌 Yes 📋 No
9			n easements in its revenue and expense statem		
			te to the organization's financial statements tha	l describes the	
Pa		ounting for conservation easements.	of Art, Historical Treasures, or Oth	er Similar A	ssets.
IU		te if the organization answered "Yes" o			
1a			, not to report in its revenue statement and bala	nce sheet works	 S
	-		c exhibition, education, or research in furtheran		-
		Part XIII the text of the footnote to its finance			
b			, to report in its revenue statement and balance	sheet works of	
	•	-	exhibition, education, or research in furtherance		e,
		ng amounts relating to these items:	. , ,	,	
				🕨 \$	

	()		
2	If the organization received	or held works of art, historical treasures, or other similar assets for financial gain, provide the	
	following amounts required	to be reported under FASB ASC 958 relating to these items:	

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

▶ \$

-	le D (Form 990) 2019 DOWNTOWN LAWRE								48-083			Page 2
Par	t III Organizations Maintaining	Colle	ections of <i>I</i>	Art, His	toric	al Tr	reasures,	or Oth	er Similar As	sset	s (conti	inued)
3	Using the organization's acquisition, accession	on, and	other records,	check ar	ny of the	e follo	owing that ma	ake signi	ficant use of its			
	collection items (check all that apply):											
а	Public exhibition			d	_ι	.oan d	or exchange	program	s			
b	Scholarly research			е		Other						
С	Preservation for future generations											
4	Provide a description of the organization's co	llection	s and explain l	how they	further	the o	rganization's	s exempt	purpose in Part			
	XIII.											
5	During the year, did the organization solicit or	receiv	e donations of	art, histo	rical tre	easure	es, or other s	imilar				
	assets to be sold to raise funds rather than to	be ma	intained as pa	rt of the o	organiza	ation's	s collection?				Yes	🗌 No
Par	t IV Escrow and Custodial Arra											
	Complete if the organization	answ	ered "Yes"	on Forr	n 990), Pa	rt IV, line 9	9, or re	ported an am	ioun	t on Fo	rm
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodia											
	included on Form 990, Part X?										🗌 Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII a	and cor	nplete the follo	wing tabl	e:							
									A	moun	t	
с	Beginning balance								;			
d	Additions during the year							. 1d				
е	Distributions during the year							. 1e	1			
f	Ending balance							. 1f				
2a	Did the organization include an amount on Fo	orm 99	0, Part X, line 2	21, for eso	crow or	custo	odial account	t liability?	· · · · · · · · ·		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check	here if the exp	lanation h	nas bee	en pro	ovided on Pa	rt XIII				
Par	t V Endowment Funds.					-						
	Complete if the organization	answ	vered "Yes"	on Forr	n 990), Pa	rt IV, line	10.				
	· · · · · ·	(a)	Current year	(b) F	rior year		(c) Two years	s back	(d) Three years bac	k	(e) Four ye	ars back
1a	Beginning of year balance		-									
b	Contributions											
с	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 the curre	ent vea	r end balance	line 1a a	column	(a)) ł	neld as:					
а	Board designated or quasi-endowment	-				())						
b	· · · · · · · · · · · · · · · · · · ·	%										
c	Term endowment %											
	The percentages on lines 2a, 2b, and 2c show	uld eau	al 100%									
3a	Are there endowment funds not in the posses			on that a	re held	and a	administered	for the				
	organization by:										Y	es No
	• •										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations										3b	
4	Describe in Part XIII the intended uses of the		•			••					0.0	
Par		-			<u>uo.</u>							
	Complete if the organization			on Forr	n 990). Pa	rt IV. line	11a. Se	ee Form 990.	Part	X. line	10.
	Description of property		(a) Cost or othe				other basis		Accumulated		(d) Book v	
	Description of property		(investme		(0)		other)		epreciation		(u) DOOK V	alue
1a	Land		,	,	-	(-	,					
b	Buildings				+							
	Leasehold improvements											
c d	Equipment						1 400		1 400			
u e	Other						1,422		1,422			
	Add lines 1a through 1e. (Column (d) must ed		I rm 90∩ Part∨	column	(B) line	a 10c)	L				
		₁ uai F0	nn 330, Fail X	, column	ווו , (ם),	. 100.	, • • • • •			0-1-	dula D (C	
EEA										SCUE	uule D (FO	rm 990) 2019

Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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" on 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990 Part X col (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Descriptior	n of liability	(b) Book value
(1) Federal ir	ncome taxes		
(2)GIFT CE	RTIFICATES	PAYABLE	1,770
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (I	b) must equal Form	990, Part X, col. (B) line 25.,	 1.770

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

		48-0835760	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	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:		
а	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
е	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 . (<i>This must equal Form 990, Part I, line 12.</i>) • • • • • • • • • • • • • • • • • • •	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per 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		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
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:		
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 expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Pa	rt XIII Supplemental Information.		

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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



DOWNTOWN LAWRENCE INC

48-0835760

01. Member election for additional members (Part VI, line 7a)

EVERY MEMBER HAS ONE VOTE AND ALL MEMBERS ARE INVITED TO ATTEND THE ANNUAL MEETING AND

VOTE FOR OFFICERS. CANDIDATES FOR AN OFFICER POSITION ARE MEMBERS OF THE GOVERNING BOARD

AND ARE NOMINATED BY THE BOARD AND THEN VOTED ON BY THE GENERAL MEMBERSHIP. THE GENERAL

MEMBERSHIP IS SOLICITED FOR NAMES OF POTENTIAL BOARD MEMBERS AND THOSE BOARD MEMBERS ARE

SELECTED BY THE BOARD AND APPROVED BY THE GENERAL MEMBERSHIP AT THE ANNUAL MEETING.

02. Form 990 governing body review (Part VI, line 11)

THE BOARD REVIEWS THE FORM 990 PRIOR TO BEING FILED.

03. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE SUBMITTED TO THE CITY OF

LAWRENCE AS A REQUIREMENT FOR FUNDING AND MADE AVAILABLE ON THE CITY OF LAWRENCE'S

WEBSITE.

Federal Supporting Statements	2019 PG01
Name(s) as shown on return	Tax ID Number
DOWNTOWN LAWRENCE INC	48-0835760

48-0835760

DOWNTOWN LAWRENCE INC

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: DOWNTOWN LAWRENCE INC Address: 833 1/2 MASSACHUSETTS ST, LAWRENCE, KS 66044 EIN: 48-0835760 Statement: Taxpayer is making the de minimis safe harbor election under \$1.263(a)-1(f).

Form 990-T			zation Business I			n	<u> </u>	OMB No. 15	45-0047
Form 330-1	For colo	and pr) ndar year 2019 or other tax yea	oxy tax under section		3(e)) nd ending , 2⊄	n	·	201	9
			orm990T for instructions ar	•		·			
Department of the Treasury Internal Revenue Service	► Do r		this form as it may be made pu			501(c)(3).		Public Insp) Organizati	
Check box if			Check box if name changed and see in			<u>, , , , , , , , , , , , , , , , , , , </u>			ation number
address changed	_	DOWNTOWN LAWRE	-		,		(Employ	∕ees' trust, s	ee instructions.)
B Exempt under section X 501(C) (6)	Print		lite no. If a P.O. box, see instructions.				8-0835	760	
408(e) 220(e)	or	833 1/2 MASSAC				Ē			s activity code
408A 530(a)	Туре	· · · · · · · · · · · · · · · · · · ·	country, and ZIP or foreign postal coo	le			(See in:	structions.)	-
529(a)		LAWRENCE, KS 6				F	11140		
C Book value of all assets	F Gr	oup exemption number (P	11140		
at end of year 15,815			x 501(c) corporat	ion	501(c) trust	401(a	a) trust	Oth	er trust
		anization's unrelated trade			Describe	· ·	,		
	•	VERTISING INCOME		ne. com	plete Parts I-V. If mo		· /		
			ence, complete Parts I and II		•				
trade or business, t		•		,					
			n an affiliated group or a par	ent-subs	sidiary controlled arc	oup?		► Ye	es 🗴 No
• •		identifying number of the	e 1 1						- <u>-</u>
J The books are in ca			F		Telephone numbe	r 🕨 (7	85) 842	-3883	
		e or Business Inco	ome		(A) Income	1	Expenses		(C) Net
1a Gross receipts or					()				
b Less returns and		es		1c					
		lule A, line 7)		2					
3 Gross profit. Subt	•			3					
				4a					
	•	,	Form 4797)	4b					
		, ,		4c					
		ership or an S corporatio							
()	•			5					
,				6					
	,			7					
_		nd rents from a controlled or		8					
		n 501(c)(7), (9), or (17) organ		9					
				10					
		(<i>i</i>		11	15,160		3,2		11,950
•	`	tions; attach schedule)		12			• / = :		
•		,		13	15,160		3,2	LO	11,950
			(See instructions for li	mitatic	ons on deduction	ns.) (D	eductio	ns mus	t be directly
		the unrelated busine	incomo)						-
14 Compensation of	officers,	directors, and trustees (S	chedule K)				· · ·	14	
								15	
16 Repairs and mair	ntenance							16	
								17	
18 Interest (attach so	chedule) ((see instructions)					· · .	18	
19 Taxes and license	es • • •							19	
20 Depreciation (atta	ach Form	4562)			20				
21 Less depreciation	n claimed	on Schedule A and elsew	vhere on return		· · · 21a			21b	
22 Depletion · · ·								22	
23 Contributions to c	leferred o	compensation plans • •					[2	23	
24 Employee benefit	t program	IS • • • • • • • • • • • • •					[2	24	
25 Excess exempt e	xpenses	(Schedule I) · · · · ·					[25	
26 Excess readershi	p costs (S	Schedule J)					[26	
27 Other deductions	(attach s	chedule)					[27	
								28	
			ating loss deduction. Subtrac					29	11,950
			beginning on or after Januar					20	
							· · -	30	
31 Unrelated busine	ss taxable	e income. Subtract line 30) from line 29	<u> </u>	<u></u>	<u></u>	<u></u> :	31	11,950
For Paperwork Reduc	tion Act	Notice, see instructions	•					Form	n 990-T (2019)

Form 990-T (2 019

Form	990-T (201	9) DOWNTOWN LAWRENCE I	NC	48	8-0835760	Page 2					
Par	t III To	otal Unrelated Business Taxabl	e Income								
32	Total of un	related business taxable income computed	from all unrelated trades or businesses (s	ee							
						11,950					
33	Amounts p	paid for disallowed fringes			33						
34	Charitable	34									
35	Total unrel										
	34 from the	35	11,950								
36	Deduction										
	instruction	s) • • • • • • • • • • • • • • • • • • •			36						
37	Total of un	related business taxable income before sp	ecific deduction. Subtract line 36 from line	35	37	11,950					
38	Specific de	38	1,000								
39	•		,								
	9 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 · · · · · · · · · · · · · · · · · ·										
Par	t IV Ta	ax Computation				10,950					
40			e 39 by 21% (0.21)		. ► 40	2,300					
41		xable at Trust Rates. See instructions for t									
			or Schedule D (Form 1041)		. 🕨 41						
42			· · · · · · · · · · · · · · · · · · ·								
43											
44			ons								
45			ever applies			2,300					
Par		ax and Payments				2,300					
46a		x credit (corporations attach Form 1118; tru	sts attach Form 1116)	46a							
40a b				46b							
c		usiness credit. Attach Form 3800 (see instr		46c							
d		prior year minimum tax (attach Form 8801		460 46d							
					· · 46e						
e 47											
47						2,300					
48			611 Form 8697 Form 8866		48						
49 50			2,300								
50			rm 965-B, Part II, column (k), line 3 • • •	1 1	50						
51 a		A 2018 overpayment credited to 2019		51a							
		nated tax payments			440						
		ited with Form 8868		51c							
	-	ganizations: Tax paid or withheld at source		51d							
		thholding (see instructions)		51e							
		small employer health insurance premiums	, ,	51f							
g			m 2439								
	Form 4		Total 🕨	51g							
52				· · · · · · · · · · · · · · · · · · ·	52	2,440					
53		,	m 2220 is attached • • • • • • • • • • • • • • • • • • •		53						
54			and 53, enter amount owed • • • • • •		► <u>54</u>						
55	•••	e e	49, 50, and 53, enter amount overpaid • •		► <u>55</u>	140					
56		amount of line 55 you want: Credited to 202		Refunded	► 56	140					
Par			tivities and Other Information (s								
57	-		ganization have an interest in or a signature			Yes No					
	over a fina	incial account (bank, securities, or other) ir	a foreign country? If "Yes," the organizatio	n may have to file							
	FinCEN Fo	orm 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the name of t	he foreign country							
	here 🕨					<u>x</u>					
58	During the	tax year, did the organization receive a dis	tribution from, or was it the grantor of, or tr	ansferor to, a foreign	trust? • • • •	· · x					
	If "Yes," see instructions for other forms the organization may have to file.										
59	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$										
			Im, including accompanying schedules and statements, xpayer) is based on all information of which preparer ha		edge and belief, it i	is					
Sigr		May the 100	diaguna this set								
Here	≥ 🔼		S discuss this return parer shown below								
Signature of officer Date Title (see instructions)?											
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN					
Paic	I	CAROLINE H EDDINGER	CAROLINE H EDDINGER	07-14-2020	self-employed	P0095315					
Prep	barer	Firm's name CAROLINE H EDDING	ER CPA LLC		Firm's EIN 🕨 4	6-0683214					
Use	Only	Firm's address 729 1/2 MASSACHUS			Phone no.						
LAWRENCE KS 66044 785-											

Form	n 990-T (2019) DOWN	NTOWN LAWRE	NCE 1	INC			48-0	83576	i0 I	Page 3	
Sch	edule A - Cost of Goo	ds Sold. Ente	er met	hod of inv	entory v	aluation 🕨 🕨					
1	Inventory at beginning of yea	ar • • • • • •	1			6 Inventory at	end of year	6			
2	Purchases		2			7 Cost of goods sold. Subtract line					
3	Cost of labor • • • • • • •		3			6 from line 5. Enter here and in Part					
4a	Additional section 263A cost	S				I, line 2 · ·		. 7			
	(attach schedule)		4a			8 Do the rules	of section 263A (with respec	t to	Yes	No	
b	Other costs (attach schedule	e)	4b			property pro	duced or acquired for resale)	apply			
5	Total, Add lines 1 through 4b	,	5				ization?				
	edule C - Rent Income ee instructions)	e (From Rea	Prop	erty and	Persona				ľ		
<u> </u>	scription of property										
(1)											
(1) (2)											
(3)											
(4)		2. Rent receiv	od or oo	rund							
		Z. Refit fecely		Jueu			-				
	From personal property (if the perc or personal property is more than more than 50%)		percei		or personal p	roperty (if the roperty exceeds profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			me	
(1)											
(2)											
(3)											
(4)											
Total			Total				(b) Total deductions				
(c) T	otal income. Add totals of colu	umns 2(a) and 2(b). Ente	r			(b) Total deductions. Enter here and on page 1,				
here	and on page 1, Part I, line 6, o	column (A)	•				Part I, line 6, column (B)				
	edule E - Unrelated D			me (see i	nstructio	ns)					
						income from or	3. Deductions directly connect		r allocable to		
	1. Description of debt	-financed property			allocable to debt-financed property		debt-financed property (a) Straight line depreciation (b) Other dedition				
							(a) Straight line depreciation (attach schedule)	 Other deduction (attach scheduction) 			
(1)											
(2)											
(3)											
(4)											
<u>(·)</u>	4. Amount of average	5. Average	adjuste	d basis				8 4	llocable deducti	one	
	acquisition debt on or of or allocable to allocable to debt-financed property (attach schedule) (attach schedule)			perty	4	Column divided column 5	7. Gross income reportable (column 2 x column 6) (column 6 x tota)			olumns	
(1)						%					
(2)		1				%		1			
(3)		1				%		1			
(4)						%					
	s				1		Enter here and on page 1, Part I, line 7, column (A).		here and on I, line 7, colur		
Tota	l dividends-received deduction	ons included in c	olumn 8	3					Form 000 T	(2040)	
EEA									Form 990-T	(2019)	

Form **990-T** (2019)

Form 990-T (2019) DOWNT	OWN L	AWRENCE IN	C				48-08	35760	Page 4
Schedule F - Interest, Ann	uities	, Royalties,	and Re	nts From	Controlled Org	ganizations (s	ee inst	ructions)
					Organizations				
		2. Employer fication number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		conr	eductions directly nected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organization	1 ne								
7. Taxable Income		Net unrelated incoss) (see instruction			otal of specified ayments made	10. Part of column included in the column organization's groups and the column of th	ontrolling	conn	Deductions directly ected with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals						Add columns 5 Enter here and o Part I, line 8, co	on page 1	, Enter I	columns 6 and 11. here and on page 1, , line 8, column (B).
Schedule G - Investment Inco						e instructions)			
1. Description of income		2. Amount of income		3 dire	B. Deductions ectly connected ach schedule)	4. Set-asides (attach schedule)			otal deductions et-asides (col. 3 plus col. 4)
(1)				(41					/
(2)									
(3)									
(4)									
<u>(+)</u>		Enter here and	on nage 1					Enter he	re and on page 1,
Totals • • • • • • • • • • • •	Part I, line 9, co						Part I, line 9, column (B).		
Schedule I - Exploited Exemp	ot Activ	vity Income, C	Other Th	an Advertis	sing Income (see	e instructions)			
1. Description of exploited activity	2. Gross unrelated business inco from trade c business	me con pr pr	Expenses directly inected with oduction of unrelated iness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	attrib	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)			_				-		
(4) Totals	Enter here and page 1, Par line 10, col. (tl, pa	er here and on age 1, Part I, e 10, col. (B).			I		Enter here and on page,1. Part II, line 25.	
Schedule J - Advertising Inco Part I Income From Per	ome (se	e instructions	s) on a Con	solidated I	Basis				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.			adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)DLI MAP		15,1	60	3,210					
(2)		,-		,					
(3)									
(4)									
<u></u>									
Totals (carry to Part II, line (5))	•	15,1	60	3,210	11,950				

Form 990-T (2019) DOWNTOWN LAWRENCE INC

48-0835760

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	15,160	3,210				
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) · · · · · · ▶	15,160	3,210				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	 Percent of time devoted to business 	 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II. line 14			

EEA

Form **990-T** (2019)

* Item is included in UBIA for Section 199A calculations.			Depreciation Detail Listing Program Services									2019 PAGE 1			
	See "UBIA" in lower right corner. For your records only Name(s) as shown on return Social security number/EIN														
	(s) as shown on return													N	
	DOWNTOWN LAWRENCE INC 48-0835760														
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
	HP 4300 DESKTOP COMPU Assets Sold/Abandoned		1,422		100.00			1,422	5		0	1,422		1,422	
		03192012	860		100.00			860	5		0	860		860	
	Totals		2,282					2,282				2,282		2,282	
	Land Amount				1		1			 /9 and CY B	1			ST AD.T	

Form	990-W		OMB No. 1545-0047					
(Wor l Depar	ksheet) tment of the Treasury al Revenue Service	► Go te	aı) www.	me for Tax-Exe nd on Investment Incom <i>v.irs.gov/Form990W</i> for in your records. Do not se		2020		
			-	-				
1	Unrelated business ta	ixable income exp	ected				1	
2	Tax on the amount o	n line 1. See instru	uctions	for tax computation			2	2,300
3	Alternative minimum t	tax for trusts. See	instruc	tions • • • • • • • • • •			3	
4	Total. Add lines 2 and	13					4	2,300
5	Estimated tax credits.	See instructions	••				5	
6	Subtract line 5 from lin	ne 4 • • • • • •					6	2,300
7	Other taxes. See instr	ructions					7	
8	Total. Add lines 6 and	7 • • • • • • • •	•••				8	2,300
9	Credit for federal tax	paid on fuels. See	instru	ctions • • • • • • • •			9	
10a b	Subtract line 9 from lin not required to make instructions Enter the tax shown o zero or the tax year w enter the amount from 2020 Estimated Tax.							
U				on line 10c · · · · · ·	•		10c	2,300
				(a)	(b)	(c)		(d)
11	Installment due date	s. See						
	instructions		11	07-15-2020	07-15-2020	09-15-202	0	12-15-2020
12	Required installment							
	25% of line 10c in coluthrough (d). But see in							
	if the organization use							
	annualized income in	stallment						
	method, the adjusted							
	installment method, o	-						
40	organization."		12	580	580		580	580
13	2019 Overpayment. Sinstructions	566	13					
			13					
14	Payment due (Subtra	ct line 13						
	from line 12)		14	580	580		580	580

For Paperwork Reduction Act Notice, see instructions.